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# ARCP for Educational Supervisors Summer 2022

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# Relationship of ES to ARCP

## Clinical supervisor

- Offers safe opportunities to gather evidence

## Educational supervisor

- Uses evidence to make recommendation on progression

## ARCP

- Ensure ES judgment based on adequate evidence

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# Evidence of Progression

- When submitting evidence to support capability rating, 3 pieces is the **minimum** number that is required and each needs to be **congruent with the judgement**
- This is to support the rating – for example if a trainee is ST3 and rated CfL at their final panel, the evidence must demonstrate that they are CfL ( not that they are still working on their progress)
- Document/submit **plenty of congruent evidence** so that it is not hard to find support for judgements for each of the 13 capabilities

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# Commons problems with ESR

- Delegating ES function to ARCP
- Not using currency of capability( see rcgp)
- Not using evidence to support judgments
- Incongruence between ESR and judgment
- Lack of context (educator notes)
- Not seeking support in build up
- Lack of critical comments/narrative

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# Problems with ARCP form

- Overlooking evidence
- Not commenting on previous recommendations
- Omitting to state consequences of not fulfilling recommendations ( eg outcome 3 could end up as outcome 4 )
- Missing CEPS

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# Outcomes 1-6

1 satisfactory can progress

2 unsatisfactory no additional time needed

3 unsatisfactory additional time needed

4 unsatisfactory released from training

5 additional info needed

6 satisfactory can proceed to CCT

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# Doing an ARCP panel

Summary

Progress to certification

Previous recommendations

Educator notes

## ESR

Mandatory content

Panel senior educator judgments

# RCGP(2019) guidance for trainees

- “Insight is a key element of all the reflective components of the Portfolio and trainee self-ratings that are insufficiently or inappropriately evidenced should be commented on by the educational supervisor or by the ARCP Panel and could be legitimate grounds for an unsatisfactory ARCP outcome”

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# Form R – for revalidation

- Chair to consider full scope of practice for revalidation – documentation of training posts for that year,
- Significant events/SUI at a level that would interest RO
- GMC referrals/unresolved issues
- TOOT= number of days out from beginning of GP training if first form R for ST1 or from last ARCP if already in GP training

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# Reasons for changing CCT date without extension of training

- Short posts (see next slide )
- Shielding and panel deem not useful work
- Prolonged absence policy (mat leave or OOP greater than 1 year) not allowed to issue CCT for person that has been out of training for >12/12
- Sickness absence
- Change in % to LTFT

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# Short posts and fragmented posts

If **< 2 months WTE or < 3 months with lots of interruptions** the ARCP panel will consider the question – should this post count towards training? Panel will look for evidence of learning and progression

– if there is evidence then post will count

- If no evidence then post will not count and CCT date will be recalculated

Please note – rule only for short posts – no evidence of progression/engagement in other contexts= unsatisfactory outcome

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# Noticing dates and gateways

- Chair needs to notice dates to see when a post is a short post (<2 months) or interrupted by illness
- Also will need to notice if LTFT as will need to calculate pro rata for assessments
- Note date of last ARCP so that panel understand the time period that is being assessed
- We don’t do gateway panels – we do annual panels - which are not always in line with changing grades

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# Absences, evidence and ARCP

- **Absent for >6m but < a year** they do not need a new ESR provided the last one is 2 months prior to the final ARCP panel, but they do need new contemporary WPBA evidence
- **Absent> a year** they need up to 3months training and a new ESR. 'If less than three calendar months are completed on their return to training, the ARCP form must include a statement confirming that the panel is satisfied the trainee has maintained the capabilities for general practice'.
- **Returning to training < 2 weeks** there may not be any new evidence for a new ARCP panel to review. If an ARCP panel was held and an Outcome 1 issued confirming all requirements for CCT were met prior to the leave and a new ESR is not required, the final ARCP should include the following statement:

  **'The trainee gained all the capabilities for completion of training before the period of absence commenced however, we were unable to recommend Outcome 6 at this point in training as it was more than two months before the completion of training date'**

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# Extensions to training

- Outcome 3 =Unsatisfactory additional time needed- usually at end of ST3 – occasionally at other time
- Time given  is usually 3-6months WTE (if needed for exam failure may depend on the exam date)
- There will be another panel at the end of that time to check on progress ( trainee needs to maintain WBPA  to maintain or achieve CfL  as per min monthly requirements ( also require local senior educator involvement educator notes with educational plan)
- Failure to engage/progress may  risk outcome 4
- Further extension at next ARCP  if needed and if engaging up to 12/12 WTE –if more needed will need Dean approval

## Clinical Examination and Procedural Skills

This is about clinical examination and procedural skills. By the end of training, the trainee must have demonstrated competence in general and systemic examinations of all the clinical curriculum areas, this includes the 5 mandatory examinations and a range of skills relevant to General Practice.

**Generic Professional Capabilities:** Professional Skills
**MRCGP assessments:** CSA, WPBA (CEPS, COT, QIP, CSR)

**Insufficient evidence** - From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale

| Indicators of potential underperformance | End ST1 – Making progress at the expected rate | End ST2 - Making progress at the expected rate | End ST3 - Competent for licensing | End ST3 - Excellent |
|---|---|---|---|---|
| Patient shows no understanding as to the purpose of the examination<br><br>Fails to examine when the history suggests conditions that might be confirmed or excluded by examination<br><br>Inappropriate over-examination<br><br>Fails to obtain informed consent for the procedure<br><br>Patient appears unnecessarily upset by the examination | Chooses examination with a clinically justifiable reason in line with the patient's problem(s).<br><br>Examination is carried out sensitively and without causing the patient harm<br><br>Elicits relevant clinical signs<br><br>Shows awareness of personal limitations and boundaries in clinical examination<br><br>Observes the professional codes of practice including the use of chaperones.<br><br>Arranges the place of examination to give the patient privacy and respect their dignity<br><br>Demonstrates understanding of issues of consent | Undertakes examination when appropriate and demonstrates all the basic examination skills needed as a GP<br><br>Identifies abnormal signs<br><br>Suggests appropriate procedures related to the patient's problem(s).<br><br>Performs procedures and examinations with the patient's consent with a more focused approach. | Chooses examinations appropriately targeted to the patient's problem(s).<br><br>Has a systematic approach to clinical examination and able to interpret physical signs accurately to reach the correct diagnosis or possible diagnosis<br><br>Varies procedures options according to circumstances and the preferences of the patient.<br><br>Identifies and reflects on ethical issues with regard to examination and procedural skills.<br><br>Recognises and acknowledges the patient's concerns before and during the examination and puts them at ease<br><br>Shows awareness of the medico-legal background, informed consent, mental capacity and the best interests of the patient. | Proficiently identifies and performs the scope of examination necessary to investigate the patient's problem(s).<br><br>Uses a step-wise approach to examination, basing further examinations on what is known already and is later discovered.<br><br>Demonstrates a wide range of procedural skills to a high standard.<br><br>Engages with quality improvement initiatives with regard to examination and procedural skills.<br><br>Recognises the verbal and non-verbal clues that the patient is not comfortable with an intrusion into their personal space, especially the prospect or conduct of intimate examinations<br><br>Is able to help the patient accept and feel safe during the examination<br><br>Helps to develop systems that reduce risk in clinical examination and procedural skills. |

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# CEPS

The capability area is about clinical examination and procedural skills. By the end of training, the trainee must have demonstrated competence in general and systemic examinations of all of the clinical curriculum areas, this includes the 5 mandatory examinations **and** a range of skills relevant to General Practice.

The mandatory CEPS each on a separate form are

1. breast
2. rectal
3. prostate
4. female genital(speculum and bimanual)
5. male genital

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# Annual requirements safeguarding

**All trainees require evidence of level 3 safeguarding for both adult and child safeguarding** from the start or early part of their training in ST1

- Going forwards all trainees then need **a knowledge update annually** and this needs to include a demonstration of their knowledge, key safeguarding information, and the appropriate action to take if there are any concerns. In addition, all trainees require a minimum of **one participatory piece of learning and reflection for both adult and child safeguarding in each training year***.
- The full level 3 certificate needs repeating after 3 years even with annual updates, but this would then be counted as the annual update for the year it was completed.
- **For CCT trainees need to have, for both adult and child, an in-date level 3 cert uploaded, plus evidence of annual knowledge update (if level 3 not completed in that year) and a reflective log entry.**

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# ST1-2

- X4 mini-CEX or COT (1 by CS) per year
- X4 CbD (1 by CS) per year
- X1 MSF per year
- X36 case reviews per year
- X1 learning event analysis
- X1 PDP
- SEA only if form R standard
- X1 QIP in GP and evidence of involvement in audit and QI elsewhere

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# ST1-2 cont.

- Level 3 child and adult safeguarding at earliest opportunity
- X1 adult and child safeguarding update (including above)
- X1 adult and child safeguarding participatory activity (case or meeting)
- Form R
- X1 CSR per post
- X1 placement planning log
- X1 mid-term review
- X1 ESR

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# ST3

- X7 COT/audio COT
- X5 CAT
- X1 Prescribing assessment
- X1 Leadership activity
- X1 MSF first 6m
- X1 leadership MSF second 6m
- Evidence of involvement in audit/QI
- X1 PSQ
- X36 case reviews
- X1 learning event analysis

# ST3 cont.

- SEA as per form R
- X1 mid-term review
- X1 ESR
- X1 PDP
- X5 mandatory CEPS
- Level 3 child and adult safeguarding in date
- Child and adult safeguarding update
- Child and adult safeguarding participatory
- BLS with AED (assume valid 1y unless otherwise stated)
- Form R

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# WPBA numbers for each year of training

| | ST1 | ST2 | ST3 |
|---|---|---|---|
| Mini-CEX/COT<br>Any setting (face to face, telephone, or video) | 4 | 4 | 7 |
| CBD / CAT | 4 CbD | 4 CbD | 5 CAT |
| MSF | 1 (with 10 responses) | 1 (with 10 responses) | 2 (1 MSF, 1 Leadership MSF) |
| CSR | 1 per post* | 1 per post* | 1 per post* |
| PSQ | 0 | 0 | 1 |
| CEPS | Ongoing | Ongoing | Across 3 years<br>5 intimate plus a range of others |
| Learning Logs | 36 Case Reviews | 36 Case reviews | 36 Case Reviews |
| Placement Planning Meeting | 1 per post | 1 per post | 1 per post |
| QIP | 1 (in GP) | 1 (in GP) – if not done in ST1 | 0 |
| Quality Improvement Activity | All trainees must demonstrate involvement in Quality Improvement at least once a year | | |
| Significant Event | Only completed if reaches GMC threshold of potential or actual serious harm to patients | Only completed if reaches GMC threshold of potential or actual serious harm to patients | Only completed if reaches GMC threshold of potential or actual serious harm to patients |
| Learning Event Analysis (LEA) | 1 | 1 | 1 |
| Prescribing Review | 0 | 0 | 1 |
| Leadership | 0 | 0 | 1 |
| Interim ESR | 1** | 1** | 1** |
| ESR | 1 | 1 | 1 |

*CSR to be done in a primary are 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

** The Interim ESR can only be completed if the trainee is progressing satisfactorily - see interim ESR guidance. Otherwise a full ESR is required at the midpoint of each calendar year.

# Other requirements for outcome 6

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**Address any recommendation from previous ARCP**

**Appropriate curriculum coverage**

**Reflection overall**

**Passed exams**

# Where to show reflection

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- Self assessment
- Log entries
- SEA
- PDP

# Feedback to ES 1

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Thank you for this ESR which was very helpful in allowing the panel to reach a decision.
Particular Highlights (select as applicable)

- Judgements well evidenced
- Developmental comments in learning log
- Highlighting good trainee practice
- Appropriate use of educator notes

# Feedback to ES 2

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Thank you for this ESR. We felt it could have been more helpful with refinements outlined below (selected as applicable, and please provide feedback in the next question)

- Linking your judgements to evidence
- Developmental comments in learning log
- Highlighting good trainee practice
- Making greater use of educator notes

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# Chair to contact patch AD

- Occasionally the panel may wonder if the ES may need support – for example if there is little narrative or if the judgements are not congruent

- In this situation the Chair will email the patch AD directly to draw attention and  ensure adequate support of ES locally

# 5-Comm and consultation skills - Competent for licensing

- Dr X has progressed very well in his consultations now and demonstrates good skills on a regular basis. He excels in making the patient comfortable and feedback from patients shows that they feel listened to. He can recognise patient's perspective and does well to adopt a shared management plan
- 
- Evidence
- 
- Case review  3/2/19 uses  distracting techniques to relax pt with learning difficulties when undertaking consultation
- Case review  1/2/2019Reflection on recognising pt not entirely happy with consultation afterward and making change to explore expectations more not just concerns
- 22/3/2019 reflection on how to communicate 2ww referral noticing tension and balance of concern with reassurance
- PSQ positive comments on rapport with patients" I really felt listened to" "he has a lovely manner"
- 3/4/2019 Audio – Cot
- 2/3/2019 COT skin rash
- 3/2/3019 pt with learning difficulties

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# Data gathering and interpretation CFL

- Dr X is able to cover all areas well in taking a thorough history and also able to dig down to gather targeted specific information when appropriate
- He has a confident approach and is able to exclude serious pathology and pick up on subtle cues. He can choose appropriate examination and appropriate investigations

- Case review  11/1/2019 Admission anaemia - noticed pt pale and SOB from time  they walked in and was able to act on this by expediting appointment
- 31/3/2019 thorough preparation reading notes before home visit for pt had not met before with terminal illness

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# Recommendations on ARCP form

## Guidance for Chair

- Reason for outcome – tick the correct box
- Capabilities needing development tick all that apply
- Recommended actions – here give specific recommendations regarding exams, WPBA, capabilities, signpost to educational plan that needs to be made locally and give timescale and consequences of failing to engage with the requirements
- There is another section – additional comments these don't affect outcome this time but may at next ARCP if not heeded – for example " submit 5 additional reflective learning logs as there are 5 short this year and do a QIP in ST3"

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## Flexibility in the WPBA programme during the COVID-19 Pandemic

- Assessments including CSRs
- Depending on the progress of the pandemic, trainees may need to be deployed to ‘frontline’ areas within the acute hospital setting, but educational provision should still be part of any deployment. If a trainee is unable to complete any aspects of WPBA, such as a placement planning meeting, an assessment, or their Clinical Supervisors Report (CSR) then they must contact either their Educational Supervisor (ES) or Training Programme Director (TPD). This also needs to be **documented in the educator notes of the trainee's Portfolio so the ARCP panel can be made aware of any shortfall and the reasons why.**

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# COVID-19 ( see latest rcgp update)

- Q7: What does the panel do if the requirements set by the previous panel have been impacted by Covid 19 and not been met?
- These should be reviewed, and a holistic judgement made. Where trainees have remaining training time, the ARCP panel should assess whether the panel would still expect these previous requirements to be met during the next phase of training. If this is a final ARCP, and the trainee has been deemed to be competent for licensing across all 13 capabilities, the ARCP panel may decide to waive the requirements.

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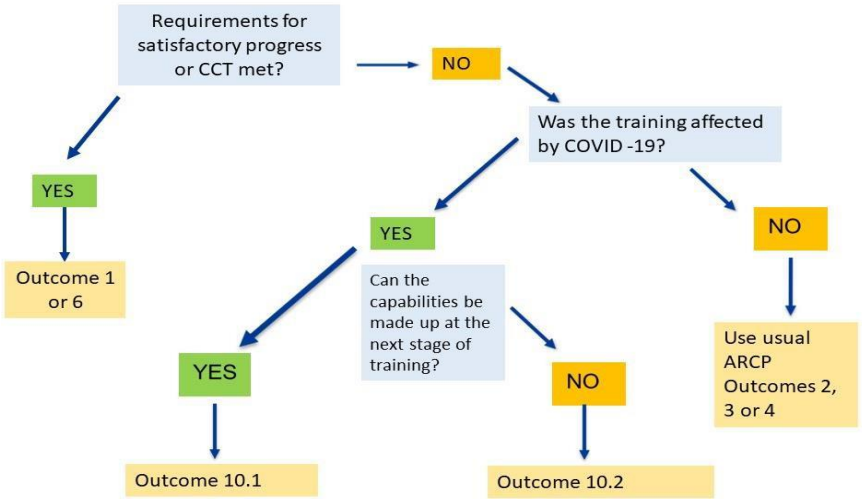
# Outcome during COVID-19 disruption

- Q9: I have heard there may be a different code for trainees having a panel during the COVID- 19 crisis what are they and where do we record it?
- ARCP panels should make a holistic judgement on the progress of trainees based on a review of the evidence provided by trainees and ESs against the minimum data set, agreed compensatory evidence and the GG8-compliant decision aid. In addition to the normal range of Outcomes and N codes an Outcome 10 and the code N13 will be available to panels:
-

| | | | |
|---|---|---|---|
| 10.1 and 10.2 | C3 | Redeployment could not acquire required experience | Trainee could not acquire appropriate curriculum-related experience due to service changes/pressures from COVID-19, e.g. trainee transferred to work in General (internal) Medicine or similar redeployment. |
| 10.1 and 10.2 | C4 | Prolonged self-isolation needed during COVID-19 | Trainee could not acquire appropriate curriculum-related experience during COVID- 19 disruption due to need for prolonged self-isolation based on national guidance. |
| 10.1 and 10.2 | C5 | Inadequate progress in this training year prior to COVID-19 | Trainee was NOT on course to receive an outcome 1 or 6 prior to COVID-19 but, given the disruption an unsatisfactory outcome cannot be awarded as the trainee may have been able to achieve satisfactory progression by the time of the ARCP had there not been disruption. |
| 10.1 and 10.2 | C6 | Incomplete evidence due to COVID-19 | Due to COVID-19 disruption, incomplete information has been supplied and/or is available to the ARCP panel, e.g. trainee unable to obtain supervisor reports. |
| 10.2 | C8 | Royal College or Faculty exam cancelled with trainee at CCT date | Trainee could not attempt the exam as it was cancelled due to COVID-19 disruption and will need to sit at the next available opportunity |
| 10.1 and 10.2 | C12 | Other issue related to COVID-19 (please describe) | To capture any COVID-19 issue not covered by codes C1 to C11. |

If Panels are considering awarding an Outcome 2;3;4 or an Outcome 5, they should consider carefully whether the trainees progress has been impacted by COVID-19, before issuing and therefore whether Outcome 10.1 or 10.2 would be more appropriate.



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# N codes – reason for No ARCP in the year

There are 11 specific N codes

- These include sick leave, mat/pat leave, not in post long enough, in period of grace post CCT, missed review, inter-deanery transfer, reviewed at other deanery, contract termination, gross misconduct suspension, suspension for other reasons,
- other reason ( please specify) ( N13)
- resignation without training issues ( N20) ,
- resignation with training issues ( N21) ,

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# CEPS

- With regard to trainees who are shielding and approaching their final ARCP, but who have not completed the CEPS requirements, then two options exist, of which the first is preferred:

1. Evidence of having undertaken the examination earlier in training provided by a senior clinician of the post they were working in at the time or recorded in a log entry followed by a step by step explanation to their current ES at their Education Supervisor Review on how they would normally conduct such an examination.
2. Consideration by the assessor as to whether the Guidance already given for trainees with a disability includes the trainee being assessed. That guidance states: "…For example, one possible approach might be that a trainee who cannot physically carry out an examination refers the patient to a colleague to carry it out. In a training context, to satisfy the CEPS requirement, the observer (who could be the person who performs the examination) should document on the assessment form the part of the CEPS they did observe, and document why it was necessary for the examination to be done in this way."

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# BLS flexibility

- Online evidence of Cardiopulmonary Resuscitation will remain acceptable during the Pandemic **until August 2022**. It has been recognised that during the pandemic, whilst hands on courses may not be available and practical AED not covered, an online BLS certificate **alone** would be accepted.
- With the return of courses face to face, hands on BLS will be **mandatory from August 2022**, online **BLS certificate** accepted until then, **ALS** though lasting for 3-4 years needs to be updated annually with evidence of competence in CPR and AED. Certificates should be added to Supporting Documentation and the Compliance Passport.
- Trainees should ideally provide past evidence of hands-on practical training as either BLS or ALS and endeavour to complete a practical course as soon as possible if only completing online BLS until August 2022

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# E.g. of outcome 2 panel recommendations

- Dr XXX needs to provide evidence of competence in 3 capability areas currently assessed in the ESR as being below expectations. (LIST THEM - eg Communication and consultation skills; Maintaining performance, learning and teaching; Organisation, management and leadership). A minimum of three items of evidence are required for each of the 13 capabilities in the next ESR, which should provide clear evidence of progression in these areas at least to the level expected at their stage of training. The AD and ES should meet with the trainee to agree specifically which evidence will be used to show progression, and should include clear evidence of ability to manage clinical prioritisation during on call sessions. Failure to show this evidence of progression will likely result in an outcome 3 at next ARCP.

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# Combined training (prev ATC/CEGPR)

- GPSA and deanery will have reviewed and made a recommendation
- Under old ATC, panel just had to agree it and give extension if not progressing
- Under new process it is panels decision and can take into account whether trainee progressing
- Where GPSA and deanery disagree panel may need to review  evidence

- Statement ‘panel agrees that x months of previous training can count towards the current GP training programme, as such CCT should be brough forward by x months WTE. (previous experience in paeds/O&G/psychiatry should not be repeated where feasible’

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# Resources- see RCGP website

The 'Gold guide' has more information about ARCP requirements for trainees, outcomes, composition of ARCP panels, additional training and appeals.

- **Gold guide**: more about ARCP and other aspects of specialty training
- https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba/arcp-for-workplace-based-assessment.aspx
- UCC https://www.rcgp.org.uk/gp-training-and-exams/training/workplace-based-assessment-wpba/urgent-and-unscheduled-care.aspx
- Useful links CPR and safeguarding annual requirements
- **MRCGP Workplace Based Assessment (WPBA): competence framework**
- **RCGP Trainee ePortfolio**
- **GP Specialty Trainee (GPST) ePortfolio: Guidance for Satisfactory Progression at ARCP Panels (PDF)**
- **Guidance for ARCP panels - Progress descriptors for the end of each training year (326 KB PDF)**
- **WPBA core group statement to deaneries 2015 (PDF)**
- **Guidance for Deaneries on the Standards for GP Training 2020 (PDF)**

- **Information for trainers, supervisors and deaneries**