**ARCP: Evidence Checklist and GPStR Feedback Sheet:** *(for use by the panel member who reviews the ePF)*

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| **Name of GP StR:** |  | **Training Year:** |  | **Chair of ARCP Panel:** |  |
| **Educational Supervisor:** |  | **Full Time** |  | **ARCP Panel Date:** |  |
| **Period of Training being reviewed:** |  | **CCT/End of Training Date:** |  | **Date of last ARCP Panel: Outcome:** |  |

1. Reviewer – please complete electronically and e-mail to GPSTP Coordinator before the date of the ARCP Panel
2. Coordinator – update with any revisions from the panel
3. E-mail form to GPStR to upload to ePortfolio log entry ‘Professional Conversation’: registrar will write reflection on this feedback
4. If GPStR referred to Deanery, complete ‘Reasons for Referral to Deanery ARCP Panel’ box and e-mail form to locality administrator. [Gpsouth.yh@hee.nhs.uk](mailto:Gpsouth.yh@hee.nhs.uk) [gpeast.yh@hee.nhs.uk](mailto:gpeast.yh@hee.nhs.uk) [gpwest.yh@hee.nhs.uk](mailto:gpwest.yh@hee.nhs.uk)

|  | **Yes** | **Unclear or Not**  **acceptable** | **N/A** | **Satisfactory Progress/Comments** |
| --- | --- | --- | --- | --- |
| **ARCP Outcome Form - (were there any additional comments or actions recommended by the last Panel?)** |  |  |  |  |
| **Capability (previously competence) Progression (if end of ST3 all competent for licencing or excellent)** |  |  |  |  |
| **Educators’ notes** |  |  |  |  |
| **Clinical Experience Group coverage (replaces curriculum coverage)** |  |  |  |  |
| **CEPS (**most of CEPS assessment is related to the word descriptors but there is a requirement to demonstrate intimate examination competence):   * Rectal * Prostate * Breast * Female Genital * Male Genital |  |  |  |  |
| **WPBA** – [correct number for ST year](http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba.aspx)? |  |  |  |  |
| CBD |  |  |  |  |
| COT/MiniCEX |  |  |  |  |
| Audio-COT (ST3 at least one required) |  |  |  |  |
| MSF |  |  |  |  |
| PSQ |  |  |  |  |
| CSR |  |  |  |  |
| **PDP** |  |  |  |  |
| **Log diary** (Good enough spread of good enough quality entries over time, with evidence of reflection and development,) |  |  |  |  |
| **Prescribing pilot** |  |  |  | Mandatory pilot for full time ST3 starting Aug 2019 – should be competed Dec 19/Jan 20. Although ‘mandatory’, because it is in pilot for 2019/20 cannot give unsatisfactory ARCP outcome if not done but may make a comment. |
| [**Revalidation statements**](http://www.yorksandhumberdeanery.nhs.uk/postgraduate_medical_and_dental_education/revalidation/)   1. CSR 2. ESR 3. Enhanced form R (in learning log) |  |  |  | This has replaced the complaints declaration. Is there consistency between these? Are there known unresolved concerns identified in any of these 3 sources? (If there are concerns, this will be discussed at panel so you do not need to go into great detail here)  No  Yes |
| **People Requiring Urgent and Unscheduled care** |  |  |  | Replaces OOH requirements from Oct 2019. Training prior to Oct 2019 – old OOH requirements apply.  Has trainee got evidence for the UUSC clinical experience group across the different capability areas? |
| [**Records of NOE (Naturally Occurring Evidence):**](http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/naturally_occuring_evidence/) | The School provides advice to enable trainees to provide evidence under all the competencies. It is the capabilities which are important rather than the presence or absence of particular NOE elements so there is flexibility about the use of these, but absence should prompt looking in more detail at the quality and quantity of recent evidence for the competences.  NOE occurs depending upon opportunities arising so absence of NOE *on its own* should not lead to adverse ARCP outcome; a holistic/global assessment of the trainee’s progress is required and NOE is only one part of such an assessment. | | | |
| Significant Event Analysis (at least one personal SEA expected by completion of training, but as SEAs often provide evidence for Fitness to practice etc, more than one will provide extra evidence of capability). |  |  |  |  |
| Reflection on key learning points from each post |  |  |  |  |
| Audit (during GP attachment) (1 required in training)  or Reflection on QOF  or Quality Improvement Project |  |  |  |  |
| Case Study or Presentation |  |  |  |  |
| Attendance record at VTS teaching (normally provided by scheme administrator) |  |  |  |  |
| **CSA** |  |  |  |  |
| **AKT** |  |  |  |  |
| **CPR/BLS/AED or ALS** (completion needed at end of training time only) |  |  |  |  |
| **Certificate to confirm Level 3 Safeguarding Children Training completed** |  |  |  | Requirement for ST3 trainees having ARCP panels *up to end of May 2020* |
| **Child and adult safeguarding**   1. In date evidence of level 3 child *and* adult safeguarding training *and* evidence of a knowledge update in current ST year (can be L3 training if done in year) 2. Evidence of applying learning |  |  |  | New requirements for trainees having ARCP panels *from June 2020*  Evidence of applying learning; **Minimum requirement** of one participatory piece of learning and reflection for both adult and child safeguarding *in each training year.* |
| **The Post (any issues for GPSTP)** |  |  |  |  |
| **The Person (personal Problems/Probity)** |  |  |  |  |
| **Overall** |  |  |  |  |

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| **ePortfolio Highlights** |
|  |
| **Suggestions for Future Improvement** |
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| **Educational supervisor feedback** | | | |
| RCGP is encouraging ARCP panels to give ES feedback. It would be very helpful if panel reviewer completes this section so panel chair can provide ES feedback. | | | |
|  | **Areas for consideration** | **Satisfactory ESR** | **Excellent ESR** |
|  |  |  |  |
| **Please highlight any areas that apply or add free text to box below** | * Trainee in ST1 or ST2 rated CFL (trainees need to demonstrate competence over course of the training programme before they can be CFL; NFD-AE is appropriate in ST1 and ST2 for good trainees). * Trainee at end of 3 year’s training or in ST3 extension rated NFD-ME or NFD-AE in any of the capabilities (trainees supposed to be CFL or E at this stage; if not should be rated NFD-BE). * Ratings not evidence based; can happen where supervisor knows trainee is a good doctor (or not) and bases the ratings on knowledge of the doctor rather than the ePF evidence. * Panel came to a different conclusion about the trainee’s progress for reasons in free text box below or see ARCP outcome form. * Other reasons; please add free text comments below. | * A thorough evidence based ESR was completed which helped the panel and the panel agreed with the ES ratings. * Other reasons; please add free text comments below | Please add free text comments below |
| **Please add free text comments here;-** | | | |

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| **Reasons for Referral to Deanery ARCP Panel (if applicable)** |
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