# Severn PGME School of Primary Care

**ESR and ARCP Check List for Trainees** Updated April, 2015
**By working through this check list at least 2 weeks before your ESR meeting, you will find your supervision meeting much more productive**

| Work place based assessments | Y/N | |
|---|---|---|
| Have the correct number of COTs/CBDs etc been done? | | See www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba.aspx regarding the requirements |
| Have the MSFs enough respondents? | | 5 for each MSF in ST1 and 10 for each MSF in ST3 |
| Have the MSFs and PSQ been released by the supervisor and commented on? | | Unless the MSF/PSQ are released, they cannot be seen by the panel and will not be counted as evidence |
| Is there a CSR for each clinical attachment? | | This includes each 4 month attachment and is required by the ARCP panel |
| **Learning Log/Naturally Occurring Evidence** | Y/N | |
| Are there the recommended numbers of entries? | | For the deanery recommendations see: www.primarycare.severndeanery.nhs.uk/assets/Primary-Care/Curriculum/Severn-Deanery-learning-log-recommendations-4.12.doc |
| Have all the entries been shared? | | If not, then they cannot be viewed by your supervisor or the ARCP panel |
| Is learning demonstrated from clinical encounters? | | The important sections are: what did I learn and what will I do differently? |
| Have log entries been linked to curriculum headings? | | This is necessary to demonstrate curriculum coverage |
| Has your supervisor linked entries to competencies? | | If not, then ask your ES (or CS if in GP practice) to do this before the review |
| Have you completed SEAs on any complaints or exam failures? | | |
| Is there demonstrable learning from SEAs? | | SEAs should have been discussed with team members |
| Is there evidence of engagement in an audit/Quality Improvement Activity (QIA) suggesting improvement to personal/practice performance | | This should occur at some time during training and involve the analysis, evaluation and discussion of data. Evidence must be present by the final ARCP |
| **Personal Development Plan** | Y/N | |
| Has the PDP been updated since the last ESR? | | Learning objectives should be set after each ESR |
| Have ESR generated objectives been edited to be SMART (specific, measurable, achievable, realistic and time-bound)? | | If your ES has sent objectives to the PDP from the last ESR, they need to have been made SMART (best to do this straight after the ESR meeting) |
| Have a reasonable number of learning objectives been achieved? | | This may be dependent on the most recent attachment |
| **Out of Hours Work** | Y/N | |
| Have all the supervisor forms been uploaded to your eportfolio? | | These need to be signed and scanned OOH Session Log Sheet |
| Has the OOH cumulative Record sheet been completed and uploaded to the | | This is a new requirement as from 2015 and can be obtained here: 3 OOHs-record- |

| learning log OOH section? | | spreadsheet-for-eportfolio V2.xlsx |
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| **Revalidation Requirements** | Y/N | |
| Have you completed both Part A and Part B of the Form R, including the Scope of Practice section? | | The Form R is here:  http://www.severndeanery.nhs.uk/about-us/revalidation/show/documents-and-guidance |
| Has the Form R been uploaded and shared? | | In the learning log in the Courses/Certificates section |
| Are all complaints detailed on the Form R? | | If you have been named in a patient complaint or a formal investigation, enter this on the Form R. You should also reference the relevant log entry where you reflect on it. |
| Are revalidation comments by the ES referenced to a log entry that shows suitable reflection and learning? | | If your ES notes any complaints/investigations then the relevant log entry needs to be referenced even if the complaint has been resolved. |
| **Requirements for the ESR before your FINAL ARCP** | Y/N | |
| Have the CPR/AED certificates been uploaded and the box ticked? | | Upload under "courses/certificates" |
| Have all mandatory DOPs been completed? | | This is still a requirement for all ST3s completing by 5/8/2015 |
| Is there evidence of engagement in audit/QIA during training? | | See learning log section, evidence is required in order to finish training |
| Is there coverage of all curriculum headings? | | There should be demonstrable learning in all areas during training |
| Is there evidence of Level 3 training and reflection for Child Safeguarding? | | See learning log section, evidence is required in order to finish training.  The Level 3 learning can be done at any stage in training, but there should have been reflection on a safeguarding activity during the ST3 year. |
| Have you identified learning needs for the 12 months after finishing training? | | These should be entered in the "actions before next review" section in the self-rating section |
| **Complete self rating of Training progress** | Y/N | |
| Have you tagged and referred to up to three pieces of evidence per competency? | | For more info, see: www.primarycare.severndeanery.nhs.uk/training/gp-curriculum-and-mrcgp/wpba/how-to-assess-curriculum-competencies/ |
| Have you identified SMART "actions before next review" for each competency area? | | |