Checklist for Trainer and ‘final’ ESR

Please note this only applies to Trainees due to complete training on or before 3rd August 2021 and passed both CSA/RCA and AKT

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| Area | Evidence required | Evidence verified |
| ESR | Completed within 8 weeks of the ARCP PanelBoth Trainer and Trainee signed off |  |
| Competencies/capabilities | Trainee has completed self-rating Trainee to add 3 linked pieces of evidence to support each capability. Trainer rated all 13 capabilities as either competent or excellentFor a satisfactory trainee who has rated himself or herself as competent for licensing in all 13 capabilities with 3 relevant pieces of tagged evidence the ES is only required to affirm the trainee evidence. |  |
| Curriculum Coverage/clinical experience groups | To complete WPBA satisfactorily by the end of ST3 all clinical experience groups should be evidenced by linkage to relevant entries in the Learning Log. |  |
| Work Placed Based Assessments | Need to determine whether Trainee on ‘old’ or ‘new’ WPBA requirements1. New. https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx
2. Old. https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/old-programme-requirements.aspx

Check completed the minimum number of each assessment. See tables below Remember WPBA requirements suspended between 1st March 20 and 4th August 20 but restarted from 5th August 2020 |  |
| Learning logs | Need to ensure satisfy the minimum requirements depending on ‘old’ or ‘new’ requirements1. ‘Old’

 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.1. ‘New’

Minimum 3 clinical case reviews per month1 other learning log entry per month |  |
| PDP | Minimum 1 PDP per year with evidence of completing SMART objectives.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 | 1.All 5 mandatory intimate examinations. A suitably trained professional will need to observe and document your performance on a CEPS evidence form.2. A range of non-mandatory CEPS relevant to General Practice documented in learning logs |  |
| BLS and AED | ES to ‘tick’ met in ESRCPR and AED training valid at CCT dateUpload and attach a valid certificate of competence into the Mandatory Passport/learning logIt is essential AED is documentedThe Course can be eLearningA valid ALS certificate ‘trumps’ BLS/AED but the certificate must be visible to the ARCP Panel |  |
| OOH/UUC | Sufficient experience across a range of settings to be able to meet the required capabilities (can be Primary and Secondary Care posts)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 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 ie pre covidIt is the responsibility of the ES to ensure that they are satisfied that these have been met (it would be helpful if the Trainer confirms this in the ESR or Educator Note) |  |
| Child/Adult safeguarding | ES to ‘tick’ met in ESRLevel 3 Adult and Child Safeguarding training valid at CCTUpload and attach a valid certificate into the Mandatory Passport/learning logEvidence of:1. Annual knowledge update for both
2. Practical application or reflection on learning for both
 |  |
| Last ARCP | Ensure Trainee has accepted/signed off last ARCPIf the Trainee was awarded an unsatisfactory Outcome at last ARCP please check/ensure the recommendations have been achieved? |  |
| Health and Probity Declarations | Trainee signed |  |
| 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
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| 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 was 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’ WPBA requirements from 5th August 2020



CSR to be done in a primary are post if any of the following apply: The Clinical Supervisor in practice is a different person to the Educational Supervisor, the evidence in the Portfolio does not give a full enough picture of the trainee and information in a CSR would provide this missing information, or either the trainee or supervisor feel it is appropriate

The Interim ESR can only be completed if the trainee is progressing satisfactorily. Otherwise, a full ESR is required at the midpoint of each calendar year.

‘Old’ WPBA requirements pre-5th August 2020

