ARCP and WPBA issues Oct 2024

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ARCP and WPBA issues in 2024

- ARCP issues from year
- AI use
- Combined training
- News WPBA
- Portfolio changes
- Reminder key things

ARCP issues from year

Issues in year

- Difference between Action plans and PDP-need both
- Lack of future looking PDP- next review and post CCT
- Safeguarding – lack of evidence, logs and update
- QIA- needed each year
- QIP in ST1/2 GP post
- QIA and leadership must be different activities
- LEA/SEA- needed each year
- Delay in getting CCT and performers list
- Non intimate CEPS- lack of any let alone range
- ARCP- look at requirements of previous panel
- Trainees off sick at time of ARCP- panel not aware

Issues in year

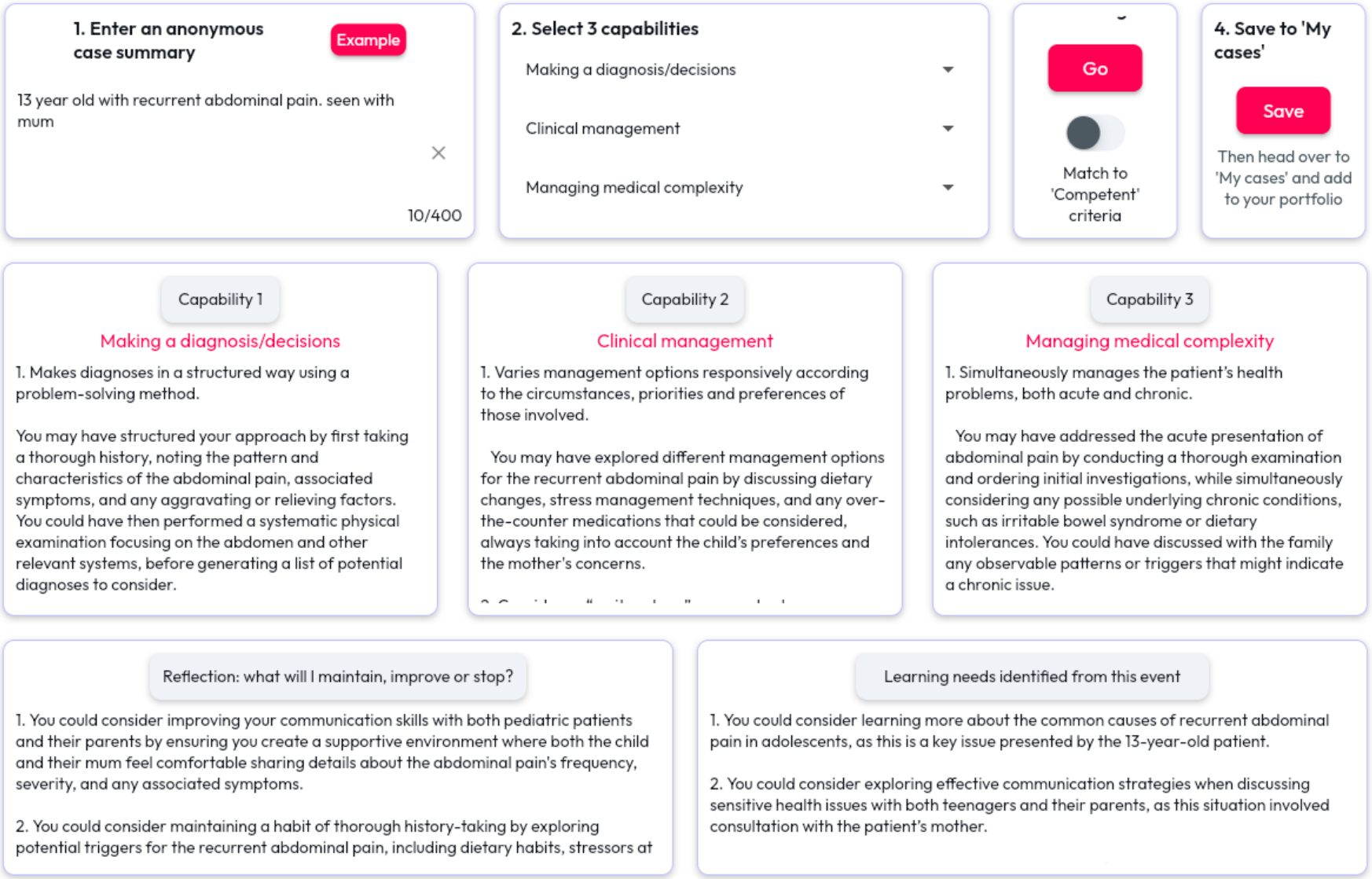
- BLS/ AED-needed each year even if ALS in date, online no longer counts- all updates **must be hands on from 31st August 22, NEED cert to state PAEDs and adult**
- Referrals to panel mid year- via PD and AD team
- CSR place to comment on observations, ESR is reviewing evidence in portfolio
- ESR review period dates and need completing **2 weeks before panel-** but **not before 8 weeks**
- Open a new one, even if final, once signed off so that any missing evidence can be added
- Form R-incorrect TOOT and need SEA/LEA on all complaints, declared and in portfolio,
- TOOT need to match portfolio and form R
- CCRs not being about clinical cases

CCRs– not being about Clinical cases

number CCR	Number not clinical	Likley actual number CCRs	Examples on non CCR
36	4	32	use lap tops,
36	2	34	Sick leave, duty experince
38	1	37	
40	0	40	
37	1	36	Supervising medical student
39	0	39	
40	0	40	
44	2	42	Debrifing asthma reviews, family obligations
39	1	38	Environemnetal and planetray health
37	0	37	
37	1	36	Busy day
57	1	56	Teamwork when IT systems down
42	2	40	Time off work, returning to work post leave
36	2	34	Attending eye academy, return to work tutorial,
43	1	42	EMIS down
44	0	44	
39	0	39	
38	0	38	
40	5	35	SCA exam prep, sick leave, covid booster clinic, feeling unwell, particpating in flu and covid clinics
40	0	40	
38	8	30	3title CCR but not- ramadan fasting, clinic, personal home, VTS teaching,x 2 personal ill health
39	0	39	

Must be about clinical cases that trainee actually consulted with and their own reflections even if supported by AI

AI use in CCRs



Reminder of purpose of CCRs

- Reflecting on and learning from seeing clinical cases
- Demonstrating competence in and coverage of the 13 capabilities
- Across the Clinical experience groups- CEGS
- Hence showing curriculum coverage
- Must be them actually doing not AI created or FTP issues

- College guidance:
- https://www.rcgp.org.uk/mrcgp-exams/artificial-intelligence-exams-training

College guidance

- Importance of reflective learning
- GPs in training should not currently be using, generic, commercially available AI products such as ChatGPT to generate diagnosis, interpret clinical information or to advise on clinical management
- To ensure that the GP in training has used real patients and real cases, and has actively engaged with them, Educational Supervisors and ARCPs panels should explore individual Clinical Case Review (CCR) learning log entries with the GP in training, particularly when they have concerns about the authenticity of the underlying case, or the quality of the learning that has resulted

College guidance continued

- AI tools can clearly help with the drafting process,
- but to use AI to create 'artificial patient encounters' or to take a purely mechanistic, cut-and-paste approach to producing learning logs risks raising questions of probity.

No more chasing emails

- PDs are checking and completing triage week before panel
- Educator note added stating anything missing- not guaranteed
- At panel check for all evidence if not present on day outcome 5
- May be outcome 2 in future if assessment/ requirements not done
- 2 weeks to add/ reviewed at next panel
- Add as log stating ARCP evidence or ES to add educator note detailing
- If not present outcome 2 or 3 will be issued at review

ESR Dates

- Check before signing off that date is correct and ends day of review
- Check is the correct review ie ST2-2, requirements table wont work if not
- Set new one straight away- requirements page wont work until
- Missing evidence will have to be added in new review
- Check they have all evidence they need before signing off
- Will lose access between last review and next one starting if not set up
- No later than 2 weeks before panel no earlier than 8 weeks

Delay in getting CCT and performers list

- Now delay in CCT and getting on performers list
- All final ARCPs 2 months before CCT date - unless extensions
- More outcome 5s likely panel will not be chasing
- Trainee able to work straight after CCT date
- Can request later if accept CCT may be delayed
- Time in training no longer minimum unless wish to work in Switzerland

Total time in training check 3 lots of 365 - 49 (14 in each ST year plus extra 7 allowed in ST3) 1046 minimum total for full CCT

BLS with AED Paeds and adult

- Both adult and paeds needs to be coded in certificate for BLS each consecutive 12 month period
- Must be hands on
- If cert does not state need to put in log to support that it did include children
- Do on line paeds module and upload supporting documentation

Combined training

Combined training

- Replaces shortened program ACTF and CEGPR
- Trainees must apply before starting ST1 at application
- Complete process in fourteen fish in first few months
- Application if suitable gets submitted to college
- If approved previous experience can count towards training time 4-12 months- both GMC approved and non training experience
- First ARCP at 6/12 **FTE** not at proposed end of ST year
- Needs to have achieved all requirements of ST1 year but prorate numbers of assessments and CCR
- If making progress approved at ARCP and transitions at 6/12 FTE to ST2- **should have GP** post second to avoid pulling out late from hospital post
- Trainees will not be chased- if not done will stay on full program

WPBA News

New developments

- CEPs one year in
- New CATS live in August
- Requirements summary sheet updated
  - Website and fourteen fish- links

CEPS range reminder

Non GMC intimate CEPS requirements

Clinical Examination and Procedural Skills

CEPS Page

KEY: Mandatory ■ Range of others ■

Prostate examination			0
Rectal examination	✓	28/09/2023	2
Female Genital - bimanual	✓	28/09/2023	1
Female Genital - speculum			0
Breast examination	✓	23/08/2023	2
Male genital examination			0
Respiratory system			0
Ear, Nose and Throat			0
Abdominal system	✓	28/09/2023	1
Cardiovascular system			0
Musculoskeletal system	✓	12/10/2023	1
Neurological system			0
Child 1-5 years			0

Mandatory skills

Skill	Achieved	Last done	Count
Prostate examination			0
Rectal examination	✓	28/09/2023	2
Female Genital - bimanual	✓	28/09/2023	1
Female Genital - speculum			0
Breast examination	✓	23/08/2023	2
Male genital examination			0

Please note: Skills are only ticked as achieved if the assessor completing the CEPS has marked the Assessment of Performance as *"Competent to perform the procedure unsupervised"*.

This table does not reflect any CEPS assessments that were completed on the old portfolio. The old assessments can still be used to demonstrate competence as long as they document that the trainee is competent to perform the procedure unsupervised.

Other skills

Skill	Achieved	Last done	Count
Respiratory system			0
Ear, Nose and Throat			0

CEPS Assessments

Record a CEPS Assessment

Title	Skill(s)	Date	Completed	This review period	
Musculoskeletal system	Musculoskeletal system	12/10/2023	✓		View
Diabetic foot examination	Other, Diabetic foot examination	03/10/2023	✓		View
Rectal examination, Abdominal system	Rectal examination, Abdominal system	30/09/2023	✓		View
Rectal examination	Rectal examination	28/09/2023	✓		View
Female Genital - bimanual	Female Genital - bimanual	28/09/2023	✓		View
Female Genital - speculum	Female Genital - speculum	28/09/2023	✓		View
Abdominal system	Abdominal system	28/09/2023	✓		View
Breast examination	Breast examination	23/08/2023	✓		View
Incision and drainage of infected sebaceous cyst	Other, Incision and drainage of infected sebaceous cyst	10/07/2023	✓		View
Female Genital - speculum	Female Genital - speculum	01/06/2023	✓		View
Female Genital - bimanual, Female Genital - speculum	Female Genital - bimanual, Female Genital - speculum	25/05/2023	✓		View
Breast examination	Breast examination	22/02/2023	✓		View

By signing the trainee off as competent, I am satisfied that I have no concerns in their ability to examine patients correctly across a wide range of systems, including the mandatory CEPS and a range of other CEPS as listed in the CEPS summary. This could be through my own observations and assessments of the trainee examining patients, and/or the workplace-based assessments by trained and suitable assessors.

If you think this is or should the be trainees **final review**, please grade them as: NFD - Below expectations; Competent or Excellent *(Meets / Above expectations is not appropriate as the expectation is Competence)*.

Your rating: ○ Needs further development ○ Competent ○ Excellent

Date last modified: 16/02/2024

Evidence to support your rating:

Save | Save as finished

New CATs- added August 2024

Document management

Duty doctor

Routine consulting day

Laboratory and radiology results review

Electronic / digital/ online consultation review

Below is a list of CAT options available:

Case based Discussion (CbD)
Random case review(s)
Leadership activities
Prescribing assessment follow up
Referrals review
Document management
Duty doctor
Routine consulting day
Laboratory and radiology results review
Electronic / digital/ online consultation review
Other

Minimum Mandatory requirements evidence sheet

Updated
info expanded
links directly to website,
changed tick box to fill in date of log etc
More obvious in Fourteenfish

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[a]	4[a]		4[a]		7[a]	
CBDs / CATs	4 CbD		4 CbD		5 CAT	
MSF[b]	1 (min. 5 clinical 5 non clinical[b]		1 (min. 5 clinical 5 non clinical)[b]		2 (1 MSF 5&5 resps[b], 1 Leadership MSF)[b]	
CSR	1 per post[c]		1 per post[c]		1 per post[c]	
PSQ	0		0		1	
CEPS[d]	Ongoing: some appropriate to post (including some 'system'/'other' CEPS)[d]		Ongoing: some appropriate to post (including some 'system'/'other CEPS)[d]		For CCT: 5 intimate + a range of others (including 7 'system'/'other' CEPS)[d]	
Learning logs	36 Case reviews[e]		36 Case reviews[e]		36 Case reviews[e]	
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[f]					
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[g]		1[g]		1[g]	
ESR	1		1		1	
Safeguarding adults level 3[h]	Certificate and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]	
Safeguarding children level 3[h]	Certificate and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]		Certificate, knowledge update every 12 months, and reflective log entry[h]	
CPR/AED[i]	Annual evidence of competence in CPR & AED(Adults & Children)[i]		Annual evidence of competence in CPR & AED(Adults&Children)[i]		Annual evidence of competence in CPR & AED(Adults & Children)[i]	
Form R or SOAR (Scotland)	1 per ARCP[j]		1 per ARCP[j]		1 per ARCP[j]	
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)	

[a] 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.

[b] 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.

[c] 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.

[d] 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.

[e] 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 demonstrated 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.

[f] 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.

[g] 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.

[h] 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.

[i] 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.

[j] 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

Trainees in surgery

Need patient facing

COTs all range needed

Audio and in person face to face

CEPS

To be able to demonstrate full team working

Take home message

ST1 and 2

- QIP when in GP,
- QIA when not
- One in each year

ST3

- Leadership activity **and**
- Quality improvement activity
- Separate things

Each year need a LEA/SEA and QIA

Clinical supervisor report

- CSR to be done in a primary care post if any of the following apply:
  - the Clinical Supervisor in practice is a different person to the Educational Supervisor,
  - the evidence in the Portfolio does not give a full enough picture of the trainee and information in a CSR would provide this missing information
  - or either the trainee or supervisor feel it is appropriate

Interim ESR

- The Interim ESR can **only** be completed if the trainee is progressing satisfactorily
- Otherwise a full ESR is required at the midpoint of each calendar year
- Trainee does self assessments, 3 action plans and PDP but light touch for ES
- NOT pre ARCP if start interim edit to be full
- Ensure ESR done every 6 calendar months in training
- If concerns about trainee at this point complete full ESR and notify TPDs for support and educational plan

Safeguarding requirements

- **Safe guarding**
  - To include child and adult
  - At least one case review entry **per ST** year for each
  - Demonstrate involvement with cases and aware of responsibilities, demonstrating application of knowledge
  - Needs to state level 3 in certificate of training- lasts 3 years, must be in date at ARCP and at CCT
  - Needed before starting in GP setting and any job involving children
  - Annual knowledge update needed unless level 3 completed in that 12 month period, so after every 12 consecutive months in training

PDP issues

- Trainees not reviewing PDP- need at least one achieved in year
- Trainees not adding new PDPs for next review/ post CCT
- PDP ideas only in log
- ES need to accept PDP when doing ESR
- PDP items should **not** be about mandatory requirements like passing exams or doing more CCRs

Review of PDP

Title	Target date	Completed	
Management of abnormal vaginal bleeding	24/12/2021	Yes	View
Using bedside US guidance imaging	30/09/2021	Yes	View
Speculum examination	01/02/2022	Yes	View
Antenatal check and postnatal check for women	02/02/2022	Yes	View

Reflection on progress

Date last modified: 28/01/2022

Please comment on the progress made towards previously agreed objectives Excellent has met all her PDPs that set.

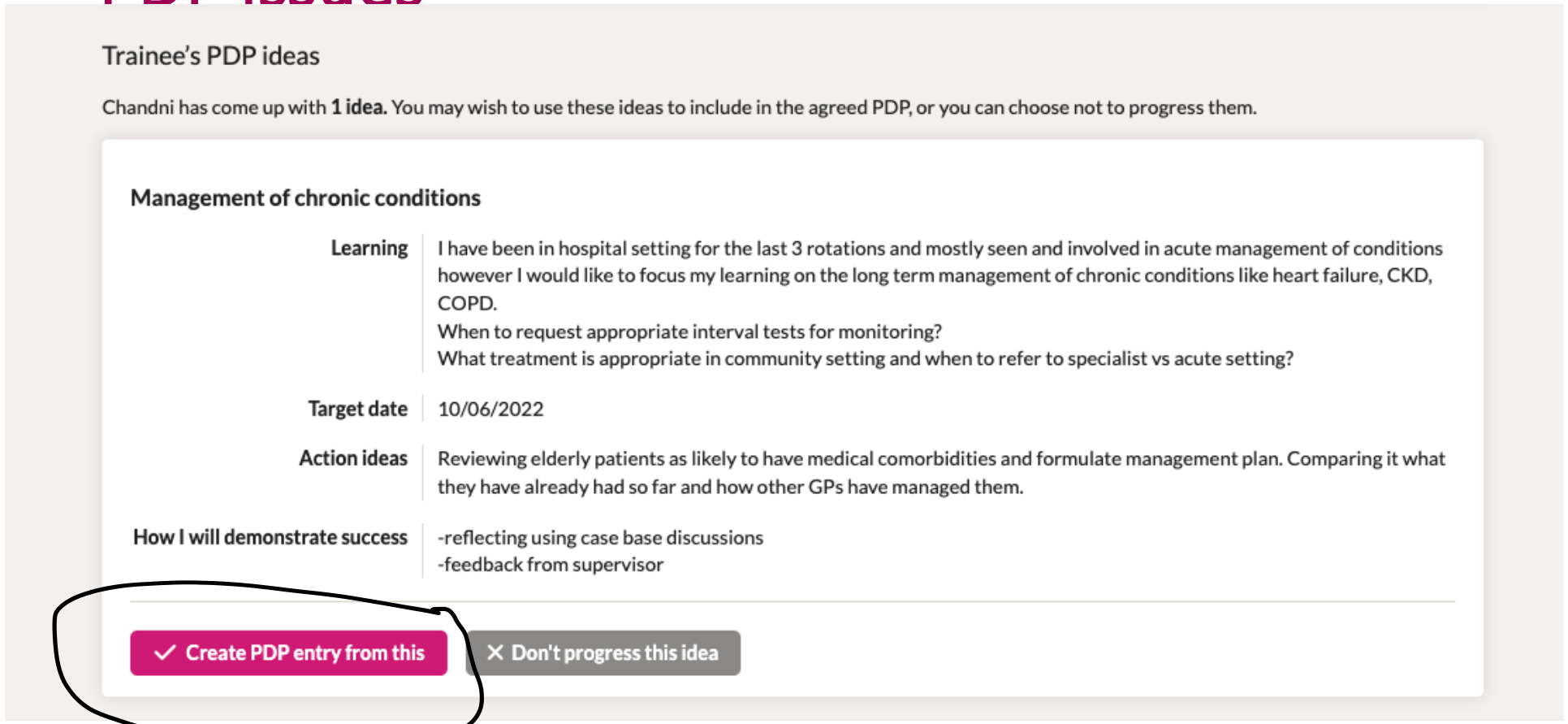
Please comment on the quality of the PDP SMART with great reflection on how she has achieved and how this will help in future.

Goals for the next review (0)

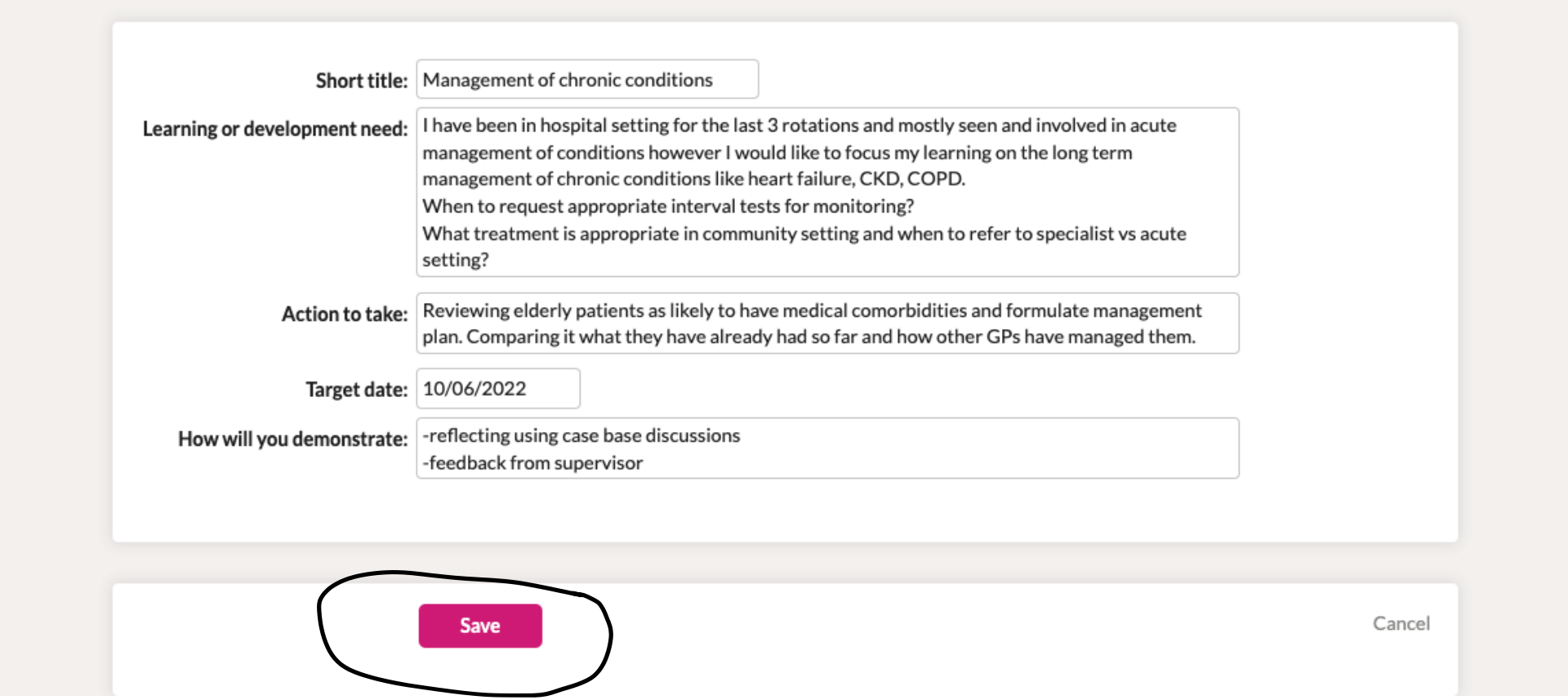
Manage the Agreed PDP

No agreed entries yet listed for this review. Add some new PDP entries

PDP issues


Trainee's PDP ideas
Chandni has come up with 1 idea. You may wish to use these ideas to include in the agreed PDP, or you can choose not to progress them.
Management of chronic conditions
Learning
I have been in hospital setting for the last 3 rotations and mostly seen and involved in acute management of conditions however I would like to focus my learning on the long term management of chronic conditions like heart failure, CKD, COPD.
When to request appropriate interval tests for monitoring?
What treatment is appropriate in community setting and when to refer to specialist vs acute setting?
Target date
10/06/2022
Action ideas
Reviewing elderly patients as likely to have medical comorbidities and formulate management plan. Comparing it what they have already had so far and how other GPs have managed them.
How I will demonstrate success
-reflecting using case base discussions
-feedback from supervisor
Create PDP entry from this
Don't progress this idea

PDP issues


Short title:
Management of chronic conditions
Learning or development need:
I have been in hospital setting for the last 3 rotations and mostly seen and involved in acute management of conditions however I would like to focus my learning on the long term management of chronic conditions like heart failure, CKD, COPD.
When to request appropriate interval tests for monitoring?
What treatment is appropriate in community setting and when to refer to specialist vs acute setting?
Action to take:
Reviewing elderly patients as likely to have medical comorbidities and formulate management plan. Comparing it what they have already had so far and how other GPs have managed them.
Target date:
10/06/2022
How will you demonstrate:
-reflecting using case base discussions
-feedback from supervisor
Save
Cancel

PDP issues

Agreed PDP

Edit

Goal 1: Management of chronic conditions

Learning	I have been in hospital setting for the last 3 rotations and mostly seen and involved in acute management of conditions however I would like to focus my learning on the long term management of chronic conditions like heart failure, CKD, COPD. When to request appropriate interval tests for monitoring? What treatment is appropriate in community setting and when to refer to specialist vs acute setting?
Target date	10/06/2022
Action ideas	Reviewing elderly patients as likely to have medical comorbidities and formulate management plan. Comparing it what they have already had so far and how other GPs have managed them.
How I will demonstrate success	-reflecting using case base discussions -feedback from supervisor

Portfolio intro

- https://vimeo.com/791095590/6d7e3ac726

Portfolio Fourteen fish

https://www.rcgp.org.uk/training-exams/training/mrcgp-trainee-eportfolio/new-trainee-eportfolio-landing.aspx

ARCP and admin platform

- https://www.rcgp.org.uk/training-exams/training/mrcgp-trainee-eportfolio/new-trainee-eportfolio-landing/fishbase-introduction.aspx

Reminder

- Ask PDs before GP admin
- Check RCGP website before emailing
- Get trainee to- go to RCGP direct not google it, new website
- Check last ARCP early
- Check requirements page
- Use the mandatory requirements PDF
- Use educators notes- e.g sick leave monthly total
- LTFT trainees check all evidence at end of year, as ARCP are annual not at transition point, next ARCP may be too late and requirements may not be accurate
- Educator note to advise if trainee off sick ARCP should not happen
- CCRs must be about real patients that the trainee has consulted with
- Use supporting documentation for non clinical case reflections

Panel recruitment

- If you are interested in ARCP
- Want some extra session doing different work
- Have attention to detail
- Free on Tuesdays
- Contact GP admin on
  - GPARCP.TV (NHS ENGLAND - T1510) england.gparcp.tv@nhs.net
- Have a chat with us
- Come and join our merry band
- All training provided