

ARCP and WPBA issues Oct 2025

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ARCP and WPBA issues in 2025

- AI use
- News WPBA
- ARCP issues from year
- Reminder key things



Generative AI



- 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.

Further generative AI guidance

<https://www.rcgp.org.uk/mrcgp-exams/wpba/generative-artificial-intelligence>



- Development of AI literacy is essential and the capabilities - and limitations - of generative AI must be understood by anyone seeking to use it in a professional context.
- Generative AI can be a valuable tool for those undertaking WPBA, but as a resource to support the development of skills and competences required for independent General Practice - not to replace them.
- Generative AI should not be used to generate reflections without real patient experience.

WPBA News

News

- Research/publications
- Safeguarding portfolio changes
- PDP and action plan merging
- CEPS - 7 system CEPS- progress
- CCRs- audit
- New CATS evaluation
- Curriculum and updated capability descriptors

• Research/Publications



- Exploring perceptions of doctors in training with specific learning difficulties and undertaking clinical and workplace-based assessments for general practice licensing: interview study

- <https://www.tandfonline.com/doi/full/10.1080/14739879.2025.2473396?src=exp-la#abstract>

- Experiences of UK general practice trainees undertaking workplace-based assessment who received a developmental outcome at their annual review of competency progression
 - <https://www.tandfonline.com/doi/full/10.1080/14739879.2025.2539735?src=exp-la>



• Safeguarding portfolio improvements

- The “Compliance Passport” in the Trainee Portfolio has also been improved to add the “12 monthly knowledge updates” for Adult and Child Safeguarding.
- There are no changes to the requirements

Compliance passport

Manage training

✓ Form R / Covid Declaration

Date last updated: 14/06/2025

✓ Basic life support

Up to date

✓ Safeguarding Children: Level 3

Up to date

✓ Safeguarding Adults: Level 3

Up to date

✗ Safeguarding Adults: 12 monthly knowledge update

No training added

✗ Safeguarding Children: 12 monthly knowledge update

No training added

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](#)

• PDP and action plans

- From **early 2026**, Action Plans will be merged into a single, streamlined PDP format.
- Requirements will be:
 - **minimum of 2 PDPs per training year**
 - **with progress shown in at least one.**
- Requirements for PDP will not change,
- No longer be an additional Action Plans requirement
- All PDP ideas entered by registrars will automatically become PDP goals—no conversion needed by supervisors.
- ES still needs to discuss how to progress in capabilities
- These changes aim to reduce confusion, improve usability, and lessen administrative burden.

ESR grading descriptors streamlined and clarified

- <https://www.rcgp.org.uk/mrcgp-exams/wpba/assessments/plans-reviews>

ST1, ST2 and pre-final ST3

Making progress above the expected rate

- CSR areas rated as above expectations
- Assessments have been graded as working above the level of a GP trainee working in the current clinical post.
- All mandatory WPBA have been completed.
- Many capabilities are graded as Needing Further Development – Above expectations.
- LEA/SEA, QIA, 36 Clinical Case reviews, Placement Planning Meeting (relevant to requirements for training year)
- Regular engagement with the Portfolio and proactively engages with the supervisor, arranging and being well prepared for meetings.
- Progress demonstrated in at least one PDP in the training year
- In-date evidence of CPR and AED that demonstrates competence in these areas for both children and adults.
- All safeguarding requirements met: An in-date Level 3 Certificate covering both adults and children. An adult safeguarding knowledge update every 12 months. A child safeguarding knowledge update every 12 months. A Clinical Case Review every training year showing the application of adult safeguarding knowledge. A Clinical Case Review every training year showing the application of child safeguarding knowledge.

Making progress at the expected rate

•CEPS changes

- Introduction of 7- system CEPS
- Clarification on requirements
- Evaluating the outcome 6s to review numbers meeting the requirements
- Nearly 50% covered all 7
- Only 0.5% covered 0
- Significant increase from average of 2.78 to 94.8% completing 3 or more



•7- System CEPS numbers at CCT

Number of "System" CEPS completed	% of July & August 2024 OC6s with this number of system CEPS	% of June and July 2025 OC6s with this number of system CEPS
0	7.72%	0.50%
1	4.63%	1.43%
2	7.02%	3.24%
3	16.99%	8.90%
4	12.78%	11.14%
5	11.38%	12.63%
6	11.10%	15.31%
7	28.37%	46.86%
Total OC6s	712	1608

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 be the trainee's **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

Additional optional CATS introduced Aug 2024

The new CATS include:

- Routine/non-duty session
- Document Management
- Duty/Triage Doctor Session
- Electronic/Digital/Online Consultations review
- Laboratory and radiology results review

Total CAT entries: 28,944

Trainees who have completed at least one non-CBD CAT: 4,186

Percentage completing a non-CBD CAT: 55.3%

Additional optional CATS stats to date

- **Total CAT entries:** 28,944
- **Trainees who have completed at least one non-CBD CAT:** 4,186
- **Percentage completing a non-CBD CAT:** 55.3%
- **All range of complexities recorded**
- **28.7% of all CATS are non CbD CATs**
- **15% are of new types**
- **All grade options recorded**

Duty/Triage Doctor Session	1,103
Routine/non-duty session	987
Laboratory and radiology results review	885
Document Management	324
Electronic/Digital/Online Consultations review	180
Other	248

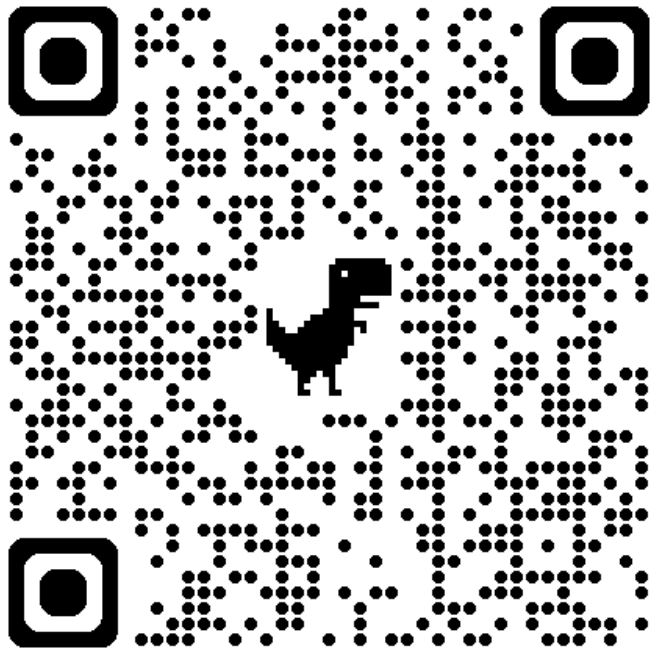
• Revised curriculum and WPBA updated capability descriptors

Progression point descriptors – Fitness to practise

Fitness to practise				
Professionalism and protecting self and others from harm, including awareness of when an individual's performance, conduct or health, or that of others, might put patients, themselves or their colleagues at risk.				
GPC: professional values MRCGP: WPBA: CATs, COTs, MiniCEX, QIP, Leadership MSF, PSQ, CSR				
Learning outcomes	Indicators of potential underperformance	Needs further development (expected by end of ST2)	Competent for licensing (required by CCT)	Excellent
Demonstrating the attitudes and behaviours expected of a good doctor	Does not comply with accepted codes of professional practice. Fails to respect the requirements of	Understands and follows the GMC's 'duties of a doctor' guidance ¹⁰ . Complies with accepted codes of	Demonstrates the accepted codes of practice to promote patient safety and effective team working.	Encourages an organisational culture in which the health and wellbeing of all members is valued and

- Linked to curriculum learning outcomes
- Updated to reflect current GP
- Expanded IPU's
- Encompassing environmental sustainability within a revised community health previously orientation

- Revised curriculum and WPBA updated capability descriptors

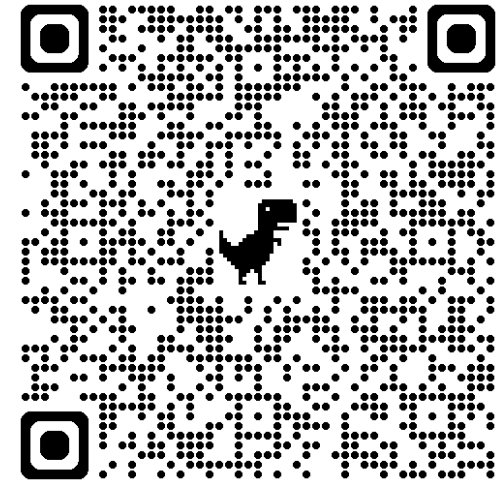


CbD question generator and CATS guidance updated with revised capability descriptors

- <https://www.rcgp.org.uk/getmedia/7a73a213-59d3-464f-9ce1-a1c59dff7e0/Progression-Point-Descriptors.pdf>

Minimum Mandatory requirements evidence sheet

<https://www.rcgp.org.uk/getmedia/a348f568-3ed9-466d-967a-1df16cff200c/WPBA-Requirements-Mandatory-Evidence-Summary-Sheet.pdf>



- Updated- Aug 25 in portfolio and website
- Info expanded further
- links directly to website,
- More obvious in Fourteenfish- front page coming

This document helps track WPBA and other evidence requirements for each Training year. You can add it to your Trainee Portfolio (Supporting Documentation) for ARCP preparation. You can track progress by 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: _____ Your name: _____ Training Year: Choose...

WPBA Assessments	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: all intimate + a range of others (including 7 'system' / 'other' CEPS) ^d	
Learning logs	36 CCRs ^e		36 CCRs ^e		36 CCRs ^e	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (if in GP) assessed by Registrar & ES		1 (if in GP) - if not done in ST1		0 (unless not been completed in ST1/2)	
Quality improvement activity	Involvement in Quality Improvement must be demonstrated 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	
ESR	1 ^g		1 ^g		1 ^g	
Other Evidence	ST1 Requirement	Date/Number	ST2 Requirement	Date/Number	ST3 Requirement	Date/Number
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 ⁱ		1 per ARCP ⁱ		1 per ARCP ⁱ	
PDP	A minimum of 2 PDPs created per training year, with progress demonstrated in at least one		A minimum of 2 PDPs created per training year, with progress demonstrated in at least one		A minimum of 2 PDPs created per training year, with progress demonstrated in at least one	
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 registrar) and virtual/remote. At least 1 Audio COT and 1 face to face/in person COT should be completed.

^b In non-primary care posts where it is not possible to find 5 non-clinician respondents it is acceptable to ask more clinicians, but the minimum of 10 total respondents still applies. In ST3, the MSF should be completed in the first 6 months of the training year, with the Leadership MSF being completed in the second 6 months and after the Leadership Activity has been completed.

^c CSR to be completed in each post in ST1 and ST2, and in ST3 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 registrar and information in the CSR would provide this missing information, and 3) if either the registrar or supervisor feel it is appropriate.

^d Throughout your training, you must be completing some, relevant to post, CEPS in each training year. By the end of ST3, and to be awarded your CCT, evidence for all the 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 judgment 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 he CEPS requirements for WPBA have been met.

^e Clinical Case Reviews (CCRs) must be about real patients that you have personally seen. Registrars 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.

^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 registrar 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 An interim ESR review can also be completed at the mid point of each year only if the registrar is progressing satisfactorily. If there are any concerns about the registrar's performance, or they have had a developmental outcome in their previous ARCP then the full ESR will be required.

^h Safeguarding certificates may last 3 years but a knowledge update is needed in addition every 12 months (even if 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. If a registrar 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.

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 should be uploaded to your compliance passport 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. In Scotland SOAR must be completed along with a separate absence declaration.

Assessments should be spread throughout the training year with roughly half being done in each review period. Registrars on Less Than Full Time programmes 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 pro-rata and an ESR is also required every 6 months. See roadmaps for further details.

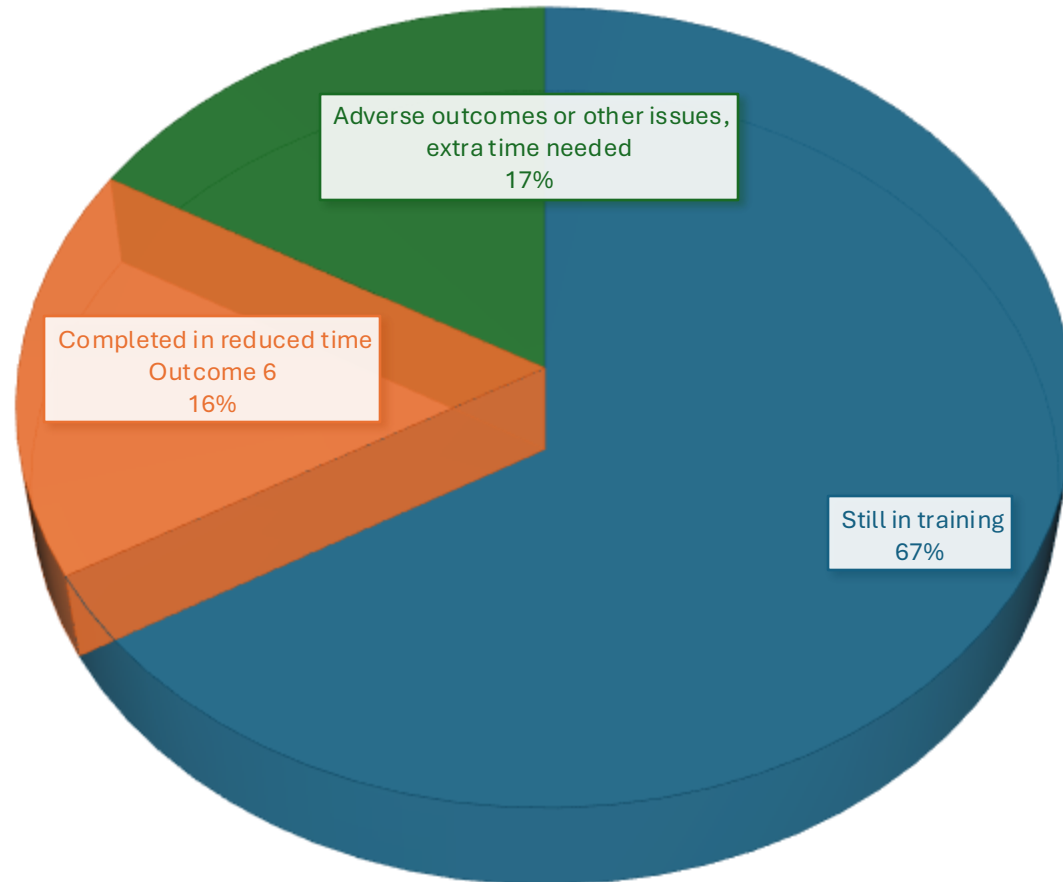
ARCP issues from year

Combined training review

Applications withdrawn	Applications pending	Applications Declined	Applications completed	Total
6	1	14	24	45

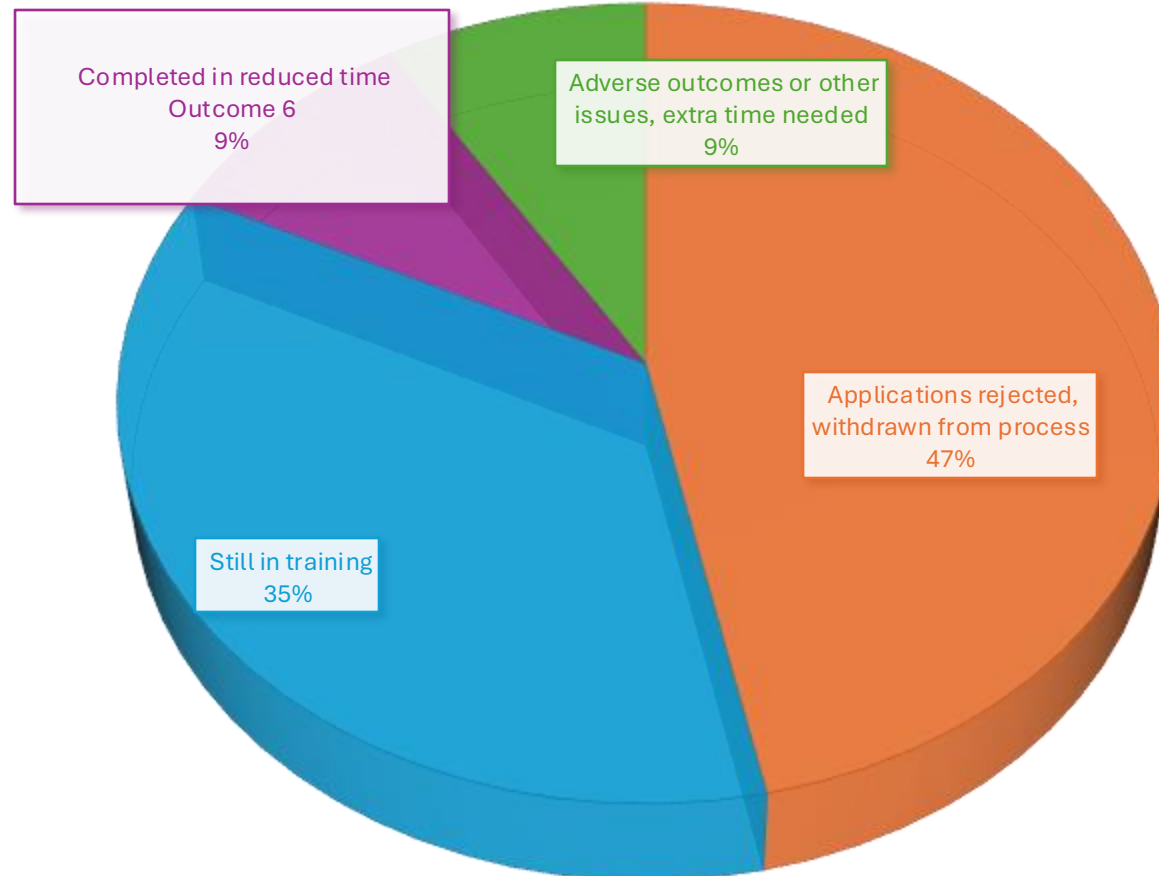
- Combined training review

OF 24 ACCEPTED ONTO COMBINED PROGRAM 5.25



- Combined training review

COMBINED TRAINEES TO DATE 5.25



Outcomes over the years

Date range	Outcome 3s	Outcome 2s	Outcome 4s after appeals	
1/9/24-31/8/25	40	23	1	
1/9/23-31/8/24	19	16	0	
1/9/22- 31/8/23	12	5	0	

Outcome 5 trend

Date range	Outcome 5s
20.5.25-20.9.25	77
20.5.24-20.9.24	73
20.5.23-20.9.23	20
20.5.22-20.9.22	3

Issues in year

- Lack of future looking PDP- next review and post CCT
- Safeguarding – lack of evidence, CCR logs and 12 monthly update
- QIA- needed each year
- QIP in ST1/2 GP post
- CEPS range required
- Prescribing assessment requirements
- 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, all updates **must be hands on 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 for outcome 5s**
- Form R-incorrect TOOT and need SEA/LEA on all complaints, declared and in portfolio,
- TOOT need to match portfolio and form R
- CCRs NEED to BE about **clinical cases**

Safeguarding requirements

- **Safeguarding**
 - 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
 - Now within compliance passport

Clinical Case Reviews

- Need to be about clinical cases the registrar has been actively consulting with.

Clinical Case Reviews must be about real patients that you have personally seen and should be about a clinical learning experience.

- A number not about clinical cases and when excluded not attaining minimum 36 required each year

CCR- Nationally

- → Review of sample of 500 CCR completed found
 - → 3% were not about clinical cases
 - → E.g. community pharmacy, my well-being, return from Mat leave
- → **A sample of outcome 6's across the four nations showed**
 - → In Aug 23-24
 - → **14%** of trainees had not met the minimum of 36
- → Information on Fourteen fish, mandatory requirements sheet and website adjusted to make clearer
 - → Repeat in Aug 24-25
 - → **6%** of trainee had not met the minimum of 36
- → Reduction of 57% on 23/24

CCR- Thames valley

- A review of Thames Valley outcome 6s in July 24 showed
 - 23 % of trainees had not met the minimum of 36, when CCR not based on clinical cases were excluded
- A review of Thames Valley Deanery outcome 6s in July 25 showed
 - 11% of trainees had not met the minimum of 36, when CCR not based on clinical cases were excluded.
 - A reduction of 52% from the 2023-24 figures
 - **89%** of trainees had met the minimum requirements of actual CCRs

Reviewed in panel and comments made on outcome 1s or outcome 5 issued if significant number below that required.

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
- ES needs to add a new review for this evidence to be added
- 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

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

Reminder

- Ask PDs before GP admin
- Check RCGP website before emailing
- Get registrar 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
- WPBA required numbers the same whatever post construction
- CCRs must be about real patients that the trainee has consulted with
- Other log types like supporting documentation to show capabilities demonstrated not with patient contact
- No minimum training time- now all competency based

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

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>

