


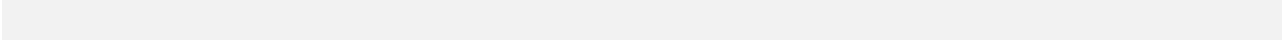
## ESRs and ARCP Panels for Educators and Trainers during COVID-19 pandemic 2020



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**Health Education England**

### What will be covered

- Plan for Summer Panels
  - Minimum evidence for WPBA
  - Role of ES/Trainer
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## ARCPs

- Plan to run all ARCP Panels as normal
  - Virtual
  - Smaller and more frequent
  - Usual 6 weeks notice and ESR completed by deadlines
  - More flexible holistic approach
  - Consider TOOT eg shielding/redeployment
  - The WPBA requirements were frozen on the 17th March 2020.
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## Redeployment and Shielding

- If there is evidence of trainee developing capabilities against curriculum requirements, these posts should count towards training.
  - As a minimum a reflection, post redeployment, on their learning from the experience would be invaluable.
  - Posts on their portfolio reflect the dates of their placement and should be clearly labelled with Speciality and “Redeployed Covid post”
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## Minimum Mandatory Evidence

- Significant reduction in evidence required in recognition of COVID
- Different for each phase of training
- All need BLS/AED Child Safeguarding Form R and self reflection

3 groups:

1. ST1/2 and ST3s who are not at CCT
2. ST3 finishers who have already passed CSA/AKT
3. ST3 finishers who have not passed the CSA and

## Changes for ST1/2

- CBD 3 per ST1/2 phase
- COT/mini-cex 3 per ST1/2 phase
- MSF 1 in ST1 or comment, none ST2
- PSQ none during COVID
- CEPS - some activity can include learning logs
- CSR - 1 if 6m rotations, 2 if 4m rotations
- Learning logs expected – esp low capability areas
- BLS/AED – valid certificate uploaded, can be e-learning

## Changes ST1/2

- Level 3 childrens safeguarding – must see certificate if post up to 31.3.20 involved children, can be e-learning
  - QIP/Audit none
  - SEA only if would declare for revalidation
  - Form R essential
  - ESR required- If trainee rates meets expectations and ES agrees ES only required to affirm and review PDP. If below expectations need to reference and discuss proposed actions.
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## ST3 finishers passed AKT & CSA

- CBD 6
  - COT 6 don't need audio COT
  - Prescribing assessment not needed
  - MSF 1 or comment from ES re informal feedback
  - PSQ none
  - CEPS mandatory only, if none comment ES
  - CSR none unless ES feels helpful or different ES
  - Learning logs – concentrate on mandatory requirements
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## ST3 finishers passed AKT & CSA

- BLS- up to date certificate uploaded, e-learning acceptable
  - Level 3 childrens safeguarding – up to date certificate uploaded, e-learning acceptable
  - QIP/Audit not required
  - SEA – only if would need to declare for revalidation, need learning log too
  - UUSC – OOH box will be removed
  - Correctly completed form R
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## ST3 completers

- ESR – trainee must declare CFL and attach 3 pieces of evidence for each capability (can be from all ST3 phase)
  - Must have 3 PDP items to carry forward
  - If ES agrees then only need to affirm but if NFD narrative is required.
  - Comments are needed for any missing assessments with signposting to any compensatory evidence, if the trainee has not provided this.
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## ES Responsibilities

- All need an ESR (can be remote)
- WPBA requirements depend on phase of training
- All need BLS/AED Child Safeguarding Form R and self reflection

3 groups:

1. ST1/2 and ST3s who are not at CCT
2. ST3 finishers who have already passed CSA/AKT
3. ST3 finishers who have not passed the CSA and/or AK

## ST1/2 and ST3s who are not at CCT

- For a satisfactory trainee who has rated himself or herself as NFD meeting expectations 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, CEPS are not needed
- Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required
- Any 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.

## ST3 finishers who have already passed CSA/AKT

- Competent for licensing for all 13 capabilities providing the ES is satisfied competency has been achieved
- 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.**
- If the ES rates the trainee as needing further development for any of the capabilities narrative is required
- Comments on Clinical experience coverage, Review of PDP, Quality of Evidence, Clinical Examination and Procedural Skills **are not needed**

## ST3 finishers who have not passed the CSA and/or AKT

- 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
- Agree with the trainee's comments will suffice
- If the trainee has 3 pieces of linked evidence for each capability and this includes linked evidence from the 6-month review no further evidence needs to be linked by the ES.
- The remaining part of the ES review does not need completing
- 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.**

## ARCP Outcome 10 (COVID)

- Acquisition of some capabilities has been affected by COVID and additional training
- No fault Outcome
- Assumes satisfactory progress

### Outcome 10

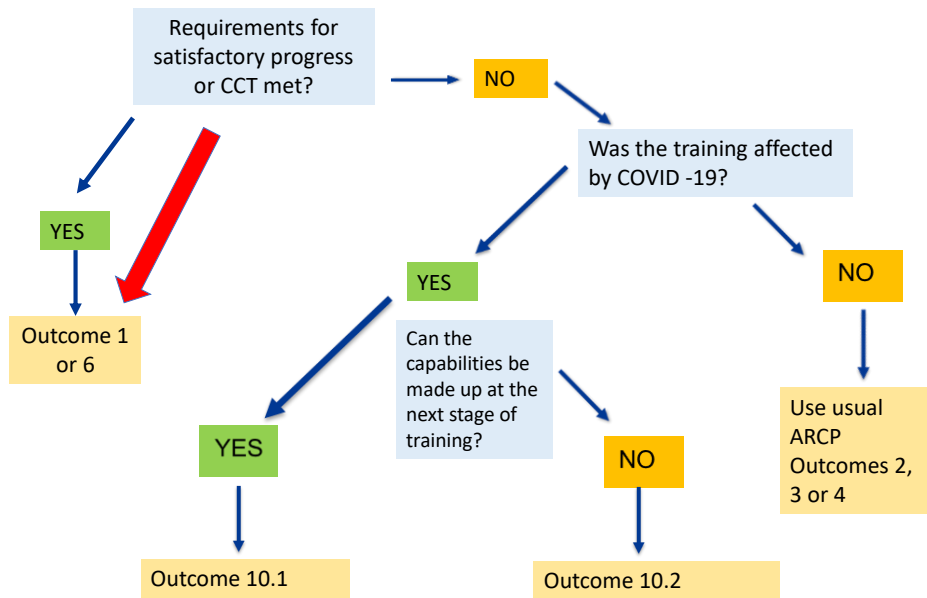
- Outcome 10.1

Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is not at a critical progression point in their programme and can progress to the next stage of their training. Any additional training time will be reviewed at the next ARCP.

- Outcome 10.2

Progress is satisfactory but the acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption. The trainee is at a critical progression point in their programme and additional training time is required.





## C & N Codes

- The GMC have introduced additional supplementary **C codes** for ARCP outcomes in response to COVID
- **The C codes** record why the training has been disrupted and the impact COVID has had on the training.
- Use as many C codes as you need to describe the reasons, there are 13 C codes each detailing specific reasons e.g. due to self isolation, exam cancellation etc.
- **The N13 code** should be used if it has not been possible to do an ARCP for any reason

## ST3 completer exams missing

- Outcome 10.2
- Extension period ? 3 - 6 months
- Comment if trainee has met requirements WBPA and if they are competent in all 13 capabilities
- Can the Trainee stay with current Trainer for extension?
- Panel day after exam results

## References

- ARCP FAQs  
<https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/WPBA-and-ARCP-Guidance---COVID-19.ashx?la=en>
- WPBA, COVID-19 and guidance for ST3 finishers who have not passed the CSA and/or AKT  
<https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/WPBA-and-ARCP-Guidance---COVID-19-ST3s-without-CSA-and-or-AKT.ashx?la=en>
- Supporting the COVID-19 Response: Enabling Progression at ARCP  
<https://www.hee.nhs.uk/sites/default/files/documents/Enabling%20Progression%20at%20ARCP%2020-04-20.pdf>
- **2020 ARCP recording where coronavirus (COVID-19) has impacted on trainee progression**  
<https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/information-for-trainees>