

Flow Charts to aid GP Educational Supervisors - Covid-19, Yorkshire & Humber

Context

Due to Covid-19 enforced changes in educational opportunities and trainee service provision it is likely that a number of trainees will not have the usual evidence of capability due to circumstances beyond their control. The RCGP has issued ARCP guidance about this.

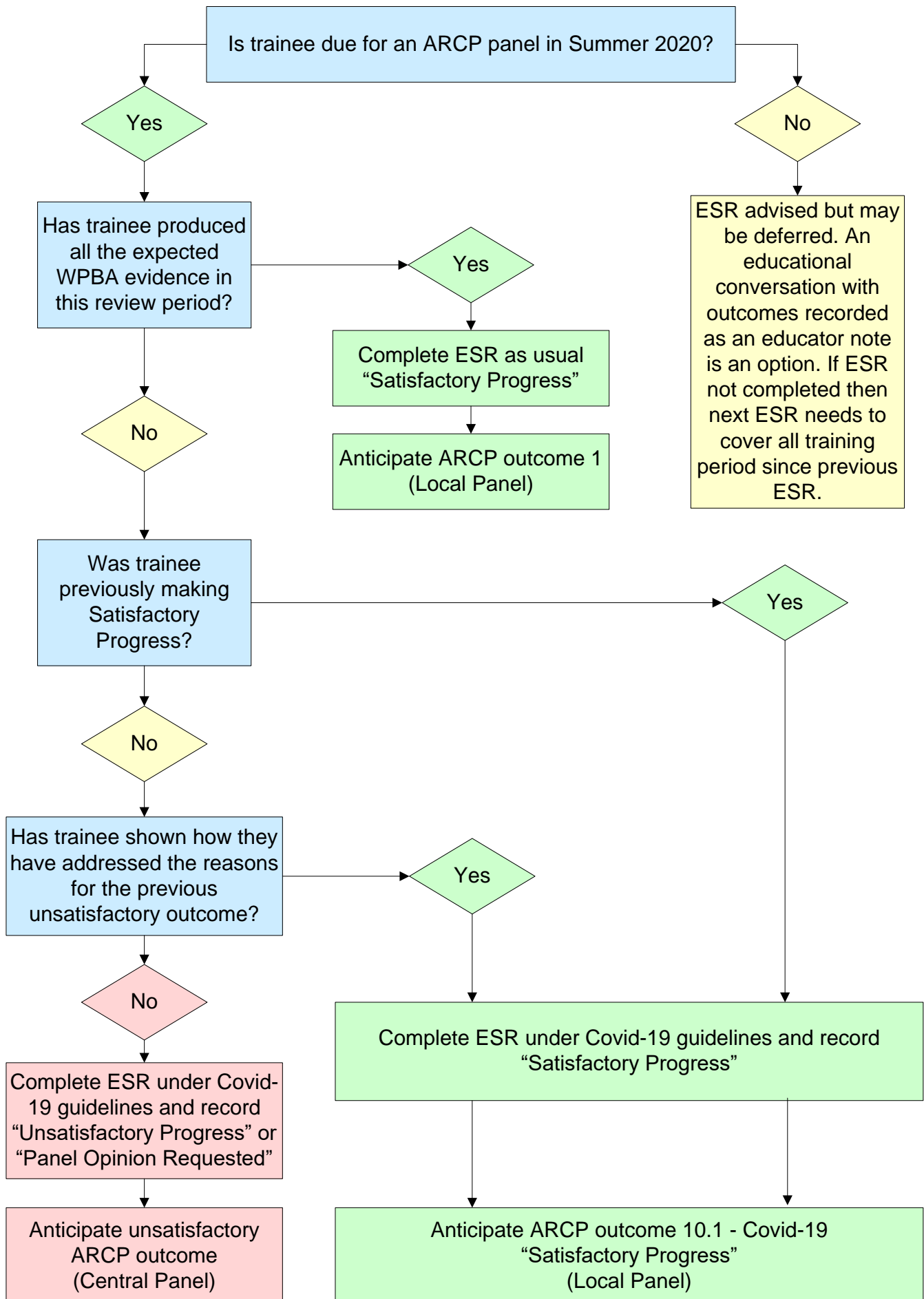
Selected summary points:-

- ◆ It is expected that trainees due to complete training and those due an annual review will have their ARCP panel.
- ◆ It is confirmed that the absolute minimum time in training for certification is 34 months (implications for trainees who have had to self-isolate as this time should be included in TOOT unless the trainee was remote working whilst isolating).
- ◆ **ESRs can be completed remotely** - how do do that can be worked out between ES and GPST.
- ◆ **A new satisfactory ARCP outcome: Outcome 10 (Covid-19)** - the trainee is progressing at the expected rate but the acquisition of some capabilities (eg WPBAs, exams) has been delayed due to Covid-19.
 - ◆ Outcome 10.1 - satisfactory progress for trainees not due to complete training e.g. not done the full WPBA assessments required for stage of training due to Covid-19. Trainee may progress to next stage of training - e.g. ST1 to ST2 - with panel recommendations for future training.
 - ◆ Outcome 10.2 - satisfactory progress for trainees due to complete training but unable to meet CCT requirements because not passed AKT and CSA due to Covid-19. An extension to training will be required together with panel recommendations for future training.
- ◆ Arising from above; Altered requirements for satisfactory progress allowing outcome 6 (CCT) or outcome 10 to be awarded.

The above has implications for ESRs. If the trainee has met the new minimum requirements then the ES should rate as "Satisfactory Progress" and not "Panel Opinion Requested".

[Click here for RCGP COGPED full guidance on WPBA during Covid-19 emergency](#)

Trainees in ST1, ST2 & ST3 not due to complete training



Covid-19 guidelines for completion of ESRs in ST1 and ST2

Guidance advises "Light touch" ESR required

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 reasons for the ESR outcome.

Minimum WPBA evidence (Covid-19) for whole year

[usual requirement in square brackets]

CbD - 3 [6]
COT/mini-CEX - 3 [6]
MSF - 1 (ST1 only) [2]
PSQ - waived [1 in GP post]
CSR - 1 per post is desirable [1 per post required]

CEPS - some evidence (can be from learning logs and intimate CEPS not mandatory at ST1 or ST2)

Learning logs - continue if workload permits focussing on ensuring mandatory requirements completed

BLS/AED - e-learning module if F2F expired

L3 child safeguarding - up to date e-learning module

QIP/Audit/LEA - waived

Form R - required

ES responsibility

For a **satisfactory** trainee who has rated himself or herself as needs further development 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, Clinical Examination and Procedural Skills are not needed. ES to comment "ESR completed under Covid-19 guidance" where necessary.

Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required.

Covid-19 guidelines for completion of ESRs in ST3

Guidance advises "Light touch" ESR required

Trainee responsibility

The trainee must document evidence in their learning log to demonstrate progression.

For CCT ensure that all 13 capabilities have at least 3 pieces of linked evidence in ST3 (so if only 2 linked to a capability in previous ESR at least one more piece of evidence to be linked for current ESR; if 3 pieces of evidence already linked then no further linkage required).

If there is missing mandatory evidence for CCT provide compensatory evidence and explain how it demonstrates capability. (e.g. if no observed evidence for one of the intimate CEPS do a log entry and get supervisor to comment).

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.

Minimum WPBA evidence (Covid-19) for whole year

[usual requirement in square brackets]

CbD - 6 [12]

COT - 6 [12]

Audio COT 0 [1]

MSF - 1 [2]

PSQ - waived

CSR - not required

CEPS - all intimate CEPS required for CCT.

Learning logs - continue if workload permits focussing on ensuring mandatory requirements completed

BLS/AED - e-learning module if F2F expired

L3 child safeguarding - up to date e-learning module

QIP/Audit/LEA - waived

SEA - complete an SEA if there is anything that would lead to a revalidation concern [1]

OOH - can check for final review if no concerns.

Form R - required

ES responsibility

For a **satisfactory** trainee who has rated himself or herself as needs further development 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, Clinical Examination and Procedural Skills are not needed. ES to comment "ESR completed under Covid-19 guidance" where necessary.

If not all intimate CEPS observed ES to comment that in their opinion trainee would have the skills to safely and competently perform the assessment.

Where the trainee is Needs further development below expectations reference to the evidence and proposed actions would be required.

ESR guidance for ST3 due to complete training

Applies to **all trainees due to complete training** (36 months on a GP training programme or 30 months if ATCF) **whether or not they have passed AKT and CSA** and any trainee in extension to training at ST3.

This is existing guidance and for Summer 2020 should be used alongside Covid-19 ESR guidance

Capability rating

GPST and ES to rate each capability area as either NFD-BE, CFL or E. **Do not use NFD-ME or NFD-AE at end of ST3 or in extension.**

Reason 1. The expectation at this stage of training is CFL therefore not appropriate to rate NFD-ME (use CFL instead) or NFD-AE (use E instead).

Reason 2. If trainee finds themselves needing to apply to RCGP for exceptional extra exam attempt they won't be eligible to apply if not WPBA CFL.

Note; **AKT and CSA exam success or otherwise should not in any way be taken into account when rating capabilities** - they are separate assessments. The ESR is solely a review of WPBA evidence in the ePF.

"The Final Review"

On the last page of the ESR there is a question for the ES "Do you believe this is the final review?".

For trainees due to complete training, or those in an extension at ST3, it is essential to check this box even if you know the trainee will not be eligible to get a CCT.

Reason. This allows ES to confirm if trainee has mandatory evidence required for CCT (CPR/AED, safeguarding, OOH). This allows an ARCP panel to give outcome 6 or, if further training required, the panel can decide if that is solely for exams or for WPBA (or both).

ES overall rating

If WPBA is CFL then ES overall rating must be "Satisfactory Progress".

Sometimes ESs rate trainees who don't have both AKT and CSA passes **"Panel opinion requested" or "Unsatisfactory"** on the entirely reasonable basis that trainee can't get a CCT; however, this is **inappropriate** as the ESR is a review of WPBA progression based on ePF evidence alone.

Trainees in ST3 due to complete training

This includes all trainees who are due to finish a year (FTE) in ST3 or are in extension, even if they have not passed their exams

