Dear Trainee.

Time is approaching for completion of CSR and ESRs and we thought it would be helpful to remind you of a few brief points.

ESRs for:

* **ST1/2** by **xxx 2020**

If you are out of sync, check your next ARCP date in the ePortfolio (ARCP left hand column) or with Luciana [gparcp.tv@hee.nhs.uk](mailto:gparcp.tv@hee.nhs.uk) if any doubt.

Please note anything in your **personal library** **cannot** be viewed by anyone other than yourself.

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| **Out of Hours**  **OOH** | **Requirements up to Aug 2019**  Trainees are permitted to have 6 hours booked, but not done. At summer end of year panels this is 6 hours total for ST1/2 and 12 hours total for ST3s.  This can be recorded either in the learning log (ES to leave unread and therefore unlocked), to edit after completion, or in educators’ notes.  Please ensure you clearly state the total number of hours completed and that certificates of attendance are attached (not in your personal library) and ideally signed.  These log entries should be linked to the appropriate capabilities and linked to the clinical experience group of urgent unscheduled care and contain reflections on your learning.  If you fulfil the above your ES should sign the OOHs part of the ESR (for the final ESR only), as without this being completed the ARCP outcome cannot be given.  It is your reasonability to ensure outstanding shifts are completed and recorded in your portfolio.  **Post Aug 2019**  The above still applies for all posts pre this date and details how evidence should be recorded post this date.  You need to demonstrate competence in all the capabilities within the clinical experience group of urgent unscheduled care. This needs to be done and logged within a range of OOHs experience settings (triage, visit, base etc.) sufficient to allow your ES to sign you up as having met these OOHs requirements. It is expected that this would usually not be possible with less than 48 hours for ST3. |
| **ST3 Child & Adult Safeguarding evidence level 3** | **Minimum requirements**  All trainees require a knowledge update, which includes adult and child safeguarding at the start or early part of each training year, i.e. ST1, ST2 and ST3. This includes key safeguarding information and appropriate action to take if there are any concerns. This evidence must be documented in the ePortfolio  All trainees require a minimum of one participatory piece of learning and reflection for both adult and child safeguarding in each training year. This needs to be added into the ePortfolio during the training year and not just before your ESR.  As with all areas of the curriculum the ES will be asked if you are competent in safeguarding in your final review.  The Intercollegiate Documents (ICDs)   * Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019 * Adult Safeguarding: Roles and Competencies for Health Care Staff, First edition: August 2018 * RCGP supplementary guide – <https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx?la=en> |
| **Minimum mandatory evidence** | Please see attached table for a reminder of numbers of assessments.  LTFT (Less Than Full Time) trainees complete a pro-rata number so that they cover the same number in their lengthened duration of post.  If you are unsure please ask your PDs or, if needed Luciana [gparcp.tv@hee.nhs.uk](mailto:gparcp.tv@hee.nhs.uk) to clarify.  Attaching this document completed, as a learning log titled “ESR prep” would be potentially helpful to anyone needing to review your ePortfolio but we advise that the smaller form is completed and uploaded as a log entry titled “ARCP prep” as a minimum to reduce the risk of an outcome 5, due to evidence not being clearly identifiable within the ePortfolio.  Quality is more important that quantity but there should be some evidence in your log for all competency areas across each training year and across the whole GP curriculum by the end of training. |
| **Clinical Examinations and Procedural Skills**  **(CEPS)** | **CEPS** rather than DOPS should be completed by all trainees.  You and your ES need to make a global judgement on competence in Clinical Examination and Procedural Skills (as you would for any of the competencies) using the evidence in the ePortfolio and state if you feel you are fit for independent general practice in this area. **You need observed CEPS and logs for the non-intimate CEPS to demonstrate this.**  In addition, you need to provide **observed** CEPS showing evidence of competence in the 5 intimate examinations (breast, prostate, rectal, female (including bimanual) and male genital) as a GMC requirement. By end of ST3 the 5 GMC mandatory intimate examinations need to have been recorded as **observed CEPS** by an ST4 or above or specialist in the field. This can be provided in addition to other evidence, log entries etc. but the **minimum required is an observed CEPS for each.** |
| **ST3 CPR** | Please remember to log CPR/AED training.  This can be completed at any time within the training scheme, but must have been completed within the last 3 years for ALS and 1 year for BLS at the time of final ARCP.  It needs to be current and **valid at** the **CCT date** and supported by an attached certificate demonstrating AED was included. It cannot be done as an e-learning exercise. |
| **Audit/QI** | It is also required that there is evidence of learning about, and personal involvement in, audit or QI with suggestions for change made to the team and so please ensure that this is demonstrated within the log under the Audit category.  Ideally there should be entries demonstrating elements of this across the three years of training as it should be “regular and systematic”. |
| **Significant Event Analysis (SEA)** | Please remember that it is expected that all trainees complete log entries on SEAs and that these should show learning as a team event in the general practice environment, not just your own personal reflection. As a minimum at least one case must personally involve you in a general practice post by the end of ST3 but ideally an SEA should be provided for each ST year. |
| **ESR actions** | Please write clear formative **agreed actions** for the **three** main areas that you need to focus on in the next review. Your ES can add a further two if they feel you are behind where they would expect you to be at this stage of training.  Actions are required even for final reviews, as this should be in preparation for post CCT appraisal.    **PDP** - please ensure the you have reviewed your progress in your PDP citing appropriate log entries and written SMART entries for the next review period or post CCT appraisal period. Your ES can help you with these if you are having difficulties but please see [Personal Development Plan (PDP)](http://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/PDP-guidance.ashx?la=en)  <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba.aspx> |
| **Prescribing Assessment** | All full time ST3s who started in August 2019 need to complete all elements of the prescribing assessment including the surveys trainer and trainee.  Trainees completing all elements of the assessment can complete 2 less CbDs (minimum of 10) even if not required to complete the assessment.  <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/prescribing.aspx> |

If you have any queries please contact your PDs initially then Luciana

[Gparcp.tv@hee.nhs.uk](mailto:Gparcp.tv@hee.nhs.uk) 01865 785557.

Many thanks.

Kim Emerson, David Grimshaw and Kate Staveley

ARCP Chairs