

ARCP and WPBA for Trainees

Brief intro and top tips
ST1 Induction 2023-2024

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eportfolio, WPBA
ARCP, ESR, Cbd, COT,
MSF.....I'm
Confused...

ARCP and WPBA and Trainee Portfolio

- ARCP- What is it, what's involved, how to avoid problems
- WPBA- a trainees and trainers advice, top tips to avoid problems

ARCP WHAT?

WHAT:

- Annual review of competency progression
- Objective review of evidence presented in the portfolio-ONLY- need enough to show competent
- Look at all mandatory evidence and check completed
- Look through reports and ESR and all assessments
- Discuss and agree an outcome
- Fair and unbiased

ARCP are looking for...

- Evidence of competence (by the completion of training)- progression towards prior to this
- Evidence of learning- regularly entered
- Evidence of reflection- regularly entered
- Need to have done the minimum of assessments for each stage of training

ARCP WHO?

WHO:

- Chair
- 3 ES/PD/ADs- clinical
- Administrator
- +/- lay rep
- +/- Deans rep
- +/- External advisor- RCGP quality assurance

ARCP Outcomes

Progression Outcomes:

- 1-Achieving progress and competences at expected rate

Recommendation for completion of training:

- 6- Has gained all the required competences for completion of training

ARCP outcomes

Developmental outcomes:

- 2- Development of specific capabilities required additional training time not required
- 3- Inadequate progress additional training time required
- 5- Incomplete evidence presented- An assessment of progression cannot be made

Unsatisfactory

- 4- Released from training programme- With or without specified capabilities

ARCP WHEN?

WHEN:

- ARCP happen monthly usually 1st Tuesday
- Trainees need an ARCP:
 - After every year of training time- **Annual**
 - At transition from ST1 to 2, 2 to 3 – **Gateway only if problems when screened**
 - At completion of training- **Final**
 - If problems occurring or follow up to previous adverse outcome- **Interim**
 - Annual and gateway same thing for Full Time trainees

What is required before ARCP

- ESR completed and released no longer than 2 months no less than 2 weeks before panel date
- Form R completed no later than 2 weeks before panel date
- All minimum mandatory assessments and evidence completed and available to be read on Portfolio,
 - use compliance passport and summary sheet
 - give obvious titles to logs
 - spell correctly
 - check requirements page
 - Complete mandatory requirements PDF and add to log

- The portfolio shows clearly what is required for each review

Intro video essential watching

'New non-mandatory CEPS have been added to the portfolio. These can currently be assessed and be seen on the CEPS page. Soon these will also be visible on the main portfolio page. For more information about these please go to [CEPS changes](#)

SCA examination reservations are live. You can reserve your place right here on FourteenFish. Reservations can be made 12 months in advance of your intended sitting. Eligible trainees will see a reservation link on their portfolio dashboard.

Learning logs

 Curriculum coverage


 All entries  Training map

 Clinical Case Reviews

2 entries

 Settings  Introduction





Introduction

 Portfolio overview

Please take the time to watch this video. It's only 8 minutes long and we hope you will find it useful.



Entry requirements

 Portfolio overview
  ESR preparation
  Scores over time
  RCGP guidance

Learning logs

Learning log	ST1	ST2	ST3	Current review	Total
CEPS	0	0	0	0	0
Clinical case review	0/36	19/36	19/36	19/27	19/108
CPD	0	3	3	3	3
Feedback	0	0	0	0	0
Leadership	0	2	2	2	2
OOH	0	0	0	0	0
Placement Planning Meeting	0/1 per post	0/1 per post	0/1 per post	0/1 per post	0/3
Prescribing reflection	0	2	2/1	2/1	2/1
QIA	0/1	0/1	0/1	0/1	0/3
Significant event	0/1	3/1	3/1	3/1	3/3


Educational assessments

Assessment	ST1	ST2	ST3	Current review	Total
Audio COT	0	1	1/1	1/1	1/1
Cbd	0/4	1/4	1/5	1/4	1/13
CEPS Assessment	0	1	1	1	1
COT	0	3 / 1 per post (Primary care)	3/6	3/5	3/7
CSR	0 / 1 per post (Secondary care)	0 / 1 per post (Secondary care)	0 / 1 per post (Secondary care)	0 / 1 per post (Secondary care)	0 / 3
Educational supervisor review	0/1	1/1	1/1	1/1	1/3
Educator note	0	0	0	0	0
MiniCEX	0/4	0/6	NA	NA	0/10
Prescribing assessment	0	1	1/1	1/1	1/1

Training map

 Portfolio overview  ESR preparation  Start a new review period  Roadmaps  Requirements

Roadmaps

 Training map

HEE (Wessex) have created suggested Roadmaps for trainees. These are to be used as a guide for trainees to show when expected WPBA are to be completed and to help make sure that they complete enough on a regular basis. There are different Roadmaps for Full Time, 80%, 70% and 60%. These are guides only and the RCGP website is where the exact requirements should be taken from.

From Dr Annie He Wessex ARCP Fellow: "I designed these Roadmaps in the hopes of helping trainees and trainers. If you are using my Roadmaps I would be forever grateful if you would click one of the feedback buttons below!"

[ST3 Roadmap 100%](#)

[ST3 Roadmap 80%](#)

[ST3 Roadmap 70%](#)

[ST3 Roadmap 60%](#)

We also have Roadmaps for ST1/2 full time (with differing post lengths) and at 60%.

[ST1/2 Full Time with 6 month posts](#)

[ST1/2 Full Time with 4 month posts](#)

[ST1/2 Full Time with 3 month posts](#)

[ST1/2 working at 60%](#)

Compliance passport

 Manage training

✓ **Form R / Covid Declaration** Date last updated: 12/06/2023

✓ **Basic life support** Up to date

✓ **Safeguarding Children: Level 3** Up to date

✓ **Safeguarding Adults: Level 3** Up to date

Now mandatory

- Update your adult and paediatric BLS on an annual basis
- You should have both Adult and Child Safeguarding from the beginning of training
- For every year of training a knowledge update and a minimum of one piece of reflective participatory* evidence for both child and adult safeguarding needs to be documented in your Portfolio.

» [More information](#)

Time out of training

Dates	Days out of training	Reason
13/03/2023 - 15/03/2023	3	Other: Industrial action
26/12/2022 - 27/12/2022	2	Short and long-term sickness absence
13/06/2022 - 17/06/2022	5	Short and long-term sickness absence
22/02/2022 - 02/03/2022	9	Short and long-term sickness absence

[More details](#)

KEY: Mandatory Range of others

Prostate examination	0
Rectal examination	0
Female Genital - bimanual	0
Female Genital - speculum	0
Breast examination	0
Male genital examination	0
Respiratory system	0
Ear Nose and Throat	0
Abdominal system	0
Cardiovascular system	0
Musculoskeletal system	0
Neurological examination	0
Child 1-5 years	0

ARCP process

Admin inform trainee of ARCP date and advice form R

Trainee meets ES and completes ESR no later than 2 weeks before ARCP date

Trainee completes Form R no later than 2 weeks before ARCP date

Panel meet and agree outcomes

Satisfactory outcomes added to portfolio that week

Outcome 5 letters go out requesting additional information/ email may be sent instead

Requests to attend face to face week after for all unsatisfactory/ developmental outcomes bar 5s

Key points



It is YOUR Portfolio



Use it to demonstrate progression towards competence, learning and reflection



It is a professional document



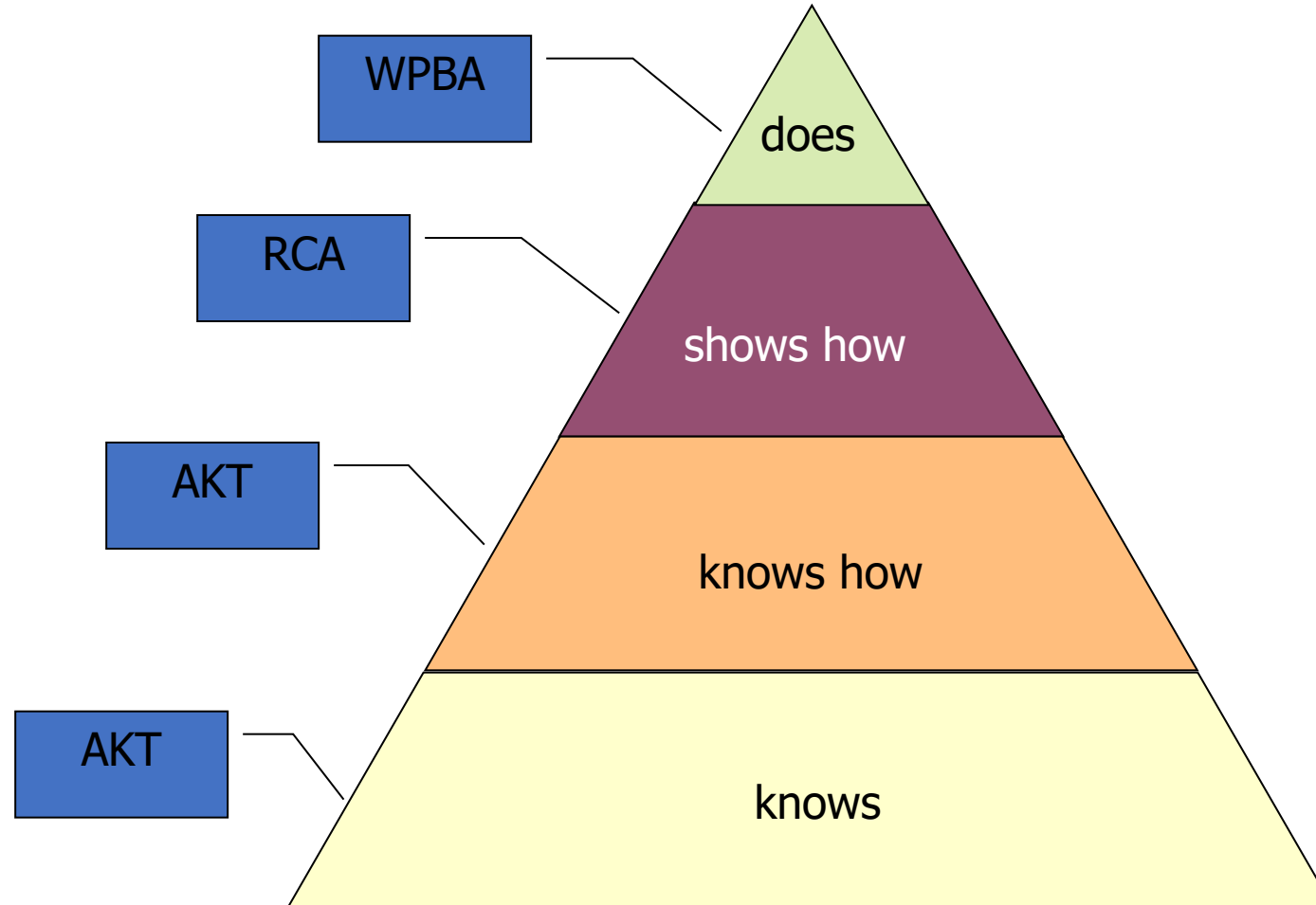
Try to embrace it. Maintaining an electronic portfolio as a record of professional activity will be a useful lifetime skill to acquire



You are being paid to use it as part of your job

WPBA and Portfolio Top Tips

Miller's Pyramid



WPBA Background

- 1/3 MRCGP
- Demonstrate development
- Capabilities and Clinical Experience Groups coverage
- Tools to demonstrate evidence:
 - Learning logs
 - CATs, CBD, Mini-CEX/COT, CEPS, MSF, PSQ
 - PDP, QIA/QIP/LA, prescribing assessment
- 6-monthly reviews

General:

- Accept it don't fight it
- Can fail it

Log entries:

- Add and release regularly
- Capability descriptors in sight
- Write to Capability headings / justify using
- Don't be afraid to write about poor performance
- Clinical case reviews minimum number 36 plus others
- Placement planning meeting- each year
- LEA/SEAs and QI and Child and adult safe guarding all need evidence
- Succinct but meaningful
- Can use Bullets
- Fill all boxes
- Read Ed super comments and heed

Comments box/ review

Supervisor should:

- Give positive feedback
- State if agree capabilities linked to and why
- Give formative feedback/ developmental comments.

Trainee can/should:

- Add information
- Sign post to capabilities they think they are meeting max 3
- Respond to ES

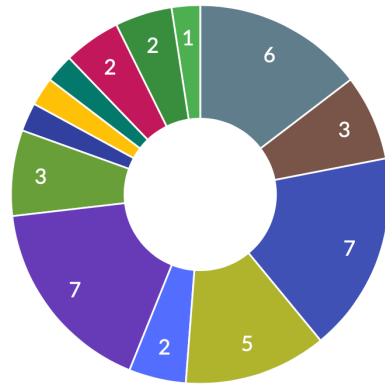
Review Preparation

- Read how portfolio can help
- Colour coded to show whether met
- Can add evidence as go along to ESR
- Relevant evidence links directly

The screenshot displays the 'ESR preparation' interface. At the top right, there are two buttons: 'Requirements' (with a list icon) and 'Prepare' (with a clipboard icon). Below the title, there are two main sections: 'Capabilities' and 'Clinical experience groups'. Each section contains a grid of 13 circles for Capabilities and 9 circles for Clinical experience groups. In the Capabilities section, circles 2, 3, and 8 are filled with grey, while the others are empty. In the Clinical experience groups section, circles 3 and 4 are filled with green, while the others are empty. At the bottom, there are two status indicators: 'Action plans: 0 plans' and 'Health: Not yet completed.'

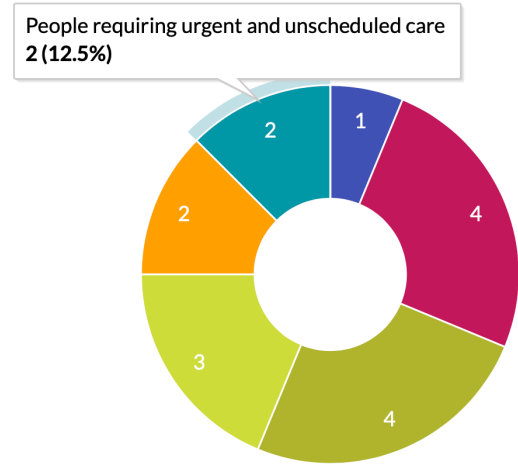
	ST1	ST2	ST3	Current review	Total
Clinical Case Review	41/36	39/36	3/36	3/18	83/108
Mini-CEX / COT / Audio-COT	6/4	6/4	1/7	1/3	13/15
CbD / CAT	9/4	5/4	0/5	0/2	14/13
Colleague Feedback	1/1	2/1	0/1	0/1	3/3
Colleague Feedback: Leadership	0	0	0/1	0/1	0/1
CSR	3/1 per post	3/1 per post	0/1 per post	0/1 per post	6/3
Patient Feedback	0	0	1/1	1/1	1/1
QIP	0/1	1	0	0	1/1
QIA	1/1	2/1	0/1	0/1	3/3
All trainees must demonstrate involvement in Quality Improvement at least once a year.					
Placement Planning Meeting	3/1 per post	3/1 per post	1/1 per post	1/1 per post	7/3
Learning Event Analysis (LEA)	1/1	2/1	0/1	0/1	3/3
Prescribing Assessment	0	0	0/1	0/1	0/1
Leadership	3	2	0/1	0/1	5/1

Capabilities



Capability	Entries
Fitness to practice	6
Maintaining an ethical approach	3
Communication and consultation skills	7
Data gathering and interpretation	5
Clinical Examination and Procedural skills	2
	7
	2
	3
	2
	2
	1

Clinical experience groups



Clinical experience group	Entries
Infants, children and young people under the age of 19	1
People with mental health needs (including addictions)	4
People with long-term conditions and disability	4
Frail and/or elderly people (including multiple morbidity and care of the dying)	3

PDP- Personal development :

- Write early in job for each job
- Make SMART- no pass exams or other requirements
- Define learning need
- Create from and link to learning logs
- Long and short term, always have some active
- Will need some in each review period
- See college guidance
 - <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/pdp.aspx>

OOHs:

- Now no set number for ARCP but contractual obligation
- Recorded under clinical experience group UUSC
- Need to show range experience different settings
- Reflect and relate to capabilities and clinical experience group urgent unscheduled care
- Innovative shifts: ambulance, palliative care
- Discuss with ES and PDs

Reviews/ESR:


- What's assessed at ESR?
 - Your own evidence
 - PDP
 - CSR
 - Assessments

Assessments:

- CATS-
 - Care assessment tools
- CEPS-
 - Clinical examination and Procedural Skills
- CbDs-
 - Case Based discussions
- COTS/Mini-cex/Audio COTS
 - Consultation Observation Tools/ Mini clinical examinations
- MSF-
 - Multi Source Feedback
- PSQ-
 - Patient Satisfaction Questionnaire

What ES wants

- Small number of good quality entries
- Released frequently
- Covering range of Clinical Experience groups and types
- Justified linkage to Capabilities using capability descriptors
- Assessments completed regularly
- Meetings booked early
- They don't want to nag



The new trainee portfolio has an inbuilt messaging service so trainees and trainers can easily contact each other





Messages: Dr Dana Scully



Hi Amy. Hope you had a good day at the VTS. Just found this link that's relevant to our tutorial on LUTS tomorrow. www.example.com/luts-897536

4 days ago ✓ Read

Thanks for that, I'll have a look. Been doing role play today in the VTS.

4 days ago ✓ Read



Hi Amy, I was just wondering how are you getting on with arranging your next OOH session?

1 day ago Mark as read

Type your message:

Send

Summary:

- Don't fight it- do regularly
- Be average- stay off radar
- Play ball
- Use this as a guide and the info you get sent and check you have all you need in advance of ESR and panel
- Advice educator team early of any problems- all there to support if kept informed
- Use the info on college website

The new trainee portfolio has a mobile app that works both online and offline

2:12

Entries

CURRENT ESR (ENDING JUL 2019)

- The not unwell child
Fri Aug 23 2019
- ST1 Induction
Mon Aug 19 20
- Swollen knee O
Mon Aug 12 2019
- Cardiovascular
Sun Aug 11 2019

RCGP

ACRONYMS

'New non-mandatory CEPS have been added to the portfolio. These can currently be assessed and be seen on the CEPS page. Soon these will also be visible on the main portfolio page. For more information about these please go to [CEPS changes](#)

SCA examination reservations are live. You can reserve your place right here on FourteenFish. Reservations can be made 12 months in advance of your intended sitting. Eligible trainees will see a reservation link on their portfolio dashboard.

Learning logs	Curriculum coverage	All entries	Training map
Clinical Case Reviews	2 entries	Settings	Introduction

Training map

Portfolio overview
 ESR preparation
 Start a new review period
 Roadmaps
 Requirements
 Acronyms
 InnovAiT

Acronyms and new terms that might be helpful

ST1 / 2 / 3	GP specialist trainee – in year 1 / 2 / 3
AKT	Applied Knowledge Test
RCA	Recorded Consultation Assessment (during COVID-19 – stooped Sept '23)
SCA	Simulated Consultation Assessment (started November 2023)
WPBA	Workplace Based Assessments
OOH	Out of Hours
UUC	Urgent and Unscheduled Care
LTFTT	Less than full time trainee

Minimum Mandatory evidence Sheet

Minimum mandatory evidence sheet

The screenshot shows a user interface with a search bar at the top containing 'All entries' and 'Training map' (the latter is highlighted in yellow). Below the search bar is a 'Settings' option with a person and gear icon. The main content area displays the following information:

- Review period: 25/06/22 - 25/12/22
- Next ARCP: 13/06/2023
- ST3: 03/08/22 - 01/08/23
- CCT date: ? 02/08/2023
- Deanery: Oxford

Minimum mandatory evidence sheet

Training map

[Portfolio overview](#) [ESR preparation](#) [Start a new review period](#) [Roadmaps](#) [Requirements](#)

Mandatory Evidence Requirements Table

[Training map](#)

The following table summarises the number of assessments required per training year. It should be emphasised that this is a minimum number and to achieve the Capabilities to the required standard, further assessments may be required.

Less than full time (LTFT) placements

For trainees who are less than full time the same number of assessments need to be completed per 'training year' (this will be longer than a calendar year). For example a trainee on a 50% less than full time rotation will take 2 years to complete a 'training year'

[Mandatory Evidence Requirements](#)

Minimum mandatory evidence requirements for end of training year
Trainee completion-Add to Supporting Documentation log as ARCP prep

Evidence	ST1		ST2		ST3	
	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>
Mini-CEX/COTs all types ^a	4		4		7	
CBD / CAT	4 Cbd		4 Cbd		5 CAT	
MSF	1 (min. 5 clinical 5 non clinical)		1 (min. 5 clinical 5 non clinical)		2 (1 MSF 5&5 resps, 1 Leadership MSF)	
CSR	1 per post ^a		1 per post ^a		1 per post ^a	
PSQ	0		0		1	
CEPS	Ongoing: some appropriate to post		Ongoing: some appropriate to post		In 3 years 5 intimate + a range of non intimate ^b	
Learning logs	36 Case reviews ^c		36 Case reviews ^c		36 Case reviews ^c	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (in GP)		1 (in GP) – if not done in ST1		0	
Quality improvement activity	All trainees must demonstrate involvement in Quality Improvement each training year ^d					
Significant event	Only completed if reaches GMC threshold of potential or actual serious harm to patients-any Fitness to practise issues should be considered and commented upon					
Learning event analysis	1		1		1	
Prescribing	0		0		1	
Leadership activity	0		0		1	
Interim ESR	1 ^e		1 ^e		1 ^e	
ESR	1		1		1	
Safeguarding adults level 3	Certificate and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f	
Safeguarding children level 3	Certificate and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f	
BLS/AED	Annual evidence of competence in CPR and AED ^g		Annual evidence of competence in CPR and AED ^g		Annual evidence of competence in CPR and AED ^g	
Form R	In log ^h		In log ^h		In log ^h	
Covid declaration	In log ^h		In log ^h		In log ^h	
PDP (Action plans and PDP combined)	3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review, including final, related to capabilities and one not related. At least one of each type achieved in each year.	
Any requirements of last ARCP	Check met if previous any outstanding		Check met any outstanding		Check met any outstanding	

¹COT of all types to be completed over the training time including audio, remote and face to face i.e. patient is in the same room as the trainee.

²CSR to be completed in a primary care post if any of the following apply: The clinical supervisor in practice is a different person from the educational supervisor. The evidence in the Portfolio does not give a full enough picture of the trainee and information in the CSR would provide this missing information, and either the trainee or supervisor feel it is appropriate.

³5 intimates need to be observed and include rectal, breast, female genital including bimanual, male genital and prostate. A range of other **non intimate CEPS** relevant to General Practice is also required.

⁴CCR The trainee should have more than one log entry which addresses each capability in each 6-month review period. Therefore a range of logs should be completed, not only clinical case reviews, in order to capture capabilities such as organisation, management and leadership, ethics, and fitness to practice.

⁵QIA is required in every training year (QIP counts in ST1/2 when in primary care). Please see RCGP website for further details of what counts as a QIA. Please note a LEA, reflection on feedback and leadership project does not count as the mandatory QIA.

⁶The interim ESR review can be completed at the mid point of each year only if the trainee is progressing satisfactorily. If there are any concerns about the trainees performance or they have had an unsatisfactory/developmental outcome in their previous ARCP then the full ESR will be required.

⁷If a trainee does not have a placement within a specific training year that includes children, then it is not mandatory (but still recommended) to record and document their learning on **Child safeguarding**. Level 3 safeguarding cert lasts 3 years but a knowledge update is needed **in addition** in each year if not completing the full level 3 in that training year. Certificates should be added to Supporting Documentation and the Compliance Passport and application of knowledge recorded in CCRs.

⁸Hands-on BLS will be mandatory from August 2022, on line **BLS certificate** accepted until then, **ALS** though lasting for 3-4 years needs to be updated annually with evidence of competence in CPR and AED. Certificates should be added to Supporting Documentation and the Compliance Passport.

⁹Form R and COVID declaration, if required prior to ARCP panel, should be uploaded to the Compliance Passport.

Assessments- should be spread throughout the training year with roughly half being done in each review period.

Less than Full time trainees are expected to do the same total number in the full training year but pro rata in each review period dependent on their percentage of time training. See roadmaps for further details.

