

## Timings for ESRs and ARCPs for GP Trainees - 2023

A typical full-time trainee will need to have an ESR completed every 6 months in each training year. During the ST1 and ST2 years when a trainee rotates to a new post every 6 months, the ESR must be completed by the end of each 6-month post and in time for their ARCP. If a trainee is in a post that does not last 6 months, then they should still do the ESR at 6 months (which may mean it is near the beginning of the next post).

When a trainee is due to have an ARCP, ideally the ESR should be completed 1-2 weeks before the date of the panel. The GP Specialty Co-ordinator (ARCP) will inform trainees of the date of their ARCP panel 6–8 weeks in advance, giving the deadline for the ESR. Trainees need to inform their Educational Supervisor of the ARCP date. The date of the next ARCP should also be visible on the main trainee portfolio page at the top right (this can be viewed by both the Trainee and the ES).

There are now two main intakes for GP training, in August and in February, and the timing of the ESRs and ARCPs are summarised in the table below.

If your start date is different to this, then please use the information below as a template to work out your individual dates.

The final ARCP for ST3 trainees who are due to complete their training in August will be held at the beginning of June (this can be no more than 8 weeks before their CCT date) and the ESR must be completed in mid-May, 2 weeks before the date of the panel. For February starter full-time trainees, it will be held at the beginning of December and the ESR must be completed in mid-November, 2 weeks before the date of the panel.

<b>August Starters</b>	<b>ST1-1</b>	<b>ST1-2</b>	<b>ST2-1</b>	<b>ST2-2</b>	<b>ST3-1</b>	<b>ST3-2</b>
ESR deadline	31 Jan	mid June	31 Jan	June	31 Jan	mid May
ARCP		Early July		Late June/early July		Early June
<b>February Starters</b>	<b>ST1-1</b>	<b>ST1-2</b>	<b>ST2-1</b>	<b>ST2-2</b>	<b>ST3-1</b>	<b>ST3-2</b>
ESR deadline	31 July	Mid December	31 July	Mid December	31 July	Mid November
ARCP		Early January		January		Early December

### Less than Full Time trainees

The basic rule still applies: an ESR is required for each 6 months of training and an ARCP for each 12 months of training. Therefore, less than full time trainees will have an ESR every six months. They will have an ARCP after 12 months. As the training “year” will take longer than 12 months, the trainee will then have an additional gateway ARCP with an additional ESR required for this. The exception to this requirement is if a trainee is working at 80%, their training “year” will take 15 calendar months; this is at the limit of what the RCGP/GMC allow an ARCP to cover. In this LTFT circumstance only, trainees will have two ESRs, each covering 7.5 months of training and they will have a single ARCP after 14 months which will review 15 calendar months of training (12 months whole time equivalent if working at 80%). The Roadmap, printable from your Portfolio, is helpful for LTFT Trainees. Please check with the GP School team at [GP.WX@hee.nhs.uk](mailto:GP.WX@hee.nhs.uk) if you do not think your ARCP is booked at the correct time as the automatic panel timing is annually.

If a trainee is working at 60%, it will take 20 calendar months to complete a training “year”. The trainee will therefore have 2 ESRs each covering 6 months and 1 ESR covering 8 months. They will have an annual ARCP covering the first 12 calendar months of their training and then have a gateway ARCP (with an ESR) covering the next 8 months. An up-to-date Form R is required for EVERY ARCP Panel.

### **Time out of Training**

Maternity/parental leave, sick leave or any other reason for being Out of Programme (OOP).

Trainees are still required to have an annual ARCP even when OOP, however, in these circumstances it will only be a Form R that is reviewed by panel. So, no ESR is required and none of the training completed since your previous ARCP will be reviewed. You will be given an ‘N’ or Outcome 8 code, depending on the reason for being OOP. At the following ARCP, any period of unreviewed training that occurred prior to leave will also be looked at.

Therefore, it is important that ESRs are completed in a timely fashion to cover all periods of training. You can (and it makes sense to do so) complete a short pro-rata evidenced ESR covering less than 6 months prior to embarking on a long period of planned leave.

The training clock will stop when a trainee is on maternity leave. So, if there is a very short period of training time remaining after maternity leave, a ‘final ESR’ completed just prior to going on leave can be used by the ARCP panel on return to training, provided it is less than 8 weeks old at the time of the final ARCP.

For more specific advice for individual cases, please contact the GP Programme Co-ordinator ([gp.wx@hee.nhs.uk](mailto:gp.wx@hee.nhs.uk)).

Sick leave – If a trainee has a significant period of sick leave, please contact [gp.wx@hee.nhs.uk](mailto:gp.wx@hee.nhs.uk) for advice on the timing of the ESR and ARCP.

### **ESR vs Interim ESR (iESR)**

A full ESR is a mandatory requirement in the following circumstances:

- The review before every ARCP panel
- Previous ARCP gave an OC2 or OC3 or Panel requested a full review
- The GMC threshold for SEA was met (when recording an LEA) or an unresolved complaint, since last ARCP
- Your ES believes you are not making expected progress

Otherwise, for mid-year or other non-ARCP reviews for LTFTT an interim ESR can be completed.

### **Form R**

Please see Form R guidance and template available on the Health Education Wessex website. This is now completed using the TIS self-service system. A pdf copy should be produced and uploaded onto your Portfolio compliance passport area. <https://wessex.hee.nhs.uk/accreditation-and-revalidation/arcp/>