Dear 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 by midnight on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **ST1/2** by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your trainee is out of sync check the next ARCP date in the portfolio (ARCP left hand column) and/or with Vicky Vicky.Wynn@hee.nhs.uk if any doubts.

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| **Out of Hours****OOH** | Trainees are permitted to have 6 hours booked, but not done, for each month remaining of their training year. At summer end of year panels this is 6 hours for ST1/2 and 12 hours 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. These log entries should be linked to the appropriate areas of the OOH’s curriculum and competencies. If they fulfil this then sign the OOH’s 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. |
| **ST3 Child protection evidence of level 3** | This is recorded as a learning log certificate entry with proof attached. In addition, reflective log entries showing their team involvement with safeguarding and cases they have been involved with should be logged as evidence for this area. Please see attached link<http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/cpr-aed-and-out-of-hours-requirements.aspx> |
| **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, Vicky 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 portfolio.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 portfolio and state if you feel they are fit for independent general practice in this area. In addition, they need to provide robust evidence of competence in the 5 intimate examinations (breast, prostate, rectal, female and male genital) as a GMC requirement. By end of ST3 the five 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. |
| **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. |
| **Changes in ESR format** | Please help your trainees create formative **agreed actions** for the **three** main areas they need to focus on in the next review, adding a further two if they are behind where you would expect them to be for this stage of training. This is in place of the 13, one for each competency in old style ESRs.Actions are required even for final reviews, as these should be in preparation for post CCT appraisal.**PDP**- please ensure trainees have reviewed progress in their PDPs and written SMART entries for the next review period. You can edit their plans if needed. They require PDP for the post CCT appraisal in addition.The ESR will be released when you sign it, not when the trainee agrees it (as happened previously). |

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 compete a CSR on a trainee for whom they are an ESR 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 Vicky 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 portfolio, 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 Vicky if unable to help you (Vicky.Wynn@hee.nhs.uk) 01865 785582

Many thanks.

Kim Emerson, David Grimshaw and George Gavriel

ARCP Chairs