

Black sections to be completed by all candidates  
 White sections to be completed by IHS candidates  
 Grey sections to be completed by IV candidates

**TRACKING DOCUMENT**

Part	Record of Competence	Number required	CANDIDATE TO: Date box when completed <b>and</b> for each PCAS the case number should also be recorded <i>e.g. CI-13.8.2013</i> <b>INTERNAL MODERATOR TO:</b> When sampled initial each date to confirm they have been checked against the date on the individual PCAS forms, we recommend using a coloured pen for this. <i>e.g CASE 1 1/9/2013 MW</i>
A	<b>PCAS</b>		
	Inhalation sedation	10	
	Intravenous sedation - procedure	20	
	Intravenous sedation - recovery	5	
B	<b>Case Studies</b>		
	Inhalation sedation	1	Word Count: Date:
	Intravenous sedation	1	Word Count: Date:
C	<b>Directly Observed Clinical Skills Assessments – date box when completed</b>		
	Automatic blood pressure	5	
	Pulse oximeter	5	
	Pt instructions - IH sedation	5	
	Pt instructions - IV sedation	5	
	IH sedation machine checks	5	
	Prepare IV equipment	5	
	Drawing up Drugs	5	
	Assist during cannulation	5	
	Removal of cannula	5	
	Clear IV equipment	5	
	IH machine shutdown and clean	5	
Medical emergency scenario	3		

Supplementary Outcomes			
D	Life Support Skills certificate(s)	1	Date Signed by tutor:
	List of equipment	1	Date Signed by tutor:
	List of drugs	1	Date Signed by tutor:
	National guidance	1	Date Signed by tutor:
	Ethical dilemma	1	Date Signed by tutor:
	Audit / Patient satisfaction	1	Date Signed by tutor:
	Anxiety management options	1	Date Signed by tutor:
	Reflective practice	1	Date Signed by tutor:
	CPD record & PDP	1	Date Signed by tutor:

I confirm that I have completed all the required units of the Record of Competence:

Candidate Name ..... Signature: ..... GDC No ..... Date:.....

I confirm that the candidate named above has completed the Record of Competence and I believe it to be his / her own work:

Course Provider Name: ..... Course Provider Centre No. ....

Mentor Name: ..... Signature: ..... GDC No. .... Date:.....

Tutor Name: ..... Signature: ..... GDC No. .... Date:.....

Internal Moderator Name: ..... Signature: ..... GDC No. .... Date:.....

**NB** Registration of each healthcare professional, including the candidate, is at risk if any individual knowingly makes a false declaration.

**Both sides of this sheet must be submitted with the completed application form for entry to the examination by the closing date.**