**HE TV School of O&G ARCP Checklist ST1**

**Name** …………………………………………………………………………………………………………………………

**ST** ………. **at Location** ………………………………

Full time or LLFT (CCT calculator add as additional evidence)

**CCT Date**…………………………………………………..

**ES** ………………………………………………………………………………………………………………………………

**Last ARCP and reason for this one** …………………………………………………………………………….

**Period being assessed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | requirement |  | | comment | |
| Absences | Recorded in ePortfolio – state number |  | |  | |
| Curriculum progress | Component | Trainee | | Trainer | |
|  | **Non clinical CiP** |  | |  | |
|  | Generic and non-clinical specialty Cip   * Evidence in each Cip each year * Evidence of each skill to be met by way points | self-assessment | | global assessment | |
|  | **Clinical Cip** | Minimum needed | Evidence in each Cip | | Evidence in each skill to be met by ST2 |
| Clinical CiP | Clinical emergencies in Gynaecology | level 1  level 1  level 1  level 1 |  | |  |
| Clinical CiP | Emergencies in Obstetrics |  | |
| Clinical CiP | Non –emergency Gynaecology and early pregnancy |  | |
| Clinical CiP | Non- emergency Obstetrics |  | |
| MRCOG | Part 1 – date passed |  | |  | |
| USS progress | On course to complete basic modules by end of ST3? |  | |  | |
| Summative Competent OSATS: |  | Number | | More than one assessor | |
| 1 | Cervical smear |  | |  | |
| Formative Osats optional but encouraged | Evidence in portfolio |  | |  | |
| Mini CEx | Evidence in portfolio |  | |  | |
| CBD | Evidence in portfolio |  | |  | |
| Ref Prac | Evidence in portfolio |  | |  | |
| NOTSS | Evidence in portfolio |  | |  | |
| Teaching attendance | Regional - 60%? |  | | Yes / no | |
| TEF | NOT APPLICABLE THIS YEAR |  | |  | |
| Courses \*\*\* of matrix | Basic practical skills |  | |  | |
|  | CTG training |  | |  | |
|  | Obstetric simulation course –Prompt / ALSO /Other |  | |  | |
|  | Course relevant to curriculum |  | |  | |
| TO2 – 1 if first set is satisfactory or 2 if issues noted in first set | No. / no. in each category |  | |  | |
| TEF | Not required |  | |  | |
| Form R: | Exception report? |  | |  | |
| If yes | Trainee aware?, reflective practice ? |  | |  | |

**Checklist for ES**

* If trainee LTFT – ensure he/ she attaches CCT calculator to the ESR
* The following evidence needs to be attached in the other section of the ESR Other section.

1. Mandatory course for the year evidence
2. Teaching attendance in other evidence

* Evidence of any outstanding OSATS from previous training year as per the training matrix

**Outcome** ……

**Next review date**………………

**Next rotation**………………..

**Comments / queries for afternoon meeting**: