Checklist for EC-ACP seeing children only

Area of Curriculum	Evidence Required
Overview of progression	CV detailing experience as ACP (incl. sessional commitment) and primary /secondary qualifications
Academic competences	• Academic declaration including learning outcomes for modules undertaken mapped to the RCEM learning outcomes. • All academic transcripts, including the name and certificate of postgraduate qualification, indicating level 7 attained. • Independent prescribing - the qualification, and evidence of annotation on the relevant register (NMC/HCPC screenshot)
STRs	Structured Training Report covering each year of training declared – three required over three years
Faculty View	Faculty Educational Governance Statement – three required over three years. The final FGS must make specific reference to: • Faculty confirmation performing at the level equivalent to ST3 • The ACP has adequate experience and demonstrated competence in all areas of the department including resus, majors, minors and paediatrics.
Logbook output	All competences /presentations/ procedures reviewed by supervisor and are satisfactory – comments should be provided to indicate why the evidence demonstrates competence using the descriptors for each level. This includes curriculum item rating ("red man/blue man") and level attained for each of the clinical presentations and procedures.
Curriculum	All curriculum elements have evidence linked to them with reflection wherever possible. Maximum 7 items per major, acute or procedural competence, more permitted for common competences (within reason).
Common competences	Minimum of level 2 for all CCs – self and supervisor assessment. Note reflection is needed on all CCs demonstrating consideration of the descriptors has been undertaken.
	CC19 requires level 3 safeguarding children within last three years
	CC20 needs GCP – NIHR online course completed in the last two years

Area of Curriculum	Evidence Required
	For CC4 and CC8 we require evidence of development throughout training. To that end we require at least 2 x ACAT-EM AND 2 x ESLE led by consultant. The ESLEs would normally be completed towards the end of training. The ESLEs must include commentary on broader non-technical skills across the curriculum and not just CC4 and CC8.
	CC4 Time management and decision making
	CC8 Team working and patient safety
Paediatric Practical procedures	**Consultant led assessment (using generic DOPS or summative CBD) for:**
	PEMP2 Airway assessment and maintenance
	PEMP5 Primary survey in a child (major trauma)
	By a consultant using DOPS. Each of these mandated summative assessments must be in a patient where the focus is this procedure.
	PP16 Reduction of dislocation/fracture ***This procedure must be the primary focus of the case assessed***
	PP17 Large joint examination ***This must be a different case to PP16***
	PP18 Wound management
	PP20 Initial assessment of the acutely unwell
	PP21 Secondary assessment of the acutely unwell
	By a consultant using summative CbD or generic DOPS
	PP1 Arterial cannulation
	PP3 Central venous cannulation
	PP5 Lumbar puncture
	PP6 Pleural tap and aspiration
	PP7 Intercostal drain - Seldinger

Area of Curriculum	Evidence Required
	PP8 Intercostal drain - Open
	PP14 Knee aspiration
	By a trained assessor using DOPS
	PP12 Basic and advanced life support
	PEMP1 Venous access in children
	PEMP4 Paediatric equipment and guidelines in the resuscitation room
	PP46 Intra-osseous access (or by sim)
Airway management	Consultant assessment for ACP3 using generic summative mini-CEX or CBD - the focus of the assessment must be on airway management discussion
Paediatric Major presentations	**Consultant assessment (use the generic summative CBD or the specific mini-CEX for each presentation, e.g. mini-CEX unconscious patient).**
	PMP1/CMP1 Anaphylaxis
	PMP2 Apnoea, stridor and airway obstruction
	PMP3/CMP2 Cardiorespiratory arrest (or APLS/EPLS)
	PMP5 Shocked child
	PMP6/CMP6 Unconscious child
Paediatric Acute presentations	**Consultant led assessment. Use the generic summative CBD or the specific mini-CEX for each presentation. e.g. mini-CEX mental health. Alternatively, an ACAT (by a consultant) may be utilised which covers up to three presentations, but there should be individual assessments for the others.**
	PAP1/CAP1 Abdominal pain
	PAP3 Acute life-threatening event
	PAP5 Breathing difficulties
	PAP6 Concerning presentation

Area of Curriculum	Evidence Required
	CAP18 Head injury in a child
	CAP30 Mental health in a child
Additional Presentations	**Consultant assessments (using mini-CEX major trauma and describe the case or use summative CBD. One patient two injuries, two forms may be appropriate) for**
	C3AP1a Major trauma chest
	C3AP1b Major trauma abdominal injury
	C3AP1c Major trauma spine
	C3AP1d Major trauma maxfax
	C3AP1e Major trauma burns
Additional presentations	**Consultant assessments (using a summative generic mini-CEX or CBD. Alternatively, an ACAT may be utilised which covers these presentations) for:**
	C3AP2a & C3AP2b Traumatic limb and joint injuries – Lower and upper limb ***Must have one for upper and one for lower***
	C3AP3 Blood gas interpretation
	C3AP4 Patient with abnormal blood glucose
Multisource feedback	1 MSF per year with at least 15 respondents of which 2 are EM consultants (minimum three required)
Life support courses	Adult: BLS (Trust training)
	APLS/EPLS
	European Trauma Course/ATLS (as a full candidate not observer)
Audit or quality improvement	Evidence of leadership and implementation of actions from audit or quality improvement project with reflection. There must be evidence of action taken and monitoring effect of actions

Area of Curriculum	Evidence Required
Logbook or record of casemix and volume	Anonymised record of the number of patients seen over the last three years. Ideally this will be by area of department, disposition, diagnosis and age of patient. If not possible from hospital systems, a statement from the Educational Supervisor confirming the relevant experience obtained must be included.