

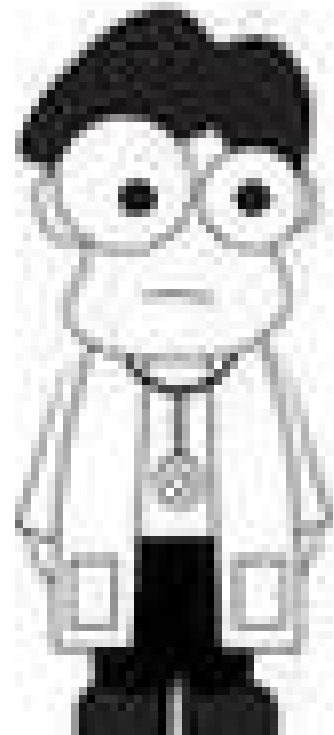
# ARCP and WPBA for Trainees

Brief intro and top tips  
ST1 Induction 2024-2025

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WPBA Clinical Lead RCGP,  
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Educational supervisor, trainer





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
- <https://www.redwhale.co.uk/bytes/how-to-approach-the-arcp>

# 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 personal reflection- regularly entered- no purely AI
- 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 1<sup>st</sup> 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 mandatory summary sheet
  - give obvious titles to logs
  - spell correctly
  - check requirements page
  - complete mandatory requirements PDF and add to log titled ARCP prep

- 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

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Admin inform trainee of ARCP date and advice form R

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

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

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Panel meet and agree outcomes

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Satisfactory outcomes added to portfolio that week

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

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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



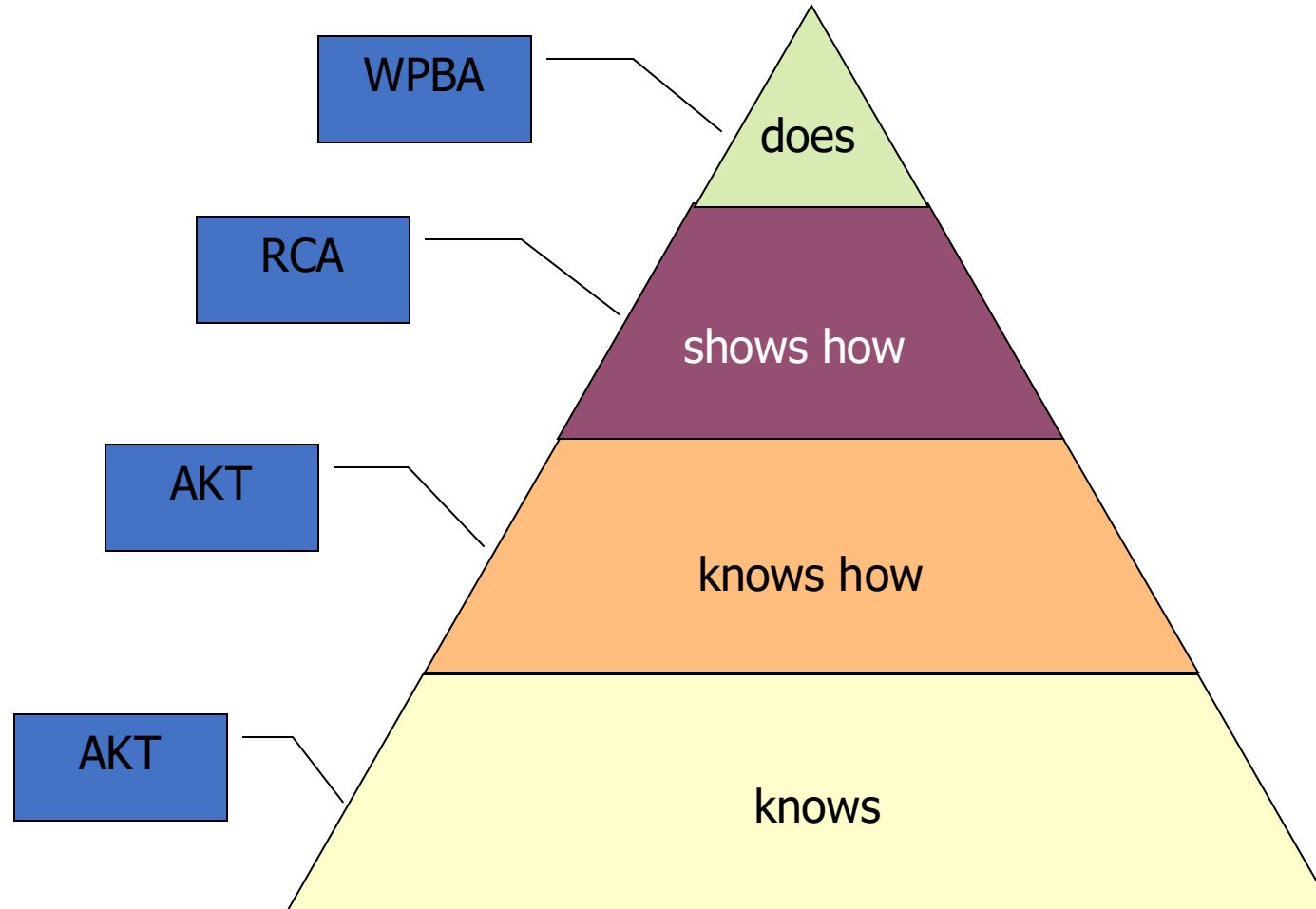
Try to embrace it. Maintaining an electronic portfolio as a record of professional activity will be a useful lifetime skill to acquire



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 CCRs -minimum number 36 plus others
- **MUST BE ABOUT CLINICAL CASES PERSONALLY CONSULTED WITH**
- Use supporting documentation –for evidence of courses , certs etc
- 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
- Describe capabilities they think they are meeting max 3- using the capability descriptors
- Respond to ES

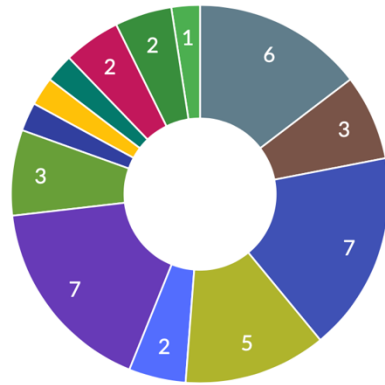
# Review Preparation

- 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 icons: a list icon labeled 'Requirements' and a clipboard icon labeled 'Prepare'. Below this, there are two main sections: 'Capabilities' and 'Clinical experience groups'. Each section has a grid of 13 circles for Capabilities and 9 circles for Clinical experience groups. A horizontal line is drawn under the first row of circles in each section. 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 left, it says 'Action plans: 0 plans' and at the bottom right, it says 'Health: Not yet completed.'

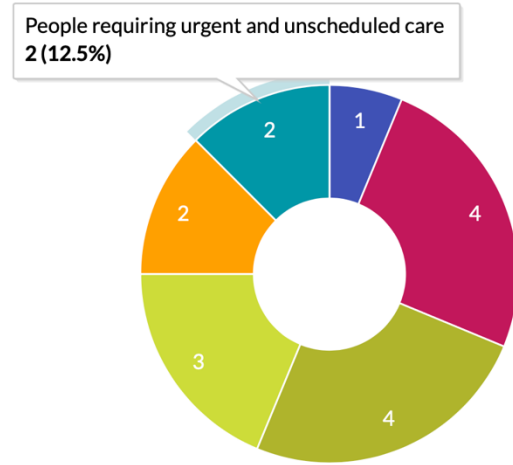
	ST1	ST2	ST3	Current review	Total
Clinical Case Review	41/36	39/36	3/36	3/18	83/108
Mini-CEX / COT / Audio-COT	6/4	6/4	1/7	1/3	13/15
CbD / CAT	9/4	5/4	0/5	0/2	14/13
Colleague Feedback	1/1	2/1	0/1	0/1	3/3
Colleague Feedback: Leadership	0	0	0/1	0/1	0/1
CSR	3/1 per post	3/1 per post	0/1 per post	0/1 per 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

### 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/ review period
- Make SMART- NOT pass exams or other mandatory 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 to do some actual OOHs
- 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](http://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 2019
- 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

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Clinical Case Reviews 2 entries

All entries  Training map

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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

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

# Minimum Mandatory evidence Sheet



# Minimum mandatory evidence sheet

 All entries  Training map

 Settings

Review period: **25/06/22 - 25/12/22**

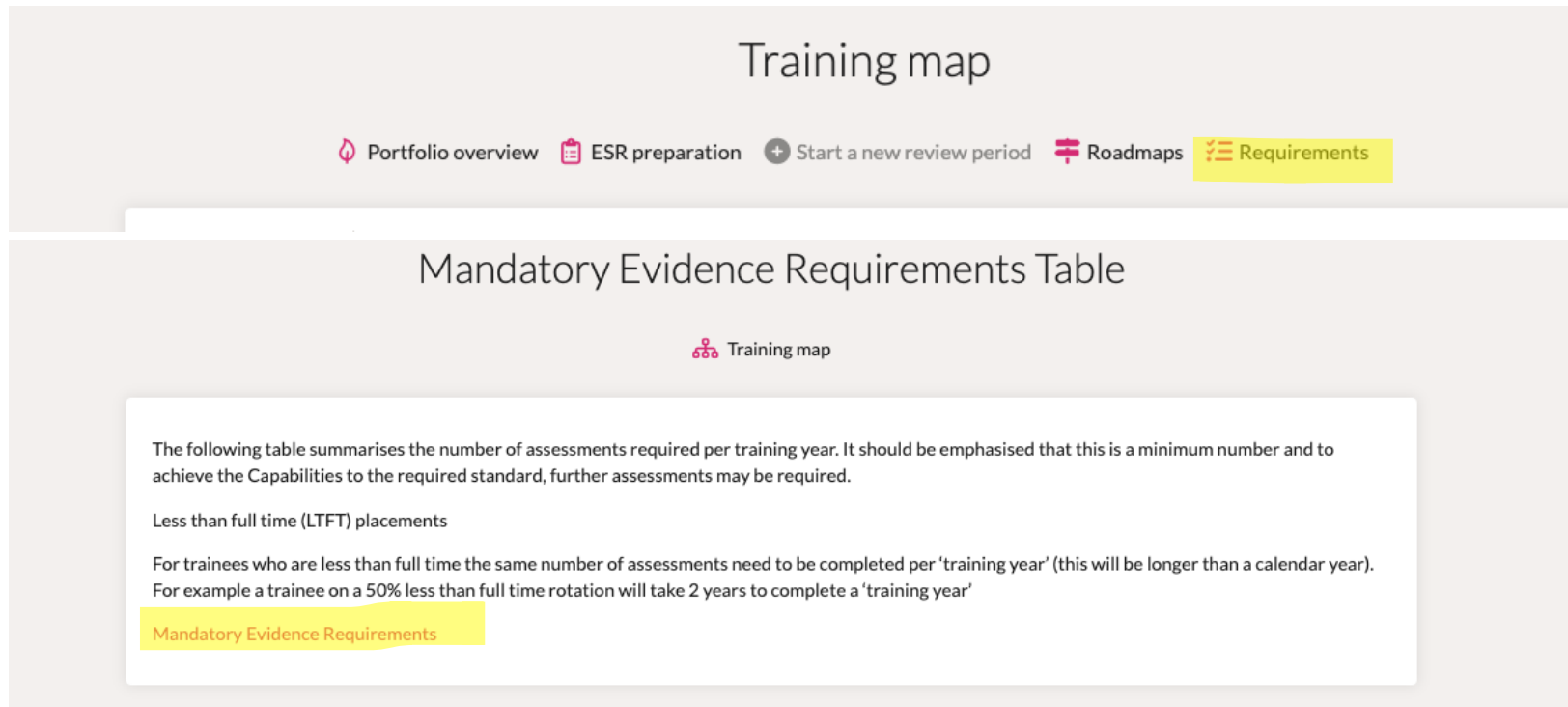
Next ARCP: 13/06/2023

ST3: 03/08/22 - 01/08/23

CCT date:  **02/08/2023**

Deanery: Oxford 

# Minimum mandatory evidence sheet



The screenshot shows a web interface titled "Training map". At the top, there is a navigation bar with five items: "Portfolio overview", "ESR preparation", "Start a new review period", "Roadmaps", and "Requirements". The "Requirements" item is highlighted with a yellow background. Below the navigation bar, the main content area is titled "Mandatory Evidence Requirements Table". Under this title, there is a sub-header "Training map" with a small icon. A text box contains the following information:

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**

adding numbers and dates etc next to each assessment, and click each assessment/evidence type to be taken to the relevant section of the RCGP website (make sure you save this document and your work first as opening a web page may close this document!)



Date: Trainee name: Training Year: Choose...

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 trainee & ES		1 (if in GP) – if not done in ST1		0	
Quality improvement activity	All trainees must demonstrate involvement in Quality Improvement 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 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 (even if Outcome 1)		Check (even if Outcome 1)		Check (even if Outcome 1)	

<sup>a</sup> COTs of all types to be completed over the training time including audio, face to face/in person (i.e. patient is in the same room as the trainee) and virtual/remote. At least 1 Audio COT and 1 face to face/in person COT should be completed.

<sup>b</sup> The Leadership MSF should be completed after the Leadership Activity. You are required to have a minimum of 10 respondents, with an appropriate mix of clinical and non-clinical team members.

<sup>c</sup> CSR to be completed in a primary care post if any of the following apply: 1) The clinical supervisor in practice is a different person from the educational supervisor. 2) 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 3) if either the trainee or supervisor feel it is appropriate.

<sup>d</sup> Throughout your training, you should be completing some, relevant to post, CEPS added in each training year (ST1 and ST2). For complete clarity, if you had not completed any CEPS relevant to post, this would not allow you to meet the requirements for ST1 or ST2. By the end of ST3, and to be awarded your CCT, evidence for the five (observed) mandatory intimate examinations must be included, and you must have a range of additional CEPS relevant to General Practice which demonstrate competence. 7 "system" GP focussed observed CEPS categories are included in the Clinical Examination and Procedural Skills section of the Portfolio. For complete clarity, a range cannot be demonstrated with just 2 CEPS, nor could it be demonstrated with CEPS of only one type (i.e. 3 "ENT" CEPS). It will always be up to the judgement of the Trainer/Educational Supervisor as to what evidence is required for CEPS. As such, there are no set numbers for how many 'non intimate'/'other'/'system' CEPS should be completed. However, being graded as "able to complete unsupervised" in all of the 7 "system" GP focussed observed CEPS would provide strong evidence of competency in the capability of CEPS, and strong evidence that a trainee has met the CEPS requirements for WPBA.

<sup>e</sup> Clinical Case Reviews (CCRs) must be about real patients that you have personally seen. Trainees 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 CCRs, in order to capture capabilities such as organisation, management and leadership, ethics, and fitness to practice. Other logs that don't demonstrate clinical learning, or are not about patients that you have personally seen, should be recorded in the other learning log formats available, such as Supporting Documentation.

<sup>f</sup> QIA is required in every training year. If you do a QIP in ST1 or ST2 this can count as the QIA for that year (the QIP must be in a GP post and assessed using the QIP form by the trainee and trainer). Please see RCGP website for further details of what counts as a QIA. An LEA, reflection on feedback, or leadership project do not count as the mandatory QIA.

<sup>g</sup> The 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 a developmental outcome in their previous ARCP then the full ESR will be required.

<sup>h</sup> If 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. Safeguarding certificates may last 3 years but a knowledge update is needed in addition every 12 months (even if Level 3 LTFT) if not completing the full level 3 in that year. Demonstration of the application of knowledge should be presented in the portfolio using a CCR in each training year (ST1/2/3). Certificates should be added to Supporting Documentation and the Compliance Passport and application of knowledge recorded in CCRs.

<sup>i</sup> All initial and refresher training in CPR and AED for both adults and children must be face-to-face and include active participation. ALS though lasting for 3-4 years needs to be updated every 12 months with evidence of competence in CPR and AED. Certificates (such as a BLS certificate) should be added to Supporting Documentation and the Compliance Passport.

<sup>j</sup> Form R or SOAR (Scotland) should be uploaded to your learning log and is required for ARCP at least annually. Ensure Time out of Training ('TOOT') days match between the form R and the portfolio and any complaints are declared and reflected on in a LEA.

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. CPR&AED and Safeguarding knowledge update requirements are not pro rata, and evidence must be provided every 12 months. The ESR requirements are also not

