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ARCP FAQs

The rules which govern the ARCP process are contained in The Reference Guide for Postgraduate Foundation and Specialty Training in the UK (Gold Guide Eighth Edition – GG8 v 31 March 2020)¹. To minimise the impact of the COVID-19 outbreak on the ARCP process, 4 nations guidance has been laid out in the Contingency planning for ARCPs – COVID-19 outbreak² and Supporting the COVID-19 Response: Management of Annual Review of Competency Progression (ARCP)³

The requirements stated in this guide will only apply for 2020 Annual Review of Competency Progressions (ARCPs) due to take place up until 04 August 2020, which take account of the national emergency.

Which Trainees need to be reviewed at ARCP during the COVID-19 Pandemic?

1. All ST3s who are due to CCT who have passed the AKT and the CSA
 2. Any Trainee who is coming to the end of an Outcome 3 extension
 3. Trainee Resignation
 4. Any trainee who is due their annual review
- Four Nations guidance issued 6 April 2020 suggests all trainees at critical transition points should have an annual panel. In general practice because of the short nature of the programme and the need to ensure robust educational plans are in place to support the trainees', development these will be undertaken annually.

How many panel members are required for the panel to be Quorate?

The ARCP Panel will be conducted with the minimum number of assessors. This may be done remotely with a minimum of 2 people. This would include either a Head of School (HoS), Associate Postgraduate Dean or Training Programme Director (TPD) and an

¹ <https://www.copmed.org.uk/gold-guide-8th-edition/>

² <https://www.aomrc.org.uk/wp-content/uploads/2020/03/Contingency-Policy-for-ARCPs-Four-Nation-Letter.pdf>

³ Four Nations guidance e.g. <https://heiw.nhs.wales/files/covid-19-management-of-arcp/>

Educational Supervisor (ES) or equivalent (but not the trainee's ES if only 2 members) GG8 1.12 allows for variation of GG8 4.80 in exceptional circumstances. In the rare circumstances that an Outcome 4 is being considered, the panel will only be deemed quorate with 3 members.

Do we need to give the normal 6 weeks notification of panels to the trainees?

The agreed timelines for notification of trainees of the ARCP process should be followed wherever possible.

Do we need a lay advisor?

No during the pandemic, the rules will be relaxed.

Do we need to see the trainee face to face if we are giving a non-standard Outcome?

No this can be done remotely by video-conference, telephone or similar.

What should be our guiding principles when reviewing the evidence?

ARCP panels should consider the impact of the COVID-19 pandemic. This will include a more flexible approach to the available evidence, including Work Place Based Assessments due to the different patterns of working for trainees enforced by pandemic. For 2020, ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set and agreed compensatory evidence. This is clearly set out in the relevant decision aids developed, in response to COVID-19 for GP trainees at different stages of training and referenced later in this guidance.

What about Time Out of Training?

A flexible approach to time-off due to illness or COVID-19 related Self isolation requirements, will be taken. However, there is a minimum legal requirement that the trainee should complete. The legislation states that GP training should be a minimum of three years. However, we have agreement from the GMC that we have some flexibility to allow for time out of training for short periods of statutory leave and this includes time off to self-isolate etc. However, the absolute minimum time spent in a GP training programme remains at 34 months before a trainee can be recommended for a CCT. If there is any doubt about whether a trainee has completed the minimum requirements, please check with the College GPSA team.

The Educational Supervisor has requested a panel opinion as uncertain if trainee has provided them with sufficient evidence to demonstrate competent for licensing as defined by the Modified COVID-19 ST3 final ARCP requirements, what are they?

Please review the minimum requirements for panel and carefully assess the portfolio for further compensatory supporting evidence

Linked Evidence for ESR for ST3 Final

Look at previous review to see if the evidence linked in that previous ESR undertaken in ST3 is sufficient to provide the evidence required for final ARCP using the revised guidance above.

Minimum Mandatory Evidence

In cases where the number of specific assessments as defined in the pertinent section of this document have not been achieved⁴, an ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three-year programme. In such cases, panel judgements will be informed through compensatory evidence. Suggestions for this compensatory evidence are included in the decision aids. Trainees may continue to make

⁴ For ST3 finishers who have already passed CSA and AKT [click here](#), otherwise [click here](#)

learning log entries on their e Portfolio and provide additional and appropriate supporting evidence up to the date of any panel, such as record experience they may use in lieu of observed CEPS, example of team work in lieu of missing MSF, and how they have addressed any recommendations from the previous panel. If they have not been able to address those recommendations because of the COVID-19 pandemic, they should state this in their self-reflection and / or a Learning Log linked to that self-reflection.

Where compensatory evidence is used, the panel should highlight this and/or global judgements with justification in the ARCP outcome form.

Trainees having an ESR at the end of training **must** provide sufficient evidence to be rated as **competent for licensing** in all 13 Capabilities in a light touch ESR⁵ which should normally be carried out within 8 weeks of the panel

The Educational Supervisor is not available to complete the ESR, how do we complete the review?

If the ES is unavailable, an alternative medical educator with knowledge of the trainee (e.g. Programme Director) could be asked to complete the ESR.

What is the minimum data set required for ST1, ST2 and ST3 Trainees who are not due to complete training at the time of their annual review?

This is set out [here](#)

What does the panel do if the requirements set by the previous panel have not been met?

These should be reviewed, and a holistic judgement made. If trainees have been deemed to be competent for licensing against all 13 capabilities the specific requirements may be waived

My trainee is a TGPT and not had an opportunity to sit their exams, what do we do?

Further guidance is awaited.

I have heard there may be a different code for trainees having panel during the COVID-19 crisis what are they and where do we record it?

For 2020, ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set, agreed compensatory evidence and the GG8-compliant decision aid developed in this document and supporting evidence⁶. In addition to the normal range of Outcomes and N codes an Outcome 10 and N13 will be available to panels - [full guidance can be found here](#)

N13

Where an ARCP has not taken place because of COVID-19, it is proposed that no outcome is recorded, and an N code supplied indicating and specifying the reason as being due to COVID-19. The trainee, will be allowed to progress to the next year of their training when an early ARCP will be undertaken and an Action Plan and Personal Development Plan will be put in place.

The Trainee has completed three-year training programme but not had an opportunity to pass either or both the AKT or CSA what outcome should be given?

Outcome 10⁷

⁵ Guidance on a light touch ESR can be [found here](#)

⁶ For ST3 finishers who have already passed CSA and AKT [click here](#), otherwise [click here](#)

⁷ Full Guidance [here](#)

Outcome 10

Outcomes **10.1** and **10.2** recognise that progress of the trainee has been satisfactory but that acquisition of competences/capabilities by the trainee has been delayed by COVID-19 disruption. These are therefore 'no-fault' outcomes.⁸

Outcome 10.1 - Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. Trainee is not at a critical progression point. Trainee can progress.

Outcome 10.2 should be used when a trainee **is at a critical progression point** in their programme where there has been no derogation to normal curriculum progression requirements given by the relevant Medical Royal College or Faculty (e.g. specific professional examination; mandatory training course). Additional training time is therefore required before the trainee can progress to the next stage in their training.

Outcome 10.2 should be used when a trainee is at the critical progression point of **approaching CCT** as additional training will be required before the trainee can complete their training.

If Panels are considering awarding a non-standard Outcome; 2;3;4;5, they should consider carefully whether the trainees progress has been impacted by COVID-19, before issuing and therefore whether Outcome 10.1 or 10.2 would be more appropriate.

A supplementary C code should be used to indicate the nature of the disruption to the trainee. Multiple C codes can be selected to best describe all the circumstances affecting an individual trainee.

10.1 and 10.2	C3	Redeployment could not acquire required experience	Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID-19, e.g. trainee transferred to work in General (internal) Medicine or similar redeployment.
10.1 and 10.2	C4	Prolonged self-isolation needed during COVID-19	Trainee could not acquire appropriate curriculum-related experience during COVID-19 disruption due to need for prolonged self-isolation based on national guidance.
10.1 and 10.2	C5	Inadequate progress in this training year prior to COVID-19	Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not been disruption.
10.1 and 10.2	C6	Incomplete evidence due to COVID-19	Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel, e.g. trainee unable to obtain supervisor reports.
10.2	C8	Royal College or Faculty exam cancelled with trainee at CCT date	Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption and will need to sit at the next available opportunity
10.1 and 10.2	C12	Other issue related to COVID-19 (please describe)	To capture any COVID-19 issue not covered by codes C1 to C11.

⁸ <https://www.copmed.org.uk/publications/covid-20>

Outcome 10 Appeals and reviews

A trainee has the right to request a review of an Outcome 10.1 in accordance with the process set out in GG8:4.164-4.165

A trainee has the right to appeal against an Outcome 10.2 in accordance with the process set out in GG8: 4.166 - 4.179.

Trainees assessed during COVID-19 and awarded an ARCP Outcome 3 who believe that a 'no-fault' Outcome 10 should have been awarded, can appeal that decision. If the appeal is upheld, the Postgraduate Dean has discretion to make a derogation from the Gold Guide (GG8:1.12) overturning the Outcome 3 and awarding an ARCP Outcome 10.2

I am panel chair and have been asked to ensure all dates for CCT match in the portfolio, which are they?

The following dates need to be aligned on the ARCP on trainees being awarded an Outcome 6:

Period Covered

1. Last Date
2. Expected CCT Date

Posts

3. Finish Date of Last Post

What is the evidence required for ATCFs coming up for their 6-month ARCP review to see if they can progress to ST2?

It is recognised that for trainees starting in February 2020, there will potentially be very little evidence in the e portfolio, due to COVID-19 restrictions, for a decision to be taken regarding the trainee's progress. It is therefore appropriate to delay ATCF decisions until the 12month review point. This means those trainees who applied for shortened programmes under the ATCF will continue in ST-1 for 12 months. If circumstances allow review and there is sufficient supporting evidence in the portfolio to assess progress, the ATCF will be reviewed at the 12month stage. The ST-2 phase would then be shortened by 6 months, where appropriate.

Redeployment

The trainee under review has been re-deployed or their job has been altered because they were shielding at home because of COVID-19 – do they count towards training?

If the ARCP panel felt there was evidence of trainee developing capabilities against curriculum requirements, these posts should count towards training.

The trainee was redeployed during the pandemic, will this post count towards training even though they did not have time to write learning logs, do assessments or get a CSR?

Yes, the post will count towards training and towards the minimum speciality requirements. It is recognised that during the pandemic trainees will not be able to complete the normal requirements for WPBA. It is hoped that they will be able to include relevant experience during Covid-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in GP curricula. As a minimum a reflection, post redeployment, on their learning from the experience would be invaluable. It is also important that the posts on their portfolio reflect the dates of their placement and should be clearly labelled with Speciality and "Redeployed Covid post"

The trainee was redeployed during the pandemic, and has spent >6m total in one Specialty, will this post count towards training even though they did not have time to write learning logs, do assessments or get a CSR?

Yes, the post will count towards training and towards the minimum speciality requirements. However General Practice is an outcome-based Curriculum. At the final ARCP the panel will need to see that they have addressed all components of the Curriculum. It is important therefore that they regularly discuss with their ES, post pandemic, how they might identify and address any learning gaps?

It is recognised that during the pandemic the trainee will not be able to complete the normal requirements for WPBA. A reflection, post redeployment, on their learning from the experience would be invaluable. It is also important that the posts on their portfolio reflect the dates of their placement and should be clearly labelled with Speciality and "Redeployed Covid post"

WPBA, COVID-19 and guidance for ST1/ST2/Less than full time (LTFT) ST3 trainees who are not finishing training and who need an ARCP panel

Introduction

The purpose of this guide is to outline requirements for trainees in ST1, ST2 and those in ST3 who have not yet reached the end of training in the extraordinary circumstances of the COVID-19 crisis. The requirements stated in this guide will only apply for Annual Review of Competency Progressions panels (ARCPs) due to take place up until 04 August 2020, which take account of the national emergency. This guidance will not set a precedent for future ARCPs.

Wherever possible it would be helpful if trainees could record any change of posts (where to and how long for) in their e-portfolio as a very short LLE. This will allow them and their ES to produce an accurate and relevant ESR that feeds into the ARCP process. Reflecting on events in the form of a Learning Log is also, for many, a useful way of coping in difficult times.

To whom this guidance applies

Trainees, who now need an ARCP but who have not yet reached their initial CCT date (it excludes trainees who should be finishing training but cannot do so as they have not been able to sit (or resit) their AKT and /or CSA following COVID-19 related cancellation of these exams or who were unsuccessful in their AKT and/or CSA).

This guidance aims to

- reduce uncertainty for GP Trainees and educators around ARCP requirements
- set clear requirements for supervisors, reducing administrative burden and increase capacity to deliver clinical work in this time of national emergency
- ensure that any doctor who is functioning at the appropriate standard receives a successful outcome
- minimise number of outcome 5s delivered (holding position whilst awaiting further information) and therefore reduce workload for trainees and panels
- Identify those GP Trainees who have not reached the required standard and highlight those individuals to their respective LETB/Deaneries to access support.

Missing Evidence

The WPBA requirements were frozen on the 31st March 2020.

In cases where the number of specific assessments, as cited in the table below, have not been achieved, an ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the programme. In such cases, panel judgements will be informed through compensatory evidence.

Trainees should continue to make learning log entries where possible and workload allows in their ePortfolio. This is especially important where there have been gaps identified within earlier ESRs, or where the previous outcome in the ESR was either requesting a panel opinion or was unsatisfactory, although it is appreciated that for some trainees there will be limited opportunity to do this if workload pressures are high. If that is the case, then the ES will be asked to comment to this effect.

The ARCP panel will then highlight compensatory evidence and/or global judgements and place a record of this on the ARCP outcome form.

Some trainees will be having ARCPs at times other than the end of ST1 or ST2. All numbers below should be considered pro-rata for trainees in this position.

GP specialty training year one and two (ST1 /ST2) and ST3 trainees who are not coming to the end of 12 months or its LTFT equivalence of ST3 time.

WPBA evidence required for 12 months under review for trainees having an ARCP before August 2020:

Item	Minimum WPBA evidence required for sign off for ST1 during COVID-19 pandemic	Minimum WPBA evidence required for sign off for ST2 during COVID-19 pandemic	Minimum WPBA evidence for sign off for ST3 trainees who have not finished ST3
CbD	3 (pro rata if LTFT)	3 (pro-rata if LTFT)	* Depending on start date and/or %LTFT
COT /miniCEX	3 (pro-rata if LTFT)	3 (pro-rata if LTFT)	* Depending on start date and/or %LTFT
MSF	1 or a comment on the ARCP form that there is evidence of working in teams within the ePortfolio	Not required	1 MSF
PSQ	Waived if the trainee had a GP post in ST1	Waived if the trainee had a GP post in ST2	Waived during COVID-19 pandemic
CEPS	Evidence of some CEPs activity - learning logs are adequate and the mandatory CEPS do not have to have been observed at this stage	Evidence of some CEPs activity - learning logs are adequate and the mandatory CEPS do not have to have been observed at this stage	Evidence of some CEPs activity - learning logs are adequate and the mandatory CEPS which should have started, do not have to have been all observed at this stage
CSR	For trainees on 6 month rotations 1 CSR For trainees on 4 month rotations 2 CSRs (unless placed in General Practice and ES and CS are the same person)	For trainees on 6 month rotations 1 CSR For trainees on 4 month rotations 2 CSRs (unless placed in General Practice and ES and CS are the same person)	Not required
Learning logs	To continue to record learning logs where workload permits with focus on ensuring the mandatory	To continue to record learning logs where workload permits with focus on ensuring the mandatory	To continue to record learning logs where workload permits with focus on ensuring the mandatory

	requirements are completed – for example covering the capabilities which have limited evidence	requirements are completed – for example covering the capabilities which have limited evidence	requirements are completed – for example covering the capabilities which have limited evidence
BLS /AED	e-learning module if current face to face course has expired – certificate must be uploaded	e-learning module if current face to face course has expired – certificate must be uploaded	e-learning module if current face to face course has expired – certificate must be uploaded
Level 3 child safeguarding	Up to date e-learning module in child safe guarding at level 3 or an equivalent knowledge update – certificate /evidence of attendance must be uploaded to the learning log if posts up until 31/3/2020 have included or potentially involved children	Up to date e-learning module in child safe guarding at level 3 or an equivalent knowledge update – certificate /evidence of attendance must be uploaded to the learning log if posts up until 31/3/2020 have included or potentially involved children	Up to date e-learning module in child safe guarding at level 3 or an equivalent knowledge update – certificate /evidence of attendance must be uploaded to the learning log.
QIP /Audit /LEA	Waived	Waived	Waived
SEA	As a minimum, an SEA should be completed for any significant undeclared event that would be required to feature on revalidation paperwork This should be attached to the learning log	As a minimum, an SEA should be completed for any significant undeclared event that would be required to feature on revalidation paperwork This should be attached to the learning log	As a minimum, an SEA should be completed for any significant undeclared event that would be required to feature on revalidation paperwork This should be attached to the learning log
Revalidation paperwork (Form R or SOAR)	Required and attached in learning log	Required and attached in learning log	Required and attached in learning log
<u>Educational Supervisors Review a light touch ESR will be required for all trainees</u>			
Trainee Responsibility	The trainee must document evidence in their learning log to demonstrate progression Where a previous ESR has given panel opinion / unsatisfactory ESR within current training year the trainee should clearly show how they have addressed the	The trainee must document evidence in their learning log to demonstrate progression Where a previous ESR has given panel opinion / unsatisfactory ESR within current training year the trainee should clearly show how they have addressed the	The trainee must document evidence in their learning log to demonstrate progression Where a previous ESR has given panel opinion / unsatisfactory ESR within current training year the trainee should clearly show how they have addressed the

	reasons for the ESR outcome	reasons for the ESR outcome	reasons for the ESR outcome
Educational Supervisor Responsibility	For a satisfactory trainee who has rated himself or herself as <u>needs further development meeting expectations</u> in all 13 capabilities the ES is only required to affirm the trainee evidence and review PDP Comments on Clinical experience coverage, Quality of Evidence, Clinical Examination and Procedural Skills are not needed Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required	For a satisfactory trainee who has rated himself or herself as <u>needs further development meeting expectations</u> in all 13 capabilities the ES is only required to affirm the trainee evidence and review PDP Comments on Clinical experience coverage, Quality of Evidence, Clinical Examination and Procedural Skills are not needed Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required	For a satisfactory trainee who has rated himself or herself as <u>needs further development meeting expectations</u> in all 13 capabilities the ES is only required to affirm the trainee evidence and review PDP Comments on Clinical experience coverage, Quality of Evidence, Clinical Examination and Procedural Skills are not needed Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required
Educational Supervisors Review			
<p>The ES and trainee will need to complete the ESR paperwork which can be done remotely</p> <p>The minimum requirements for that training year are cited in the table above The Educational Supervisor Report (ESR) (GG8:4.52 – 4.58) is expected to be a key document in the minimum curriculum requirements for a programme. The ESR should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during COVID-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in curricula. In addition, the ESR should state whether there are significant issues and whether these were present pre-COVID-19, occurred as a result of COVID-19 and/or whether COVID-19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee could complete the ESR</p>			

* ST3 trainees who need an ARCP but who have not yet finished training

The CbD /COT requirement in ST3 depends on several factors

1. Where you are in ST3 training
2. Your percentage of LTFT

The WPBA requirements have been frozen between 31st March and 1st August, which is an equivalent of 4 months. However, most trainees' changeover in February and do not complete any assessments in the first two months of a new post.

The number of assessments needed for the ARCP needs to take account of the number of assessments the trainee would have been expected to have done by this time normally minus the equivalent prorata number for a 6-month period.

For example, a trainee on a rotation of 50 % LTFT and who started ST3 on 1st August 2019 would be expected by 1st August 2020 to have done 6 CbD and 6 COT. In the COVID-19 pandemic and with the freezing of WPBA assessments they would therefore be expected to have done 3 CbD and 3 COTs for their ARCP panel.

Summary of requirements to progress to ARCP:

- An ESR for period under review. If the trainee was given an unsatisfactory outcome in an earlier ESR this will need to be addressed through ES comments in the educators notes and by the trainee in their learning logs
- The minimum number of WPBAs
- BLS/AED and child safeguarding level 3 updates which need to be in date and evidenced in the ePortfolio
- Form R (SOAR) and any SEA /Complaints addressed, both attached to the learning log

WPBA, COVID-19 and guidance for ST3 finishers who have already passed CSA and AKT

Introduction

The purpose of this guide is to outline requirements to allow successful completion of a GP Training Programme in the extraordinary circumstances of the COVID-19 crisis. The requirements stated in this guide will only apply for 2020 Annual Review of Competency Progressions (ARCPs) due to take place up until 04 August 2020, which take account of the national emergency.

To whom this guidance applies

This guidance applies only to ST-3 trainees (or ST-4 ACFs) who have had a previous ST3 ESR recorded and who have passed both the CSA and AKT.

- This guidance will not set a precedent for future ARCPs.
- Further guidance for trainees who have not yet had an ST3 ESR and who were due to have an ARCP after 04 August 2020 will be forthcoming.
- Guidance for trainees who still require to pass either or both the CSA and AKT will be issued separately.

This guidance aims to

- reduce uncertainty for GP Trainees and educators around ARCP requirements
- set clear requirements for trainers, reducing administrative burden and increase capacity to deliver clinical work in this time of national emergency
- ensure that any doctor who is functioning at the appropriate standard receives a successful outcome
- minimise number of outcomes 5 (holding position whilst awaiting further information) to reduce workload for panels
- Identify those GPSTs who have not reached the required standard for CCT and highlight those individuals to their respective LETB/Deaneries to access support.

Missing Evidence

In cases where the number of specific assessments, as cited in the table below, have not been achieved, an ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three year programme. In such cases, panel judgements will be informed through compensatory evidence.

Trainees should continue to make learning log entries in their ePortfolio and provide additional and appropriate evidence to demonstrate their competence in the capabilities. This is especially important where there have been gaps identified within earlier ESRs in ST3. The ARCP panel will then highlight compensatory evidence and/or global judgements and place a record of this on the ARCP outcome form.

GP specialty training year three (ST3). WPBA evidence in the current ARCP phase:

Item	Current minimum requirements in ST3	Minimum WPBA evidence required for sign off in ST3 during COVID-19 pandemic
CbD	12	6
COT	12	6
Audio COT	1 of the above	not required

Prescribing assessment	1	not required
MSF	2 x (each with 5 clinicians and 5 non-clinicians)	1 or a comment from the ES about the team's informal feedback to them in the 'working in teams' capability section of the ESR
PSQ	1	waived
CEPS	Mandatory observed list and range of others	If a mandatory CEPS has not been completed the ES needs to comment within the CEPS capability of the ESR that this was not observed but that in their opinion the trainee would have the skills to perform the relevant examination competently and safely
CSR	Not required in ST3	Not required, unless the ES feels having additional evidence would support their judgments
Learning logs	Regularly throughout training	To continue to record learning logs with focus on ensuring the mandatory requirements are completed – for example covering the capabilities which do not have enough evidence to suggest competence, mandatory CEPS that haven't been observed, BLS and child safeguarding level 3 learning modules
BLS /AED	Face to face training	e-learning module if current face to face course has expired – certificate must be uploaded
Level 3 child safeguarding	Level 3 and reflection on a child safeguarding issue	Up to date e-learning module in child safe guarding at level 3 or an equivalent knowledge update – certificate /evidence of attendance must be uploaded to the learning log
QIP /Audit /LEA	Evidence of competence	Waived – no requirements
SEA	Evidence of competence	As a minimum, an SEA should be completed for any significant undeclared event that would be required to feature on revalidation paperwork This should be attached to the learning log
Revalidation paperwork (Form R or SOAR)	Required	Required and attached in learning log
OOH		Can be checked as having been met if any reports to hand have been satisfactory, and no known concerns

<p>Educational Supervisors Review – needed for all ST3 trainees who are finishing training and who have passed CSA and AKT The Educational Supervisor Report (ESR) (GG8:4.52 – 4.58) is expected to be a key document in the minimum curriculum requirements for a programme. The ESR should focus on the capabilities demonstrated by the trainee in the review period, including relevant experience during COVID-19 which might contribute to acquisition of the Generic Professional Capabilities (GPC) required in curricula. In addition, the ESR should state whether there are significant issues and whether these were present pre-COVID-19, occurred as a result of COVID-19 and/or whether COVID-19 has contributed to them. If the ES is unavailable, an alternative medical educator with knowledge of the trainee could complete the ESR</p>		
<p>ESR- Trainee ratings and comments on capabilities</p>		<p>Competent for licensing for all 13 capabilities providing the trainee is satisfied competency has been achieved.</p> <p>3 linked pieces of evidence to support each capability. Evidence can be used from the entirety of the ST3 time, not just new evidence from the last review.</p> <p>For example If 3 pieces of evidence had been linked to the capability for communication and consulting skills in a previous ESR in ST3 then no further evidence would need to be linked. If only one piece of evidence had been linked to the capability for fitness to practice 2 further pieces of evidence would need to be linked</p>
<p>ESR- ES ratings of capabilities</p>		<p>Competent for licensing for all 13 capabilities providing the ES is satisfied competency has been achieved</p>
<p>ESR -ES comments on capabilities</p>		<p>For a satisfactory trainee who has rated himself or herself as competent for licensing in all 13 capabilities the ES is only required to affirm the trainee evidence.</p> <p>If the ES rates the trainee as needing further development for any of the capabilities narrative is required.</p> <p>Comments are needed for missing assessments within the relevant capability areas and signposting to any compensatory evidence, if the trainee has not provided this.</p>

ESR - additional sections	All sections of the ESR to be completed	Comments on Clinical experience coverage, Review of PDP, Quality of Evidence, Clinical Examination and Procedural Skills are not needed.
ESR – sign off	Nominated ES	Any ES or TPD completing the review

Trainee guidance on completing the ESR

Review Preparation will still need to take place before you have the meeting with your supervisor. These can be done remotely to maintain social distancing.

Prior to completing your self-rating you will need to ensure you have completed the following;

1. At least 3 pieces of evidence for each capability this can be from learning logs or assessments that you have undertaken during your entire ST3 year and not just new evidence since your mid year review.
2. Completed on line learning modules for Basic Life Support and Automated External Defibrillators if these have expired. (ALS courses are acceptable providing they haven't expired). Certificates for BLS/AED learning need to be included in your learning log.
3. Completed a learning module for child safeguarding level 3. The certificate needs to be attached into your learning log
4. Any mandatory CEPS, which have not been observed and assessed need a log entry to detail when the relevant examination was undertaken.
5. Complete your Form R, (SOAR) and add this to your learning log. If you have declared any complaints or significant events on your Form R, (SOAR), an SEA will need to be added into your learning log.

Review preparation

Rate and comment on each of the 13 capabilities. To obtain your certificate of completion of training in WPBA you need to rate yourself as competent in all 13 capabilities. (Please do not rate yourself as competent if you have concerns about your performance and do not consider yourself to be safe).

3 pieces of linked evidence need to be attached to each capability. If you have already used evidence in your mid year review then this will be counted towards the 3 pieces of evidence and does not need to be re-linked.

3 action plans and a proposed PDP need to be added as these will be carried forward to your 1st appraisal post CCT.

Complete the sections on safeguarding children, probity and health.

Sign off your review and submit this to your supervisor so they can complete their sections.

Arrange a meeting with your supervisor for them to complete the ESR, which can be done remotely if, need be.

Educational Supervisors Guidance for completing the ESR

All trainees who are finishing ST3 and have passed their CSA and AKT will need an ESR.

The trainee will need to have completed their self-preparation before the review can be done.

It is acceptable for the review to be done remotely if not possible to meet face to face.

The review should normally be done no more than 8 weeks before the planned ARCP date.

The ES will need to rate the trainee against all of the 13 capabilities.

- For the trainee to be licensed for independent practice they will need to be rated as competent for all of the 13 capabilities. (The ES must not rate the trainee as competent if they have any concerns about their performance in any of the capability areas).

The ES may need to add a comment on each of the capabilities.

- If they have rated the trainee as competent for that capability and they are satisfied with the comments written by the trainee in their self-reflection then saying they agree with the trainee's comments will suffice⁹.
- If they have rated the trainee as needing further development for any of the capabilities then a comment will need to be written in support of this rating
- If the trainee has 3 pieces of linked evidence for each capability and this includes linked evidence from the mid year review no further evidence needs to be linked by the ES.

If the ES is unsure whether they can rate the trainee as competent for licensing then it is acceptable to ask another supervisor if they would complete a CSR on the trainee as this may provide additional evidence to support their decisions.

The remaining part of the ES review does not need completing. This would normally include the ES commenting on;

- Clinical experience coverage
- Review of PDP,
- Quality of Evidence
- Clinical Examination and Procedural Skills

None of this is required and **writing n/a in all the mandatory boxes is acceptable** and the review will not be rejected.

For the final review, **the ES has to tick a box to confirm the trainee has completed an update on Basic Life Support and Child safeguarding level 3.** Evidence of knowledge updates are still required and these need to be visible in the trainees learning log. The reflection requirements of a child safeguarding issue have been waived.

The requirements for Out of Hours are going to be waived and the OOH box will be removed

The ES will then make a judgement on the overall outcome of the trainees WPBA of satisfactory, panel opinion or unsatisfactory.

⁹ Exceptions to this include when the trainee has not completed the mandatory assessment requirements as in the table above, so for example;

- If a rectal CEPS was missing this would need to be commented on within the CEPS capability that there were no concerns with the trainee's ability to examine or
- If the 1st MSF was incomplete and another has not taken place then a comment about the trainees ability to work both clinically and professionally with colleagues would need to be commented on within the working in teams capability.

Once the ESR is completed it will need to be submitted by clicking the complete and submit button.

Summary of requirements to progress to ARCP:

- The trainee has passed both the CSA and AKT
- A previous ESR in ST3 with a satisfactory outcome. If the trainee was given an unsatisfactory outcome in an earlier ESR this will need to be addressed in the final review through ES comments and additional evidence
- A final ESR ideally within 8 weeks of ARCP
- Trainee and ES ratings of competent for licensing against all 13 capabilities in the final ESR
- Linked evidence to support the capabilities, which can come from the entire ST3 time.
- BLS/AED and child safeguarding level 3 updates which need to be in date and evidenced in the ePortfolio
- The ES making a judgment on all of the available evidence in the ePortfolio and giving a satisfactory overall outcome in the final ESR.

Workplace based Assessments (WPBA) for trainees finishing ST3 and who have passed CSA and AKT - Frequently asked questions

My Educational Supervisor is very busy, how can I expect him/ her to complete ESR during the Pandemic?

WPBA continues to be part of the MRCGP and you do need to be competent for licensing against the 13 capabilities both in your self assessment and in the judgments made by your ES during your Educational Supervisors review (ESR). The ESR is going to be light touch and many of the mandatory boxes are no longer required. You could greatly help your ES, by providing sufficient evidence of progression and they can just agree your evidence.

Do I need to be competent in all the capabilities in my final review?

Yes, for trainees who are about to finish training, in addition to passing your CSA and AKT, you do need to rate yourself as competent for licensing and for your ES to have rated you as being competent for licensing against all of the 13 capabilities and been given an overall satisfactory outcome.

Do I need to link evidence to each capability?

Yes, 3 pieces of evidence must be linked to each capability in order to support your competence within that capability. This is your responsibility to do this. But whereas you would normally need new evidence for each review, any evidence that you have previously linked in your earlier ESRs will now count. For example if you linked 3 pieces of evidence to the capability for communication and consultation skills in your previous ESR, these will still count and you do not need to link anything else. If however you have only linked one piece of evidence to fitness to practice in your earlier review you will need to link 2 pieces of further evidence in this latest review.

Am I going to have to do all of my remaining workplace based assessments?

No, The evidence for Workplace based Assessment has been modified in view of the pandemic. The minimum requirements are listed in the summary table.

My training was due to end after August 2020. Does this mean that the new workplace based assessments have been shelved?

No, it is hoped these will still go ahead, however the transition arrangements are such that if you have less than six months to go until the end of training you would stay on the old assessment requirements, i.e. the assessment requirements prior to August 2020.

I am pregnant/ in a vulnerable group regarding COVID-19. How can I be expected to see patients and cover the curriculum?

This needs to be discussed with your supervisor and if you believe yourself to be in a high-risk group then arrangements must be made locally for you to still have remote contact with patients, but not face-to-face. Most practices have stopped or minimised face-to-face consulting during this time.

Because of COVID-19 we have moved to mainly telephone triage and this means I cannot get my CEPS done. What should I do?

Your ES still needs to be able to confirm that you are competent in the CEPS capability during your final review. This includes the five mandatory intimate examinations. However, if you have not managed to get your mandatory CEPS formally observed and the CEPS form(s) uploaded to the ePortfolio prior to your final review, it is acceptable to document the missing CEPS as log entries detailing your experience in the relevant examination. If both you and your ES are satisfied that there is sufficient evidence to conclude that you are competent without these having been formally observed this will be deemed acceptable under the current exceptional circumstances, but your ES will need to comment on this within

the CEPS capability. If you do not feel competent to do any of the mandatory examinations, then you do need to declare this in your final review as you would not be signed up if you, or your ES, have any concerns about your competence with respect to the your ability to examine patients, including the five mandatory intimate examinations.

I am less than full-time/out of programme/on maternity leave/ on sickness absence. How do these changes affect me?

This depends very much on when you are supposed to finish training and how long this pandemic persists. The reduced assessment requirements will persist for the duration of the pandemic and the situation reviewed when training returns to normal.

I am not yet in ST3, and I'm worried about how I can possibly do a QIP or a prescribing assessment when the new WPBA changes come in. Is there going to be flexibility on this?

A QIP is not a mandatory requirement in ST3 but there is an expectation you will be involved in an audit. It is hoped with the current forecasts of how long the pandemic will last for that this would still be possible in ST3. Prescribing will also be taking place during telephone consultations and, if anything, it is even more important with the risks associated with telephone consulting that you are a safe prescriber during these consultations. The assessment numbers from August 2020 are almost half of the current requirements so it is hoped these will still be possible

I'm currently less than full-time. Will I be made to work full-time because of the crisis?

No, this would need to be approved at Deanery level. You would have needed a valid reason to be granted less than full-time training and these reasons may still exist. If you wanted to change your training to full-time then this would need to be approved by your Deanery and an application made to them.

I've heard that I could be redeployed in clinical areas of need regarding COVID -19. If that happens, how can I be expected to cover the GP curriculum and get my workplace based assessments done?

Although the assessment requirements have been reduced during the pandemic, you will still be expected to demonstrate your understanding of the clinical experience groups and capabilities through your log entries, which should not stop completely. These can occur in any placement. In particular though you should focus on the capabilities that you may not have enough evidence to demonstrate competence. Further guidance be found [here](#)

My educational supervisor is self-isolating / off sick with COVID-19 and/or unavailable and there is nobody else to complete my ESR. What should I do?

If you are at the end of your placement or end of your training year, it is hoped your ES will already have enough of a picture to complete your review. ESRs can be done remotely to support social distancing during this time. If your ES is too unwell or not available to complete your ESR then please contact your training programme director for other arrangements to be made.

How do I complete my PSQ?

The PSQ in ST3 will be waived if your practice is not doing face-to-face consulting

I haven't done my practical Basic Life support (BLS) /Automated external defibrillator (AED) session and I am due to finish training in the next few months. What do I do?

As this is a requirement in every training year, please document in your log when these sessions have previously been carried out and attach the relevant certificates. It is not currently going to be possible to update this skill, but instead you must demonstrate an updated knowledge through completing an e-learning module on BLS / AED and attach this

to your log. As soon as the pandemic ends it is recommended you attend a practical BLS /AED workshop.

I am not going to have added a reflective learning log on a child safeguarding issue.

What do I do?

You must complete a child safeguarding e-Learning module at level 3 and attach the certificate into your log. During the pandemic this will be sufficient.

What happens when training restarts. Will it automatically be assumed I will have to complete the full year's worth of assessments even if I am already half way through the year?

Depending on how long the pandemic lasts for will determine requirements for each training year. Advice will be given on this when normal training resumes.

6 Month Reviews

What is the guidance for trainees who are due their 6 month / “midpoint” ESR, but are not due an ARCP, and are not at a transition point in their training?

6 month / “midpoint” ESRs are not mandated during the COVID-19 Pandemic. However, it is in the trainee’s best interests to have some form of educational commentary recorded in order to inform future panel decisions. This will obviously be dependent upon local resources and capacity. An educational conversation with outcomes recorded in the Educators notes is a recommended means to capture progress. A CSR (see below) where available is another means to record progression. Where concerns have been expressed about a trainee’s progression, especially where concerns are non COVID-19 related, it may be appropriate to record a light touch ESR.

Do I need a CSR?

During the COVID-19 Pandemic many trainees are working closely with their Clinical Supervisors. It is recognised the CS may not have capacity to complete a CSR. Therefore, it would be desirable, but not essential, for trainees to ask their CS if they are able to complete a CSR at the end of their post. If the Clinical Supervisor is unable to complete a CSR an alternative would be a quick note re the trainee’s progress in “educators notes.” Where Clinical Supervisors do not have access to the notes, these comments could be forwarded to TPD or ES for inclusion in the Educators notes section.

Learning Log Entries

It is hoped that trainees would be able to write some reflective learning logs from the rich learning opportunities encountered during this time.