ARCP issues March 2025

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AD for ARCP

ARCP issues from year

AI use- reminder of what is accepted

Combined training- reminder of the process

Reminder key things

ARCP issues from year

No. of Outcomes since Jan 2024

Since Jan 2024- to date:

304 Outcome 1s

137 Outcome 6s

43 Outcome 3s

26 Outcome 2s

13 N21 Resignation without training issues.

No. of Outcome 4s since Jan 2024

Increasing number since 2021.
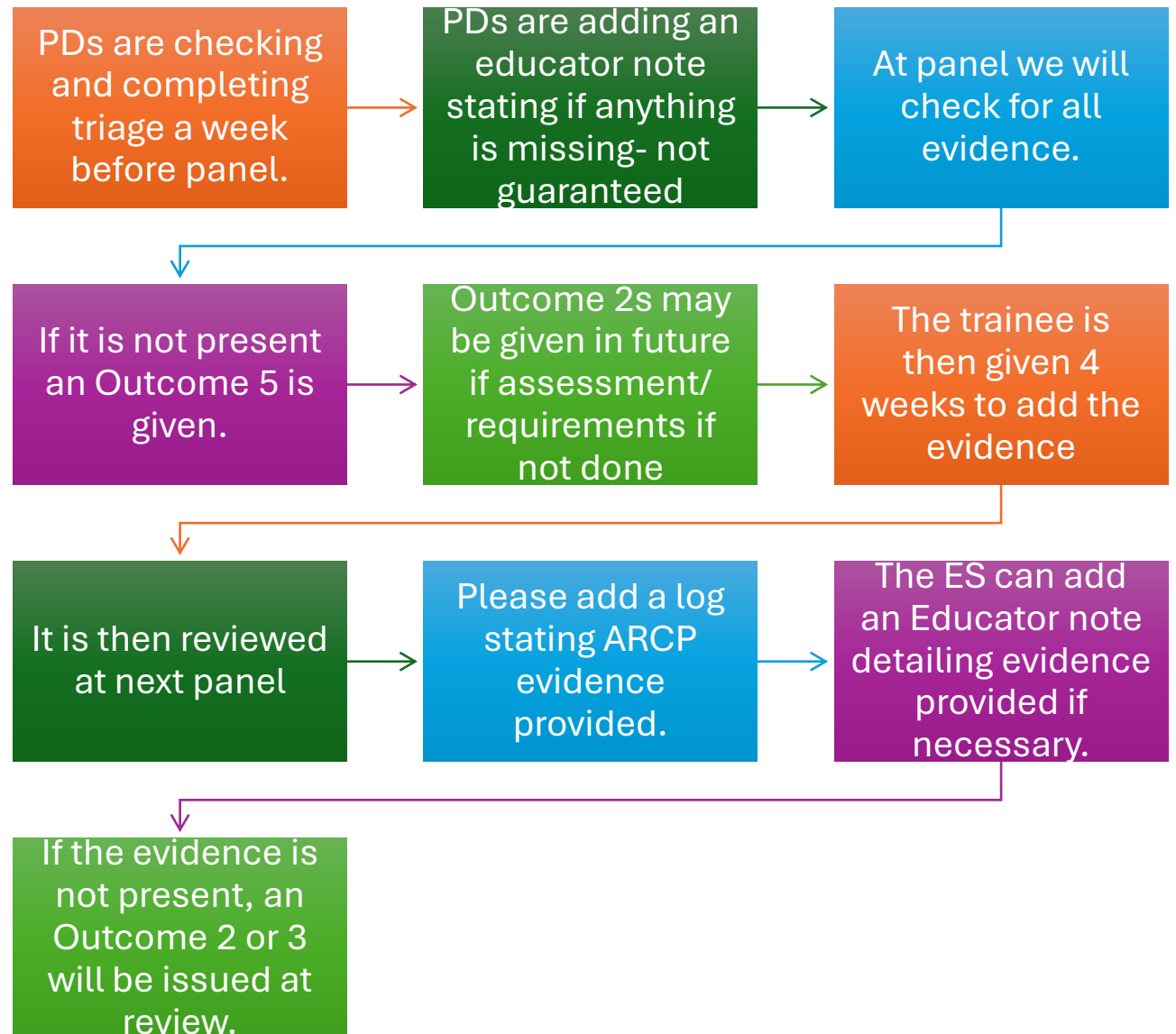
7 in the last 12months

Outcome 5s.

Probably ARCP panel chairs biggest headache!

141 trainees receiving Outcome 5s.

Main issues are:

- No annual updates in adult or child safeguarding
- No CCRs in adult or child safeguarding.
- Annual BLS update wasn't F2F or it didn't state paeds.
- Lack of future looking PDP.
- Lack of non intimate or intimate CEPs.

No more chasing emails

PDs are checking and completing triage a week before panel. → PDs are adding an educator note stating if anything is missing- not guaranteed → At panel we will check for all evidence.

If it is not present an Outcome 5 is given. → Outcome 2s may be given in future if assessment/ requirements if not done → The trainee is then given 4 weeks to add the evidence

It is then reviewed at next panel → Please add a log stating ARCP evidence provided. → The ES can add an Educator note detailing evidence provided if necessary.

If the evidence is not present, an Outcome 2 or 3 will be issued at review.

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!)

RCGP

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	Check (even if		Check (even if		Check (even	

BLS with AED Paeds and adult

Both adult and paeds needs to be stated in certificate for BLS each consecutive 12 month period

Must be hands on

If cert does not state paeds: add a log entry to support that it did or add an educator note.

Certificate needs to state AED too.

CSR

CSR is the place to comment on observations

CSR should be done at the end of each non primary care job or in primary care placement if your CS is different from your ES

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

ESR

ESR is reviewing evidence in portfolio

A full ESR is required before a panel, not an interim.

ESR review needs completing **2 weeks before panel-** but **not more than 8 weeks**

Check it is the correct review ie ST2-2, requirements table wont work if not

Check they have all evidence they need before signing off

Check before signing off that date is correct and ends day of review

Open a new review period after every single ESR even if it is final, before you sign off so that any missing evidence can be added

Will lose access between last review and next one starting if not set up

Interim ESR

The Interim ESR is a formative process to support the trainee and try to and ensure they are on track to achieve 'satisfactory progress' at the next ARCP.

The ESR is prepared in the same way for either ESR.

ES can decide whether this is to be a full or interim ESR at any time during the review period and can switch from one to the other if required.

In an interim ESR, the ES can still decide to grade and give evidence for each Capability, but this is not mandatory.

The interim ESR is only appropriate to use between annual ESRs and when there is no ARCP scheduled within the

If concerns about trainee at this point complete full ESR and notify TPDs for support and educational plan

Form R and TOOT days

- TOOT need to match portfolio and form R to get an ARCP outcome

- Need SEA/LEA on all complaints, declared and in portfolio

- Outcome 5s are being given if TOOT days isn't corrected when prompted by admin prior to panel

Time out of training
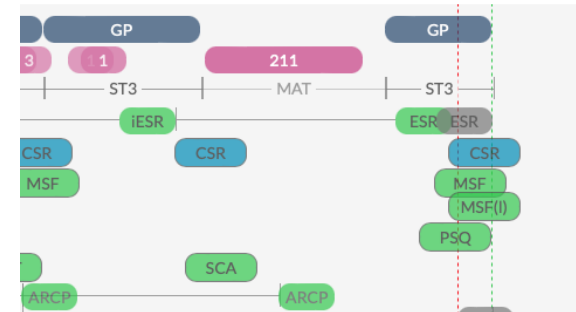
Total time out of training:	**229 days**
Dates:	**04/03/2024 - 30/09/2024**
Days:	**211**
Reason:	**Parental leave (incl. maternity / paternity)**
Stages of training:	**Maternity leave**
Posts:	

Safeguarding requirements

- **Safeguarding- one of the main culprits for Outcome 5s.**
  - To include child and adult
  - At least one case review entry **per ST** year for adult and child.
  - Demonstrate involvement with cases and aware of responsibilities, demonstrating application of knowledge
  - Must do Level 3 training every 3 years.
  - Annual knowledge update needed if haven't done Level 3 training in that year.
  - It must be after every 12 consecutive months in training
  - Please ensure your trainee has linked the CCRs to the compliance passport.

New RCGP survey to assess safeguarding requirements

HELP REQUIRED!!!

Background

- RCGP is doing survey to assess what changes are needed to the way safeguarding requirements are logged and demonstrated on the Trainee Portfolio.

- https://app.onlinesurveys.jisc.ac.uk/s/rcgp-wpba/consultation-safeguarding-compliance-passport

Proposed Changes

- **Compliance Passport Updates**
  - A child and adult knowledge 12 monthly update line could be added to the compliance passport in addition to the level 3 safeguarding certificate line that is already present
  - Introduction of an improved traffic light system to track the level 3 certificate and the safeguarding knowledge updates:
    - **Yellow**: Evidence not yet linked.
    - **Green**: Completed, evidence linked, and in date.
    - **Amber**: Triggers at 10 months before expiry (Level 3 certificates will turn amber at 2 years 10 months and Knowledge Updates at 10 months).
    - **Red**: Expired

Proposed Changes

- **Introduction of Safeguarding-Specific CCRs**

- Adding two new types of Clinical Case Review: one for adult safeguarding, one for child safeguarding, to demonstrate the application of Level 3 safeguarding knowledge.

- GP registrars can tag existing CCRs to fulfil the safeguarding requirements without increasing the overall workload.

- The requirements table would have new lines recording these new CCRs

- CCR requirements would remain at **36 per training year**, incorporating the two safeguarding-specific CCRs which would be clearly demonstrated when achieved

Key risks and mitigations

Risk	Potential Impact	Mitigation Strategy
ARCP panels miscount CCRs	GP registrars may be incorrectly assessed.	Clear guidance and training materials for ARCP panels.
Confusion over changes	Increased stress and uncertainty.	Communication campaigns and portfolio guidance.
Historical GP registrars' records may not reflect compliance correctly	Potential misinterpretation of past records.	Guidance on linking previous safeguarding evidence.
Changes cannot be rolled back easily	Risk of unintended long-term impact.	Thorough risk assessment and phased implementation.
Potential duplication in CCRs	GP registrars may incorrectly double-count safeguarding CCRs.	Portfolio system updates to prevent duplication.

CCRs

Reflecting on and learning from seeing clinical cases

We will be checking that the trainee's CCRS are all clinical

Demonstrating competence in and coverage of the 13 capabilities

Across the Clinical experience groups- CEGS

Hence showing curriculum coverage

Must be them actually doing the CCRs not AI created or FTP issues

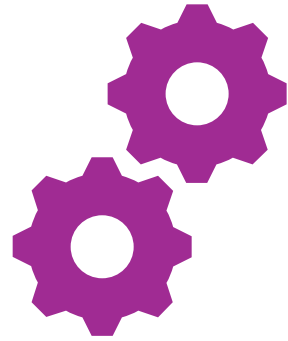# College guidance

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, ESs + ARCPs panels must review individual 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
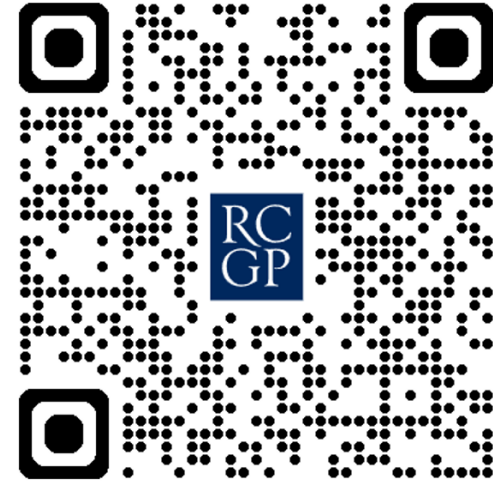
College guidance continued

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.

- College guidance:
- https://www.rcgp.org.uk/mrcgp-exams/artificial-intelligence-exams-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 needs to accept PDP when doing ESR

PDP items should **not** be about mandatory requirements like passing exams or doing more CCRs

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

Agreed PDP

Goal 1: Management of chronic conditions   Edit

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?
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PDP issues

CEPS range reminder

- Non-intimate CEPS requirements

- Clinical Examination and Procedural Skills section in the postgraduate doctors in training portfolio includes seven additional observed and assessed CEPS categories

- Respiratory system

- Ear Nose and Throat

- Abdominal system

- Cardiovascular system

- Musculoskeletal system

- Neurological examination

- Child 1-5 years

- Whilst these additional CEPS will not initially be mandatory, completion of a range of them along with the GMC mandated CEPS will allow postgraduate doctors in training to demonstrate competence in the CEPS capability and defines more clearly what is meant by a range of non-intimate CEPS.

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

Combined training

- Replaces shortened program ACTF and CEGPR

- Trainees must apply before starting ST1 at application

- Complete process on Fourteen Fish

- They need to submit a CV and if it looks suitable, they then submit an application matching their experience to the competencies.

- Application if suitable gets submitted to RCGP.

- If approved, any previous experience can count towards training time 4-12 months- both GMC approved and non training experience (abroad)

- First ARCP at 6/12 **FTE** not at proposed end of ST 1 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

Finally

- QIA- needed each year
- QIP in ST1/2 GP post
- QIA and leadership must be different activities
- LEA/SEA- needed each year
- ARCP- look at requirements of previous panel
- Trainees off sick at time of ARCP- panel not aware

Panel recruitment

- If you are interested in ARCP

- Want some extra sessions 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