**WPBA requirement for ARCP submission form Gateway review**

**ST1/2**

**ST1 or ST2 please state**: ST1/ST2 (Delete as appropriate)

**Have you done a GP post in this year?** YES/NO (Delete as appropriate)

**Are you an Academic trainee?** YES/NO (Delete as appropriate)

**Are you less than full time (LTFT)?** YES/NO (Delete as appropriate) Requirements will be pro rata for each review period. (Gateway looks at all evidence in whole of ST training period).

**If LTFT** **What percentage LTFT are you?**

If used for a non gateway review (from ST1 to 2 or 2 to 3 or final) what is the review period in months and with dates?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COT or Mini-cex** | **CbD** | **MSF** | **PSQ** | **DOPS/CEPS** | **CSR/ACR** | **OOHs** | **Form R** | **Tick if all** **complete** |
| **ST1****Minimum Number required**  | Minimum3 in each six monthstotal 6 | Minimum3 in each six monthstotal 6 | 1 in each 6 month post total 2 5 Clinical in each | 1 for GP post if had in year | CEPS sufficient to show progression including intimate exam | CSR 2-3 (One for each post in the year)ACR 1  | 36 hours if GP post in yearin log incl anybooked | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |
| **ST2****Minimum Number required** | Minimum3 in each six monthstotal 6 | Minimum3 in each six monthstotal 6 | 1 in each 6 month post recommended but not required. | 1 for GP post if had in year | CEPS sufficient to show progressionincluding intimate exam | CSR 2-3 (One for each post in the year)ACR 1 | 36 hours if GP post in year in log incl anybooked  | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |   |  |  |  |  |

CSR-Clinical supervisor report

ESR- Educational supervisor report

ACR- Academic report for academic trainees only