**What is the expected date of your ARCP? ……………………….**

For uninterrupted training it should be every 12 months whether full-time or less-than-full-time. The last ARCP if you have had one, will also indicate when the next ARCP is due.

You must complete an ESR before the ARCP. The date must be between 8 weeks and 2 weeks before the ARCP. A late ESR less than 2 weeks before ARCP is not acceptable.

**2 weeks before ARCP is: ………………………**

**8 weeks before ARCP is: ………………………**

There should also be an ESR every 6 months, one before the ARCP and the other 6 months previously. This would usually be Dec and May.

**All** ESRs should be signed off by both the Educational Supervisor and the GP trainee.

You must submit a **Form R part A/B** documenting any sickness or any involvement in Serious Untoward Incidents (these must be serious resulting in a complaint to a Trust, Practice, HEE, NHS England or GMC). This again must be submitted at least 2 weeks before ARCP.

The ESR should be completed for the appropriate review period usually from starting date of attachment for 6 months, alternatively from the end of the last review until the end of the review attachment/training year (about 6 months). Usually the start date is a Wednesday. All ESR periods should be continuous.

Fitness to Practice:

**Your email address: ………………………**

**Your mobile number: ………………………**

**Your ES’s email address:………………………**

Are your details up to date? You have a professional duty to keep HEE (West Midlands) informed of changes to email and mobile phone contact numbers.

Are you able to attend if called on the day of the ARCP? If not then please explain:

The ESR should be completed with the following conditions for a satisfactory outcome:

Coverage of the curriculum should be progressing at an appropriate rate for the stage of training

Development of competences again should be progressing at an appropriate rate for the stage of training. By the final ARCP, competence should be graded as **“Fit for Licensing”** or **“Excellent”**.

Work-Place Based Assessments:

Work-based Assessments should be appropriate for the review period, for the accumulation of the current training year and whole period of training to date.

Have the MSF’s enough respondents? 5 for each MSF in ST1 and 10 for each MSF in ST3

Have the MSFs and PSQ been commented upon and released by the ES?

Have the 5 mandatory assessed CEPS been completed?

*NB 1) Rectal and prostate, 2) Speculum and bimanual ideally should all be on separate forms*

**1. Breast 2. Rectal 3. Prostate 4. Male Genital 5. Female Genital (Bimanual and Speculum)**

There should also be additional evidence towards the CEPS competence area from log entries and other WBPA.

Is there atleast 1 CSR for each and every clinical attachment?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **COT or mini-CEX** | **CBD** | **MSF** | **PSQ** | **CEPS** | **CSR** |
| **ST1** | 3 + 3 | 3 + 3 | 1 + 1  Usually min 5 clinical for each MSF  (5 clinical and 5 non-clinical if in GP) | 1 if in GP post | Yes | 2  (CSR in every attachment) |
| **ST2** | 3 + 3 | 3 + 3 | None in ST2 | 1 if in GP post and not done previously | Yes | 2  (CSR in every attachment including GP) |
| **ST3** | 6 + 6 | 6 + 6 | 1 + 1  5 clinical and 5 non-clinical for each MSF | 1 | Yes | None |

Naturally Occurring Evidence (all Curriculum Statements and Competences):

Have your learning log entries been shared?

Have you demonstrated learning from the clinical encounters?

Have you completed SEA log entries on any complaints or serious incidents? Have you shown learning?

Have you linked log entries to curriculum statements?

Has your ES linked log entries to competence areas?

Is there evidence of Audit or Quality Improvement Activity in primary care during ST3 or before?

PDP and Action Plans (Maintaining performance, learning and teaching):

Has it been updated? Have a reasonable number of objectives been achieved?

In the final ESR, is there a PDP looking forward into the year following qualification?

Action plans: although generated by the ES, these should be edited by the trainee so that there are objectives which are SMART. Has this been done?

OOHs work (Care of Acutely Ill People, Communication and Consultation Skills plus many other Curriculum Statements and Competences):

Have the supervisor forms been scanned and uploaded to the e-portfolio? Is there reflection on each session?

Is there a cumulative tally of the OOHs completed? This can be in each log entry title or a separate spreadsheet.

There should be a session of OOHs for every month of GP attachment accumulating to show competence in urgent care and totalling 108 hours by end of training and expected to be approaching 36 hours by end of ST2.

**Months in GP wte [ ] No of 6 hour sessions [ ] Total hours to date [ ]**

Health Education England Feedback Requirements (Fitness to Practice):

Have you completed GMC and other training surveys? It is a HEE expectation that trainees should participate in giving feedback on their attachments.

Have you uploaded screen shot as a Log Entry (Professional Conversation) onto e-portfolio?

Revalidation Requirements (Fitness to Practice):

Have you completed and submitted Part A and Part B of Form R, including the scope of practice section, on intrepid?

Are all complaints (Serious Untoward Incidents) detailed on the form along with reflection on a log entry?

Are there any comments about revalidation made by the ES (eg comments about complaints etc?)? If so they should be referenced by log entries documenting suitable reflection and learning.

Before your **FINAL ARCP** (Fitness to Practice, Maintaining Performance, Learning and Teaching):

Have the CPR/AED certificates (valid within the last 3 years) been uploaded and the box ticked?

Have all mandatory CEPS been completed?

**1. Breast 2. Rectal 3. Prostate 4. Male Genital 5. Female Genital (Bimanual and speculum)**

Is there evidence of engagement in audit/Quality Improvement Project during your GP attachments?

Is there sufficient coverage of all curriculum headings?

Is there certificate for Level 3 training plus reflection for Child Safeguarding? Level 3 is valid for 3 years only but there should also be reflection of safeguarding activity during the ST3 year.

Have you identified learning needs for the 12 months after finishing training? These should be identified in the “Actions before next review” section in the self-rating of competences

Have you completed self-rating of Training progress

Have you tagged and referred to up to three pieces of evidence per competency?

Have you identified SMART "actions before next review" for each competency area?

By the final ARCP, self-rating of competence would normally be expected to be mainly “Fit for Licensing”

Grading by the ES must be “Fit for Licensing” or “Excellent” for a satisfactory outcome.

**Have you heeded any relevant advice from the last ARCP? Failure to do so could be unprofessional.**

**Have you signed off the last ESR?**

**Upload your completed checklist as a Professional Conversation onto your e-portfolio**