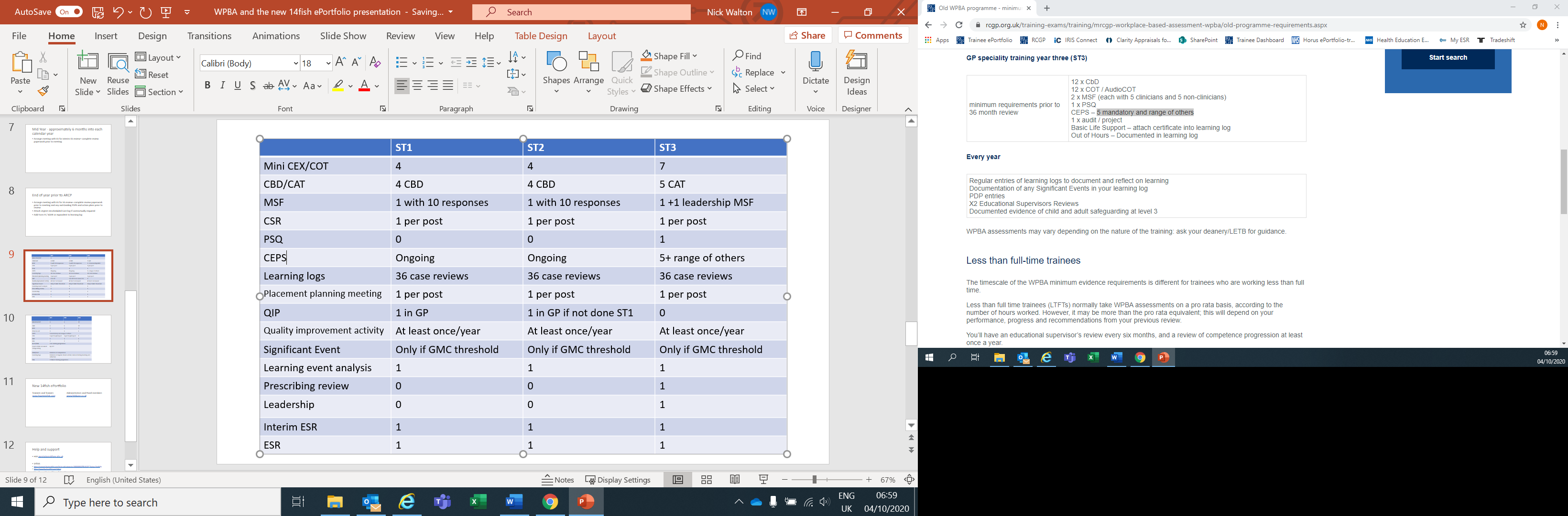
Checklist for Trainer and Trainee in preparation for ESR

**For Trainees not completing training**

|  |  |  |
| --- | --- | --- |
| Area | Evidence required | Evidence verified |
| ESR | Completed within 8 weeks of the ARCP Panel  Both Trainer and Trainee signed off |  |
| Competencies/Capabilities | Trainee has completed self-rating  Trainee to add up to 3 linked pieces of evidence to support each capability.  If the trainee self-rating is a comprehensive review, with appropriate tagged evidence which shows a true picture of their training, the ES should add a comment stating that they agree with all comments and evidence cited.  Where the trainee’s self-ratings and evidence do not provide a true picture of their progress, the ES should add additional evidence and narrative to support the capability ratings for each review. |  |
| Curriculum Coverage and Clinical Experience Groups | The trainee should provide evidence of progression between reviews.  The trainee should provide a range of evidence over time and a high number of appropriate links to clinical experience groups/curriculum and capabilities |  |
| Work Placed Based Assessments | Ensure required minimum number for each assessment type depending on ‘old’ or ‘new’ requirements. See tables below   1. New. [https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx](about:blank) 2. Old. [https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/old-programme-requirements.aspx](about:blank)   Remember WPBA requirements suspended between 1st March 20 and 4th August 20 but restarted from 5th August 2020 |  |
| Log entries | New requirements  Minimum 3 clinical case reviews per month and  1 other learning log entry per month  Old requirements  A broad range of learning log categories should be used to reflect balanced learning, with an emphasis on clinical encounters.  There should be sufficient high-quality log entries to demonstrate progression in both the curriculum and the Capability domains in each review period.  Log entries should be reflective |  |
| PDP | At least 1 SMART PDP per year with evidence of reviewing progress of each objective  The PDP should be a personal, reflective ‘living document’ with a mixture of open and completed entries. It should contain a mixture of entries generated personally by the trainee and from meetings with their ES.  **The PDP should not only be a list of mandatory training requirements** |  |
| CEPs | Trainee demonstrated progression in their CEPS, commensurate with their stage of training  Evidence for CEPS should be provided through a mixture of observed CEPS, log entries, COTS and the CSR. |  |
| BLS and AED | ES to ‘tick’ met in ESR  Up to date and valid CPR and AED training  Upload and attach a valid certificate of competence into the Mandatory Passport/learning log  It is essential AED is documented  The Course can be eLearning  A valid ALS certificate ‘trumps’ BLS/AED but the certificate must be visible to the ARCP Panel |  |
| OOH/UUC | Trainee will need to provide evidence of engagement with UUC /OOH (can be primary and secondary care)  GP trainees will need significant opportunities to develop these capabilities in primary care based Urgent and Unscheduled care / Out of Hours provider organisations.  Note some OOH providers have not provided sessions for 1 year due to COVID. If this is the case, there needs to be compensatory evidence from Practice related activities if working in Primary Care and an Ed Note confirming provider issues.  Also need to explain why if no sessions recorded in ST2 if primary care post undertaken Aug 19 - Feb 20 i.e., pre covid  Evidence includes  1. Recording learning and reflections within the Clinical Case Review learning log.  2. Completing the UUC/OOH session feedback forms with the supervisor for that session. |  |
| Child and Adult  Safeguarding | Level 3 Adult and Child Safeguarding training  Upload and attach a valid certificate into the Mandatory Passport/learning log  Evidence of:  1. Annual knowledge update for both  2. Practical application or reflection on learning for both |  |
| Health and Probity Declarations | Trainee signed |  |
| Last ARCP | Ensure Trainee has accepted/signed off last ARCP  If the Trainee was awarded an unsatisfactory Outcome at last ARCP please check/ensure the recommendations have been achieved? |  |
| Revalidation | Ensure any formal complaints, GMC, SUIs, SEAs that reach the GMC threshold are recorded on Form R.  Trainee to write a reflective log entry and confirm if resolved/unresolved?  Trainer to add a comment to this log entry again to confirm if resolved/unresolved? |  |
| Form R and COVID Self Declaration | Both are mandatory!  A fully completed Form R (please see attached FAQ) completed within 8 weeks of each panel  • All posts listed and correct dates since last ARCP  • Include all work as a doctor e.g. locum, voluntary, redeployment due to COVID  • Time out of training completed in days for each area and total box((1 week = 7 days, Friday 3 days)  • All sections/declarations ‘ticked’ and completed appropriately  • Declare all formal complaints, GMC, SUIs, SEAs that reach the GMC threshold  • Signed and dated |  |
| COVID | Q: The trainee 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?  A: If the ARCP panel felt there is evidence of the trainee developing capabilities against curriculum requirements, these posts should count towards training.  Please see attached RCGP guidance on shielding and WPBA requirements for a post to count |  |

‘New’ post 5th August 2020 WPBA requirements



‘Old’ WPBA pre 5th August 2020 requirements

