ear Trainer/Educational Supervisor.

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 :

* **ST3s** need to be completed NO LATER than midnight on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **ST1/2** by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your trainee is out of sync check the next ARCP date in the ePortfolio (ARCP left hand column) and/or with Luciana [gparcp.tv@hee.nhs.uk](mailto:gparcp.tv@hee.nhs.uk) if any doubts.

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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 else documented in educators’ notes.  Please ensure trainees clearly state the total number of hours completed, and that certificates of attendance are attached and ideally signed (not saved in their personal library).  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 learning.  If they fulfil this then sign the OOHs part of the ESR (at the final ESR only), as without this being completed the ARCP outcome cannot be given.  It is an ES responsibility to ensure outstanding shifts are completed and recorded by your trainees.  **Post Aug 2019**  The above still applies for all posts pre this date and details how evidence should be recorded post this date.  Trainees 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 you as ES to sign them 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 trainee’s 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 the trainee’s ESR.  As with all areas of the curriculum you, as ES, will be asked if the trainee is competent in safeguarding in their final review. However, if in any post you have concerns about the trainee they will need close supervision and support when dealing with cases that may have safeguarding implications.  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 tables 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 PDs or, if needed, Luciana to clarify.  Attaching this document completed, as a learning log titled “ESR prep” would be helpful but we advise that the smaller form is completed and uploaded as a log entry titled “ARCP prep” 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 their 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.  As ES you need to make a global judgement on the trainees’ Clinical Examination and Procedural Skills (as you would for any of the competencies) using the evidence in the ePortfolio and state if you feel they are fit for independent general practice in this area. **The trainee needs observed CEPS and logs for the non-intimate CEPS to demonstrate this.**  In addition, they 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** | 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 the 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 is it 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 self-reflection. As a minimum at least one case must personally involve the trainee in their general practice post by end of ST3 but ideally an SEA should be provided for each ST year. |
| **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> |

Please find attached a **step by step guide** and the new ES feedback criteria for ESR for information.

Please remember that a CS can, and is encouraged to, complete a CSR on a trainee for whom they are an ES to provide observational feedback. This can then be referenced as evidence in the ESR, which should just give an overview and opinion on the evidence within the portfolio and not on clinical observations.

If you feel your trainee should be referred to panel, please **email** [gparcp.tv@hee.nhs.uk](mailto:gparcp.tv@hee.nhs.uk) in **addition** to putting this in the outcome box.

Oxford performed really well in the last round of central checking by the RCGP so congratulations and please keep up the good work. They are looking to see that the ARCP panels previous advice has been acted upon and that all minimum mandatory evidence is present in the ePortfolio, so please continue to check all evidence that is required is easily accessible. The attached form will make this very clear.

If you have any queries, please contact your PD team initially regarding requirements, who can then contact Luciana if unable to help you [gparcp.tv@hee.nhs.uk](mailto:gparcp.tv@hee.nhs.uk) 01865 785557

Many thanks.

Kim Emerson, David Grimshaw and Kate Staveley

ARCP Chairs