

WPBA, COVID and guidance for ST3 finishers who have already passed CSA and AKT

Introduction

The purpose of this guide is to outline requirements to allow successful completion of a GP Training Programme in the extraordinary circumstances of the COVID-19 crisis. The requirements stated in this guide will only apply for 2020 Annual Review of Competency Progressions (ARCPs) due to take place up until 04 August 2020, which take account of the national emergency.

To whom this guidance applies

This guidance applies only to ST-3 trainees (or ST-4 ACFs) who have had a previous ST3 ESR recorded and who have passed both the CSA and AKT.

- This guidance will not set a precedent for future ARCPs.
- Further guidance for trainees who have not yet had an ST3 ESR and who were due to have an ARCP after 04 August 2020 will be forthcoming.
- Guidance for trainees who still require to pass either or both the CSA and AKT will be issued separately.

This guidance aims to

- reduce uncertainty for GP Trainees and educators around ARCP requirements
- set clear requirements for trainers, reducing administrative burden and increase capacity to deliver clinical work in this time of national emergency
- ensure that any doctor who is functioning at the appropriate standard receives a successful outcome
- minimise number of outcomes 5 (holding position whilst awaiting further information) to reduce workload for panels
- Identify those GPSTs who have not reached the required standard for CCT and highlight those individuals to their respective LETB/Deaneries to access support.

Missing Evidence

In cases where the number of specific assessments, as cited in the table below, have not been achieved, an ARCP panel will be able to deliver a global judgment based on a holistic view of evidence over the three year programme. In such cases, panel judgements will be informed through compensatory evidence.

Trainees should continue to make learning log entries in their ePortfolio and provide additional and appropriate evidence to demonstrate their competence in the capabilities. This is especially important where there have been gaps identified within earlier ESRs in ST3. The ARCP panel will then highlight compensatory evidence and/or global judgements and place a record of this on the ARCP outcome form.

GP specialty training year three (ST3). WPBA evidence in the current ARCP phase:

Item	Current minimum requirements in ST3	Minimum WPBA evidence required for sign off in ST3 during COVID pandemic
CbD	12	6
COT	12	6
Audio COT	1 of the above	not required
Prescribing assessment	1	not required
MSF	2 x (each with 5 clinicians and 5 non-clinicians)	1 or a comment from the ES about the team's informal feedback to them in the 'working in teams' capability section of the ESR
PSQ	1	waived
CEPS	Mandatory observed list and range of others	If a mandatory CEPS has not been completed the ES needs to comment within the CEPS capability of the ESR that this was not observed but that in their opinion the trainee would have the skills to perform the relevant examination competently and safely
CSR	Not required in ST3	Not required, unless the ES feels having additional evidence would support their judgments
Learning logs	Regularly throughout training	To continue to record learning logs with focus on ensuring the mandatory requirements are completed – for example covering the capabilities which do not have enough evidence to suggest competence, mandatory CEPS that haven't been observed, BLS and child safeguarding level 3 learning modules
BLS /AED	Face to face training	e-learning module if current face to face course has expired – certificate must be uploaded
Level 3 child safeguarding	Level 3 and reflection on a child safeguarding issue	Up to date e-learning module in child safe guarding at level 3 or an equivalent knowledge update – certificate /evidence of attendance must be uploaded to the learning log
QIP /Audit /LEA	Evidence of competence	Waived – no requirements

SEA	Evidence of competence	As a minimum, an SEA should be completed for any significant undeclared event that would be required to feature on revalidation paperwork This should be attached to the learning log
Revalidation paperwork (Form R or SOAR)	Required	Required and attached in learning log
OOH		Can be checked as having been met if any reports to hand have been satisfactory, and no known concerns
Educational Supervisors Review – needed for all ST3 trainees who are finishing training and who have passed CSA and AKT		
ESR- Trainee ratings and comments on capabilities		Competent for licensing for all 13 capabilities providing the trainee is satisfied competency has been achieved. 3 linked pieces of evidence to support each capability. Evidence can be used from the entirety of the ST3 time, not just new evidence from the last review. For example If 3 pieces of evidence had been linked to the capability for <i>communication and consulting skills</i> in a previous ESR in ST3 then no further evidence would need to be linked. If only one piece of evidence had been linked to the capability for <i>fitness to practice</i> 2 further pieces of evidence would need to be linked
ESR- ES ratings of capabilities		Competent for licensing for all 13 capabilities providing the ES is satisfied competency has been achieved
ESR -ES comments on capabilities		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 are needed for missing assessments within the relevant capability areas and signposting to any compensatory evidence, if the trainee has not provided this.

ESR - additional sections	All sections of the ESR to be completed	Comments on Clinical experience coverage, Review of PDP, Quality of Evidence, Clinical Examination and Procedural Skills are not needed.
ESR – sign off	Nominated ES	Any ES or TPD completing the review

Trainee guidance on completing the ESR

Review Preparation will still need to take place before you have the meeting with your supervisor. These can be done remotely to maintain social distancing.

Prior to completing your self-rating you will need to ensure you have completed the following;

1. At least 3 pieces of evidence for each capability this can be from learning logs or assessments that you have undertaken during your entire ST3 year and not just new evidence since your mid year review.
2. Completed on line learning modules for Basic Life Support and Automated External Defibrillators if these have expired. (ALS courses are acceptable providing they haven't expired). Certificates for BLS/AED learning need to be included in your learning log.
3. Completed a learning module for child safeguarding level 3. The certificate needs to be attached into your learning log
4. Any mandatory CEPS, which have not been observed and assessed need a log entry to detail when the relevant examination was undertaken.
5. Complete your Form R, (SOAR) and add this to your learning log. If you have declared any complaints or significant events on your Form R, (SOAR), an SEA will need to be added into your learning log.

Review preparation

Rate and comment on each of the 13 capabilities. To obtain your certificate of completion of training in WPBA you need to rate yourself as competent in all 13 capabilities. (Please do not rate yourself as competent if you have concerns about your performance and do not consider yourself to be safe).

3 pieces of linked evidence need to be attached to each capability. If you have already used evidence in your mid year review then this will be counted towards the 3 pieces of evidence and does not need to be re-linked.

3 action plans and a proposed PDP need to be added as these will be carried forward to your 1st appraisal post CCT.

Complete the sections on safeguarding children, probity and health.

Sign off your review and submit this to your supervisor so they can complete their sections.

Arrange a meeting with you supervisor for them to complete the ESR, which can be done remotely if, need be.

Educational Supervisors Guidance for completing the ESR

All trainees who are finishing ST3 and have passed their CSA and AKT will need an ESR.

The trainee will need to have completed their self-preparation before the review can be done.

It is acceptable for the review to be done remotely if not possible to meet face to face.

The review should normally be done no more than 8 weeks before the planned ARCP date.

The 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. (The ES must not rate the trainee as competent if they have any concerns about their performance in any of the capability areas).

The ES may need to add a comment on each of the capabilities.

- If they have rated the trainee as competent for that capability and they are satisfied with the comments written by the trainee in their self-reflection then saying they agree with the trainee's comments will suffice¹.
- If they have rated the trainee as needing further development for any of the capabilities then a comment will need to be written in support of this rating
- If the trainee has 3 pieces of linked evidence for each capability and this includes linked evidence from the mid year review no further evidence needs to be linked by the ES.

If the ES is unsure whether they can rate the trainee as competent for licensing then it is acceptable to ask another supervisor if they would complete a CSR on the trainee as this may provide additional evidence to support their decisions.

The remaining part of the ES review does not need completing. This would normally include the ES commenting on;

- Clinical experience coverage
- Review of PDP,
- Quality of Evidence
- Clinical Examination and Procedural Skills

None of this is required and **writing n/a in all the mandatory boxes is acceptable** and the review will not be rejected.

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.** Evidence of knowledge updates are still required and these need to be visible in the trainees learning log. The reflection requirements of a child safeguarding issue have been waived.

The requirements for Out of Hours are going to be waived and the OOH box will be removed

The ES will then make a judgement on the overall outcome of the trainees WPBA of satisfactory, panel opinion or unsatisfactory.

Once the ESR is completed it will need to be submitted by clicking the complete and submit button.

¹ Exceptions to this include when the trainee has not completed the mandatory assessment requirements as in the table above, so for example;

- If a rectal CEPS was missing this would need to be commented on within the CEPS capability that there were no concerns with the trainee's ability to examine or
- If the 1st MSF was incomplete and another has not taken place then a comment about the trainees ability to work both clinically and professionally with colleagues would need to be commented on within the working in teams capability.

Summary of requirements to progress to ARCP:

- The trainee has passed both the CSA and AKT
- A previous ESR in ST3 with a satisfactory outcome. If the trainee was given an unsatisfactory outcome in an earlier ESR this will need to be addressed in the final review through ES comments and additional evidence
- A final ESR ideally within 8 weeks of ARCP
- Trainee and ES ratings of competent for licensing against all 13 capabilities in the final ESR
- Linked evidence to support the capabilities, which can come from the entire ST3 time.
- BLS/AED and child safeguarding level 3 updates which need to be in date and evidenced in the ePortfolio
- The ES making a judgment on all of the available evidence in the ePortfolio and giving a satisfactory overall outcome in the final ESR.

Workplace based Assessments (WPBA) for trainees finishing ST3 and who have passed CSA and AKT - Frequently asked questions

My Educational Supervisor is very busy, how can I expect him/ her to complete ESR during the Pandemic?

WPBA continues to be part of the MRCGP and you do need to be competent for licensing against the 13 capabilities both in your self assessment and in the judgments made by your ES during your Educational Supervisors review (ESR). The ESR is going to be light touch and many of the mandatory boxes are no longer required. You could greatly help your ES, by providing sufficient evidence of progression and they can just agree your evidence.

Do I need to be competent in all the capabilities in my final review?

Yes, for trainees who are about to finish training, in addition to passing your CSA and AKT, you do need to rate yourself as competent for licensing and for your ES to have rated you as being competent for licensing against all of the 13 capabilities and been given an overall satisfactory outcome.

Do I need to link evidence to each capability?

Yes, 3 pieces of evidence must be linked to each capability in order to support your competence within that capability. This is your responsibility to do this. But whereas you would normally need new evidence for each review, any evidence that you have previously linked in your earlier ESRs will now count. For example if you linked 3 pieces of evidence to the capability for *communication and consultation skills* in your previous ESR, these will still count and you do not need to link anything else. If however you have only linked one piece of evidence to *fitness to practice* in your earlier review you will need to link 2 pieces of further evidence in this latest review.

Am I going to have to do all of my remaining workplace based assessments?

No, The evidence for Workplace based Assessment has been modified in view of the pandemic. The minimum requirements are listed in the summary table.

My training was due to end after August 2020. Does this mean that the new workplace based assessments have been shelved?

No, it is hoped these will still go ahead, however the transition arrangements are such that if you have less than six months to go until the end of training you would stay on the old assessment requirements, i.e. the assessment requirements prior to August 2020.

I am pregnant/ in a vulnerable group regarding COVID-19. How can I be expected to see patients and cover the curriculum?

This needs to be discussed with your supervisor and if you believe yourself to be in a high-risk group then arrangements must be made locally for you to still have remote contact with patients, but not face-to-face. Most practices have stopped or minimised face-to-face consulting during this time.

Because of COVID-19 we have moved to mainly telephone triage and this means I cannot get my CEPS done. What should I do?

Your ES still needs to be able to confirm that you are competent in the CEPS capability during your final review. This includes the five mandatory intimate examinations. However, if you have not managed to get your mandatory CEPS formally observed and the CEPS form(s) uploaded to the ePortfolio prior to your final review, it is acceptable to document the missing CEPS as log entries detailing your experience in the relevant examination. If both you and your ES are satisfied that there is sufficient evidence to conclude that you are competent without these having been formally observed this will be deemed acceptable under the current exceptional circumstances, but your ES will need to comment on this within the CEPS capability. If you do not feel competent to do any of the mandatory examinations, then you do need to declare this in your final review as you would not be signed up if you, or your ES, have any concerns about your competence with respect to the your ability to examine patients, including the five mandatory intimate examinations.

I am less than full-time/out of programme/on maternity leave/ on sickness absence. How do these changes affect me?

This depends very much on when you are supposed to finish training and how long this pandemic persists. The reduced assessment requirements will persist for the duration of the pandemic and the situation reviewed when training returns to normal.

I am not yet in ST3, and I'm worried about how I can possibly do a QIP or a prescribing assessment when the new WPBA changes come in. Is there going to be flexibility on this?

A QIP is not a mandatory requirement in ST3 but there is an expectation you will be involved in an audit. It is hoped with the current forecasts of how long the pandemic will last for that this would still be possible in ST3. Prescribing will also be taking place during telephone consultations and, if anything, it is even more important with the risks associated with telephone consulting that you are a safe prescriber during these consultations. The assessment numbers from August 2020 are almost half of the current requirements so it is hoped these will still be possible

I'm currently less than full-time. Will I be made to work full-time because of the crisis?

No, this would need to be approved at Deanery level. You would have needed a valid reason to be granted less than full-time training and these reasons may still exist. If you wanted to change your training to full-time then this would need to be approved by your Deanery and an application made to them.

I've heard that I could be redeployed in clinical areas of need regarding COVID -19. If that happens, how can I be expected to cover the GP curriculum and get my workplace based assessments done?

Although the assessment requirements have been reduced during the pandemic, you will still be expected to demonstrate your understanding of the clinical experience groups and capabilities through your log entries, which should not stop completely. These can occur in any placement. In particular though you should focus on the capabilities that you may not have enough evidence to demonstrate competence.

My educational supervisor is self-isolating / off sick with COVID-19 and/or unavailable and there is nobody else to complete my ESR. What should I do?

If you are at the end of your placement or end of your training year, it is hoped your ES will already have enough of a picture to complete your review. ESRs can be done remotely to support social distancing during this time. If your ES is too unwell or not available to complete your ESR then please contact your training programme director for other arrangements to be made.

How do I complete my PSQ?

The PSQ in ST3 will be waived if your practice is not doing face-to-face consulting

I haven't done my practical Basic Life support (BLS) /Automated external defibrillator (AED) session and I am due to finish training in the next few months. What do I do?

As this is a requirement in every training year, please document in your log when these sessions have previously been carried out and attach the relevant certificates. It is not currently going to be possible to update this skill, but instead you must demonstrate an updated knowledge through completing an e-learning module on BLS / AED and attach this to your log. As soon as the pandemic ends it is recommended you attend a practical BLS /AED workshop.

I am not going to have added a reflective learning log on a child safeguarding issue. What do I do?

You must complete a child safeguarding e-Learning module at level 3 and attach the certificate into your log. During the pandemic this will be sufficient.

What happens when training restarts. Will it automatically be assumed I will have to complete the full year's worth of assessments even if I am already half way through the year?

Depending on how long the pandemic lasts for will determine requirements for each training year. Advice will be given on this when normal training resumes.