Trainee Portfolio Checklist – ST2 Trainees

Date:

Trainee Name:

This is an optional tool to help trainees check they have fulfilled ARCP requirements and clearly signpost their evidence to panel members. This tool should be uploaded as "Supporting Documentation". Only the <u>minimum</u> requirements for the training year are listed.

Trainees must also complete any additional or outstanding requirements from their most recent ARCP review.

Evidence	Requirement	
Clinical Case Reviews	36	
Learning Event Analysis	1	
QIP	1 (if in GP post) ^(A)	
QIA	1 (if not in GP post) ^(A)	
CBD	4	
Mini-CEX / COTs	4	
CEPS	(B)	
MSF	1 (5 clinical 5 non-clinical respondents)	
PPM	1 per post ^(C)	
CSR	1 per post ^(C)	
Interim ESR	1 (D)	
ESR	1	
Action Plans	3	
Safeguarding Adults:		
-Level 3 Certificate	1 (in date)	Uploaded to Compliance Passport
-Knowledge Update	ן (E)	Upload as "Supporting Documentation / CPD" AND link to Compliance Passport & Mandatory Training Date & Title of Entry:
-Knowledge Application	1	Upload as a "Clinical Case Review" AND link to Compliance Passport & Mandatory Training Date & Title of Entry:
Safeguarding Children:		
-Level 3 Certificate	1 (in date)	Uploaded to Compliance Passport
-Knowledge Update	1 (E)	Upload as "Supporting Documentation / CPD" AND link to Compliance Passport & Mandatory Training Date & Title of Entry:
-Knowledge Application	1	Upload as a "Clinical Case Review" AND link to Compliance Passport & Mandatory Training Date & Title of Entry:
BLS	ן (F)	Uploaded to Compliance Passport
Form R	լ (G)	 Uploaded to Compliance Passport
Time Out Of Training	Ensure correct on portfolio and Form R	Sign declaration on ESR

- (A) Some form of Quality Improvement work is required every training year. This must be either a QIA or a QIP. The QIP should be done in the GP post of ST1 or ST2 (this will differ between trainees). If a trainee does not have a GP post in their current training year, a QIA should be completed instead.
- (B) CEPS: None are mandated for ST2 but demonstrating engagement with CEPS is encouraged. This is particularly important if working in relevant specialties (for example Obstetrics & Gynaecology).
- (C) One Clinical Supervisor Report and one Placement Planning Meeting (PPM) are needed for each post worked. For innovative or split posts, a report is needed for each part of that post (ie, one CSR + PPM for the GP component and one CSR + PPM for the specialty component). A CSR is only not

needed for a post if the Clinical Supervisor for that post is the same person as the Educational Supervisor.

- (D) Trainees must have a meeting with their educational supervisor at least twice in the year: at the halfway point and near the end of the year (before ARCP). The meeting at the halfway point can be evidenced as either an interim or a full Educational Supervisors Report. The meeting near the end of the year must be evidenced as a full Educational Supervisors Report. So at least one full ESR is needed. An interim ESR is also needed, unless a full ESR is done at that halfway point instead.
- (E) Safeguarding requirements: A knowledge update is required every 12 months unless the level 3 certificate was completed within the same 12 months. The level 3 training would count instead of a knowledge update. A level 3 safeguarding certificate must be valid at all ARCP reviews, this should be renewed every 36 months. Application of safeguarding knowledge is needed every training year. Remember, training and cases are needed for both adults and paediatrics.
- (F) Evidence of face-to-face BLS training which includes use of defibrillator (AED) for both Adults and Paediatrics once every 12 months. Paediatric BLS is only not needed if the trainee has no paediatric exposure in any of their posts for that review period (but remember innovative posts, emergency care and general practice would all have paediatric exposure).
- (G) Form R is completed online using the Trainee Information System (TIS). Form R should be downloaded from the TIS and uploaded to the FourteenFish compliance passport.