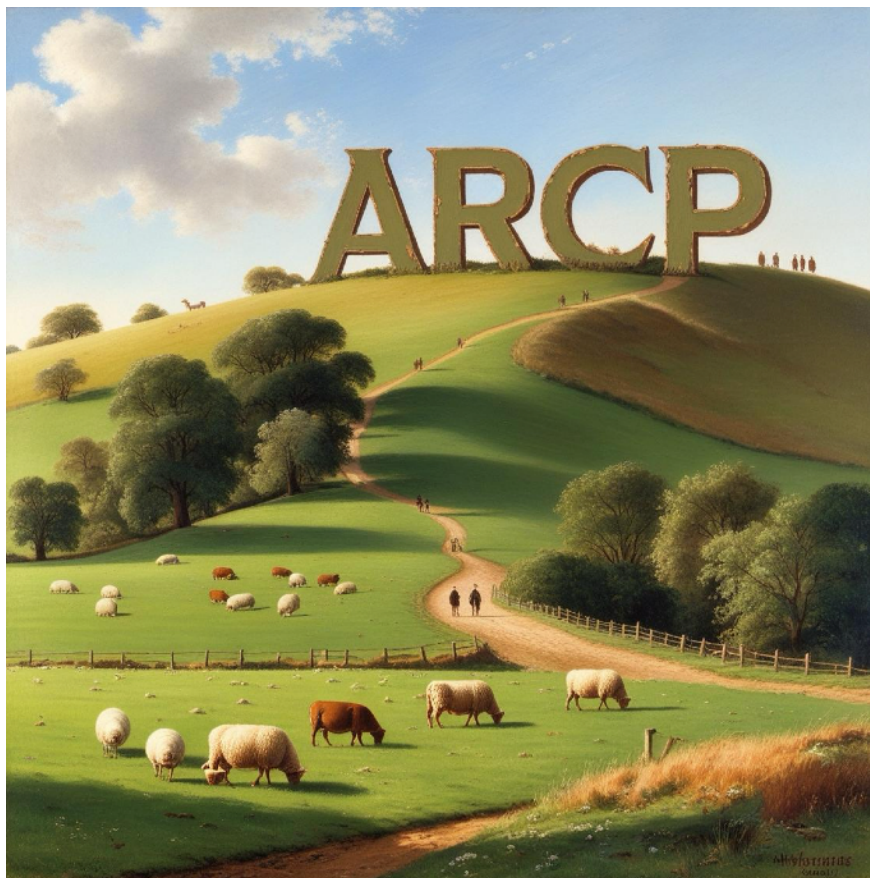


A guide from your TPDs

# How to prepare for ARCP



**E**very 12 months, you will need an Annual Review of Competence Progression (ARCP). This is an essential part of your training, you cannot progress to the next stage without it.

This guide aims to highlight some **common** errors we often see and how to avoid them. It is not an exhaustive guide.

Trainees who are working LTFT or who are out of sync must submit their evidence on a pro-rata basis for their annual ARCPs. For example, an ST1 DiT working 60% LTFT must submit 60% of the total evidence required for his/her ST1 training year ahead of their annual ARCP.

This guide is specifically written for Swindon trainees and references how to achieve competencies within this patch.

# Annual Requirements

The requirements for each ARCP are detailed on the deanery website via the above link. It is **your** responsibility to make sure that your portfolio is complete before your ARCP date. The table below gives a summary of the mandatory learning logs, WBPAs and surveys that you must complete during each phase of training:

Assessments & Evidence	ST1		ST2		ST3	
	Requirement	Date/Number	Requirement	Date/Number	Requirement	Date/Number
Mini-CEX/COTs all types <sup>a</sup>	4 <sup>a</sup>		4 <sup>a</sup>		7 <sup>a</sup>	
CBDs / CATs	4 CbD		4 CbD		5 CAT	
MSF <sup>b</sup>	1 (min. 5 clinical 5 non clinical) <sup>b</sup>		1 (min. 5 clinical 5 non clinical) <sup>b</sup>		2 (1 MSF 5&5 resps <sup>b</sup> , 1 Leadership MSF) <sup>b</sup>	
CSR	1 per post <sup>c</sup>		1 per post <sup>c</sup>		1 per post <sup>c</sup>	
PSQ	0		0		1	
CEPS <sup>d</sup>	Ongoing: some appropriate to post (including some 'system'/'other' CEPS) <sup>d</sup>		Ongoing: some appropriate to post (including some 'system'/'other' CEPS) <sup>d</sup>		For CCT: 5 intimate + a range of others (including 7 'system'/'other' CEPS) <sup>d</sup>	
Learning logs	36 Case reviews <sup>e</sup>		36 Case reviews <sup>e</sup>		36 Case reviews <sup>e</sup>	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (if in GP) assessed by Registrar & ES		1 (if in GP) – if not done in ST1		0	
Quality improvement activity	Involvement in Quality Improvement must be demonstrated each training year <sup>f</sup>					
Significant event	Only if reaches GMC threshold of potential or actual serious harm to patients-any Fitness to practise issues should be considered and commented upon. Must be declared on Form R.					
Learning event analysis	1		1		1	
Prescribing	0		0		1	
Leadership activity	0		0		1	
Interim ESR	1 <sup>g</sup>		1 <sup>g</sup>		1 <sup>g</sup>	
ESR	1		1		1	
Safeguarding adults level 3 <sup>h</sup>	Certificate and reflective log entry <sup>h</sup>		Certificate, knowledge update every 12 months, and reflective log entry <sup>h</sup>		Certificate, knowledge update every 12 months, and reflective log entry <sup>h</sup>	
Safeguarding children level 3 <sup>h</sup>	Certificate and reflective log entry <sup>h</sup>		Certificate, knowledge update every 12 months, and reflective log entry <sup>h</sup>		Certificate, knowledge update every 12 months, and reflective log entry <sup>h</sup>	
CPR/AED <sup>i</sup>	Annual evidence of competence in CPR & AED(Adults & Children) <sup>i</sup>		Annual evidence of competence in CPR & AED(Adults&Children) <sup>i</sup>		Annual evidence of competence in CPR & AED(Adults & Children) <sup>i</sup>	
Form R or SOAR (Scotland)	1 per ARCP <sup>j</sup>		1 per ARCP <sup>j</sup>		1 per ARCP <sup>j</sup>	
PDP (Action plans and PDP combined)	3 proposed in each review related to capabilities and one not related. At least one of each type <b>achieved</b> in each year.		3 proposed in each review related to capabilities and one not related. At least one of each type <b>achieved</b> in each year.		3 proposed in each review, including final, related to capabilities and one not related. At least one of each type <b>achieved</b> in each year.	
Any requirements of last ARCP	Check (even if Outcome 1)		Check (even if Outcome 1)		Check (even if Outcome 1)	

# Safeguarding

- **All** trainees in **ST1** must complete level 3 adult and child safeguarding courses **at the start of the year**. This is normally an online course, for example via ELfH. Certificates must be uploaded to the e-portfolio.
- Every trainee must then complete a safeguarding update for both adults and children each year thereafter.
- **Every year**, you must also add a learning log reflective entry for a child **and** an adult safeguarding case. This would ideally be a case you were involved in, but could be related to a team/practice discussion. Be sure to **include the word safeguarding in the title** of these learning logs - if we can't find them at the panel, you risk not fulfilling these mandatory criteria.
- In the coming year, a new 'safeguarding' form is due to be added to the eportfolio to make it easier to document safeguarding requirements.

# BLS

- All trainees must participate in an **in-person** Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course.
- Online courses will **not** be accepted! It is very important you do not leave this requirement to the last minute.
- If you are working in a role that involves paediatric patients, this should cover both adults and children
- If you are exclusively working in rotations with adult patients only that year, then your BLS course can be limited only to adults.
- If you are working at the GWH, then you can organise a BLS training session via the resuscitation team.
- If you are working in general practice, then please discuss with your practice about participating in their annual BLS update - **do this early** so you don't inadvertently book leave on the same day.
- At your final ARCP, your BLS certificate must be valid beyond the CCT date.

- If you are unable to attend a course at your practice then it is your responsibility to find an alternative course.
- You still need to do this if you have a valid ALS certificate.

## OOH/UUSC

- You should aim to do some OOH in **all GP rotations**, however, the deanery recognises that in recent years it has been harder to secure shifts
- Duty doctor shifts in your practice count towards the UUSC capabilities
- All UUSC work (including OOH shifts) should be documented onto the UUSC passport, which should then be uploaded to the portfolio by attaching it to a Supporting Documentation/CPD log entry (be sure to title the entry clearly).
- All OOH sessions should also be documented on an UUSC log sheet.
- All UUSC evidence should be linked to the *Urgent and Unscheduled Care* clinical experience group.

## PDP

- At each ESR, you should review previous PDP goals and set **at least two** new ones.
- This **includes** the final ESR/ARCP - this PDP will then be used as part of your first appraisal.
- It's important that these PDPs are SMART - see the above link for RCGP guidance on this.

## QIP/QIA

- You must complete one QIP during training. We **strongly** recommend you do this in ST1 or ST2 (during a GP rotation).

- If not completed by the end of ST2, you will need to do it in ST3 - this can be challenging given how much there is to do in the ST3 year.
- In the years you have not done a QIP, you will need to do a QIA.

## Form R

- A new Form R must be uploaded for each ARCP.
- Complete both parts of the form and sign electronically, and upload it onto the compliance passport in your portfolio.
- You should do this **no earlier** than five weeks before your ARCP date.

## Clinical Case Review

- The number of clinical case reviews needed for each year depends on your LTFT status - if you are full-time time you will need 36 each year.
- If you are on extension, you will need a pro-rata number of CCRs depending on the length of your extension - for example, 6 months at 100% would need 18 CCRs as a minimum.
- It is **vital** that these are based on a **personal** encounter with a patient and that they are **reflective** - we do check during ARCP, and if there is no evidence of reflection, you will be required to upload additional CCRs.

## ESR

- An ESR is needed every six months, regardless of LTFT status.
- At least one ESR in a 12-month period must be a 'full' ESR - this must be within 8 weeks of the ARCP date.
- The other ESR may be an 'interim ESR' as long as certain criteria are met - see the above link for details

- The last ESR, once a trainee is ready for CCT, must be marked as a 'final' ESR.

## CSR

- A CSR is **mandatory** in every post (except ST3).
- For an ITP rotation, a CSR is needed for **both** posts.

## CEPS

- You **must** complete at least **2** CEPS per ST year - these can be mandatory CEPS or additional CEPS
- By the end of ST3, you **must** have CEPs for the six mandatory intimate examinations **and** a minimum of 3 of the '7 system' additional CEPS

## Prescribing Assessment

- This must include **at least 50** prescriptions.
- You must also complete the associated trainee reflection.