# General Practice ARCP Decision Aide – East of England – ST1, ST2 and ST3 GP Trainees

This document should be used by the Trainee, Educational Supervisor and ARCP panel to review trainee progression against curriculum requirements.

Detailed guidance regarding WPBA can be found here - https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/WPBA-Handbook.ashx?la=en

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RCGP Mandatory Requirements** | | | | | | |
| **Competency / Evidence** | **ST1 Phase** | | **ST2 Phase** | | **ST3 Phase** | |
| Enhanced Form R | Fully completed with digital signature and uploaded as a shared log entry on eportfolio | | Fully completed with digital signature and uploaded as a shared log entry on eportfolio | | Fully completed with digital signature and uploaded as a shared log entry on eportfolio | |
| Wider Scope of Practice Form | Completed if the trainee has any additional medical roles (excluding locum shifts at own hospital) | | Completed if the trainee has any additional medical roles (excluding locum shifts at own hospital) | | Completed if the trainee has any additional medical roles (excluding locum shifts at own hospital) | |
|  | Old WPBA | New WPBA | Old WPBA | New WPBA | Old WPBA | New WPBA |
| Consultation Observation Tool (COTs) if in Primary Care  **Or**  Clinical Evaluation Exercise (Mini- CEX) if in Secondary Care | 6 | 4 | 6 | 4 | 12 incl 1xaudio COT | 7 COT; any type F2F/Audio/Video |
| Case-based Discussion (CBD)/  CAT | 6 CBDs | 4 CBDs | 6 CBDs | 4 CBDs | 12 CBDs | 5 CATS |
| Multi Source Feedback (MSF) | 2 | 1 (with 10 responses) | 0 | 1 (with 10 responses) | 2  2 (1 MSF, 1 Leadership MSF) | |
| Patient Satisfaction Questionnaire (PSQ) | 1 in GP | 0 | 1 in GP if not previously done | 0 | 1 | 1 |
| Quality Improvement Project (QIP)/Audit | 0 | 1 QIP in ST1/2 GP | 0 | 1 QIP in ST1/2 GP | Audit/QIP | 0 |
| For an ST3 trainee who has transferred to the new regime but has not undertaken any QIP/Audit in previous years, it is strongly advised that a QIP is carried out before CCT. This can be a new audit or other QIP activity. Any audit under the old regime undertaken in ST2 would count as a suitable QIP if it was relevant to Primary Care even if carried out in another attachment. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency / Evidence** | **ST1 Phase** | **ST2 Phase** | **ST3 Phase** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Quality Improvement Activity (QIA) | 0 | 1 | 0 | 1 | 0 | 1 |
| On the new regime, evidence of Quality Improvement Activity should be added for every year but there should be a Quality Improvement Project completed during the GP attachment in ST1 or ST2.  N.B. QIPs are very similar to audit – both look at the quality of care provided and aim to improve it. Both require measurements to demonstrate change. QIPs are about making small incremental changes and measurements can be done weekly or even daily to test the impact of the changes. In contrast audits have set criteria, each with their own defined standards to measure against and tend to have two sets of measurements over a longer time period. Doing a QIP allows changes to be tested both quickly and successfully and is easier to do in a short time frame (such as a four to six month trainee post). The QIP should be written up in the relevant section on the e- portfolio and done in ST1 or ST2 (unless you have no GP post. The Model for Improvement is a recognised tool for doing a Quality Improvement Project in a health care setting and be used as a framework to help you do your QIP  A Quality Improvement Activity is a more broad term which encourage doctors to evaluate the quality of their work, in addition to what works well in the clinical environment, to promote and consider change where appropriate. QIA encourages reflection on the change (if any) that are made. | | | | | |
| Placement Planning Meeting | 0 | 1 | 0 | 1 | 0 | 1 |
| Placement Planning Meetings are now a requirement for all attachments under the new regime, when previously they were strongly recommended. | | | | | |
| Prescribing Review | 0 | 0 | 0 | 0 | 0 | 1 |
| Leadership Activity | 0 | 0 | 0 | 0 | 0 | 1 |
| Learning Event Analysis (LEA) | Several | 1 | Several | 1 | Several | 1 |
| A Learning Event Analysis is an event where patient care could have been better, or when things have worked particularly well. Ideally a trainee must be able to show how patient care has been changed by the Learning Event Analysis. There should be evidence of learning event analysis in every year of training. | | | | | |
| Significant Event Analysis (SEA) | Several | If relevant | Several | If relevant | Several | If relevant |
| There was confusion regarding the definition of a Significant Event which on the old regime is equivalent to any event where there was a learning opportunity, this included serious untoward incidents as well as more minor events.  In the new regime a reflection on a Significant Event is required to be completed for any event that potentially reaches GMC threshold of potential or actual serious harm to patients. Depending on your involvement and potential ramifications of a significant event, it may be appropriate to take advice from a medical indemnity organisation, as well as discussing with you ES/CS  It may also be wise to reflect on the event rather than write a clinical account of the event. It is advisable to discuss the log entry with your ES/CS and there should be an awareness of safe reflective practice.  Reflections on Serious Events are a requirement for the revalidation process and must be included on the Form R  The analysis of events which do not reach the GMC threshold for harm but present an opportunity for learning are referred to as Learning Events Analysis and need to be documented annually on this form.  This might include events which may not have a serious outcome but highlight issues which could have been handled with greater clinical effectiveness and from which lessons can be learnt.  An entry under Learning Event Analysis would normally involve sharing information within the team and demonstrating learning. Areas for further learning and development should be reflected in your Personal Development Plan (PDP).  Significant Events must be reflected on, and the new format allows clarification of which events have been identified as being in this category through having an additional drop-down box. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency / Evidence** | **ST1 Phase** | **ST2 Phase** | **ST3 Phase** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Directly Observed Procedures (DOPS) | No longer required – Please see CEPs | | | | | | |
| Clinical Examination and Procedural Skills (CEPS) | The range of observed examinations/procedures will depend on the needs of the trainee and the professional judgement of their supervisors but as a minimum, by the time of CCT, must include observed competent assessments of  1) Breast Exam (should be on an adult female)  2) Female Genital (there needs to be evidence for speculum and bimanual examination)  3) Male Genital Exam (adult male)  4) Rectal Examination  5) Prostate Examination  The trainee should also be submitting CEPS log entries. Relevant evidence for these capabilities needs to be gathered regularly throughout each review period and recorded in your ePortfolio  By the time a CCT is awarded there must be evidence or agreed compensatory evidence of equivalence for **all** the curriculum requirements necessary to achieve the CCT. Clinical examination skills are a key skill for GPs. Where a trainee has not been able to provide adequate compensatory evidence with regards to CEPS, the standards for CCT will therefore not have  been met . The trainee will be unable to CCT. | | | | | | |
| Applied Knowledge Test (AKT) | N/A | | Pass | | | | |
| Clinical Skills Assessment (CSA) / Recorded Consultation Assessment (RCA) | N/A | | | | Pass | | |
| CPR/AED Certificate | Certificate showing CPR/AED | | Certificate showing CPR/AED | | | Certificate showing CPR/AED valid beyond date of CCT | |
| Clinical Supervisors Report | Old WPBA | New WPBA | Old WPBA | New WPBA | | Old WPBA | New WPBA |
| 1 for **each** hospital and post completed during the ST year (including specialist part of ITPs) | 1 per post | 1 for **each** hospital post completed during the ST year (including specialist part of ITPs) | 1 per post | | Recommended if the Clinical Supervisor is **not** also the Educational Supervisor | 1 if relevant – can provide additional evidence. Can be requested by Trainee , ES or CS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educational Supervisor’s Report (ESR) The most recent ESR must  be dated no earlier than 2 calendar months before the ARCP panel date | Old WPBA | | New WPBA | |
| On the old regime, there was a requirement for a full ESR every 6 months whether LTFT or full-time.  In addition, an ESR was needed before any ARCP.  Please ensure an ESR is completed prior to maternity leave or significant planned period out of programme | | On the new regime, a full ESR is required annually which should be before the 12 monthly ARCP. If there are any additional ARCPs, then a further full ESR will be required.  If progress is satisfactory then a mid-year Interim Review is appropriate, to provide a lighter touch for trainees who are progressing appropriately.  If there are concerns over progress, unresolved SUIs, investigations or complaints, or the previous ARCP Outcome was unsatisfactory, then a **full ESR** should be completed at the Mid-Year Review. | |
| Urgent and Unscheduled Care (UUC) | There is no longer a minimum required set of hours that need to be completed in out of hours.  Where possible trainees should continue to book shifts with out of hours providers – ST3 trainees will be the priority. In ST1/2 GP placements, observational sessions in out of hours, and courses, will help to demonstrate your urgent and unscheduled care capability.  Trainees in all phases of training may link clinical entries and workplace-based assessments to the UUC clinical experience group in Fourteen Fish. The assessment of urgent and unscheduled care is based on capability and not the number of hours worked. ARCP panels are making pragmatic decisions within the context of the pandemic. However, as the RCGP website references, whilst there are lots of ways to provide evidence in this area, including daytime duty work at the practice, it is difficult to see how you can demonstrate it completely without doing any OOH work. | | | |
| Level 3 Safeguarding – Child and Adult | **All trainees require in date evidence of level 3 safeguarding for both adult and child safeguarding**from the start or early part of their training in ST1 and thereafter throughout their training.  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\*. Evidence of learning for both the knowledge component and reflective exercises need to be documented in the trainees learning log.  **\*It is recognised that if the trainee does not have any posts within a specific training year which include children, then although it would be still recommended for these trainees to understand and document their learning about child safeguarding this would not be mandatory.** | | | |
| SUIs and GMC referrals | All Significant Untoward Incidents (SUI) or GMC referrals must be documented on Form R and be accompanied by a shared eportfolio SEA log entry | | | |
| **Personal Learning Record** | | | | |
| Learning Logs that **overall** demonstrates reflection (analysis, self-awareness and learning) and curriculum coverage | Maintaining the learning log is just as important as completing the formal assessments.  **THREE Clinical Case Reviews** per month on average (pro rata for those who are Less Than Full Time (LTFT)). Trainees are expected to have more than one log entry which addresses each Capability in each 6-month review period and will therefore need to complete learning log entries in addition to Clinical Case Reviews, which reflect on their experiences in such a way that they are appropriately linked to Capabilities.Each learning log can be linked to up to three capabilities and two Clinical Experience Groups.The trainee is required to justify that the log entry provides evidence for the linked capabilities. The Supervisor is also able to add justification | | | |
| Curriculum Coverage | Clinical Experience Groups map to the RCGP curriculum. Up to two Clinical Experience Groups can be linked to each learning log.  The clinical experience groups are below:   1. Infants, children and young people (under the age of 19 years) 2. Gender, reproductive and sexual health (including women’s, men’s, LGBTQ, gynae and breast) 3. People with long-term conditions including cancer, multi-morbidity and disability. 4. Older adults including frailty and/or people at end of life. 5. Mental health (including addiction, alcohol and substance misuse) 6. Urgent and unscheduled care 7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability) 8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems) 9. Clinical problems not linked to a specific clinical experience group.  By the end of training there needs to be sufficient coverage of all clinical experience groups. There is not a minimum number of clinical experience groups that need to be linked each year. | | | |
| Reading and Validation of Learning Log Entries | The clinical supervisor should read the learning log entries regularly.  The clinical supervisor should review the linking to the capabilities and clinical experience groups and amend and remove any inappropriate links.  The clinical supervisor should add justifications for the linking to (or removal of) the capabilities and make overall comments if appropriate. | | | |
| Personal Development Plan (PDP) | This should be reviewed and updated at every ESR. An active PDP would also involve the trainee creating PDP objectives between ESRs. All objectives should be SMART in nature (Specific, Measurable, Achievable, Relevant and Time-bound). | This should be reviewed and updated at every ESR. An active PDP would also involve the trainee creating PDP objectives between ESRs. All objectives should be SMART in nature (Specific, Measurable, Achievable, Relevant and Time-bound). | | At the time of their final ARCP, the trainee should have open PDP objectives to take forward into their first year as a qualified GP. These will form part of their first NHS appraisal. |

# General Practice ARCP Decision Aide – East of England - Extensions to Training During ST 1-3

If the trainee is working in an extension period during their ST1-3 years, they will need to achieve the requirements stipulated by the ARCP panel. They should also provide the minimum Eportfolio evidence listed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6 Month Extension Post (for whole time equivalent)** | | | | | | |
| **Competency / Evidence** | **ST1** | | **ST2** | | **ST3** | |
| Consultation Observation Tool (COTs) if in Primary Care  **Or**  Clinical Evaluation Exercise (Mini- CEX) if in Secondary Care | Old WPBA | New WPBA | Old WPBA | New WPBA | Old WPBA | New WPBA |
| 3 x COTs / Mini-CEX as appropriate | 2 x COTs / Mini-CEX as appropriate | 3 x COTs / Mini-CEX as appropriate | 2 x COTs / Mini-CEX as appropriate | 6 x COTs | 4x COTS |
| Case-based Discussion (CBD)/CAT | 3 CBDs | 2 CBDs | 3 CBDs | 2 CBDs | 6 CBD | 3 CATS |
| Other WPBA | As required by ARCP | | As required by ARCP | | As required by ARCP | |

# General Practice ARCP Decision Aide – East of England - ST4 Commissioning and Leadership Fellows

This document should be used by the Trainee, Educational Supervisor and ARCP panel to review trainee progression against curriculum requirements for trainees completing the ST4 Commissioning and Leadership Fellowship year. This should be used in conjunction with the ST1-3 ARCP requirements document.

|  |  |  |  |
| --- | --- | --- | --- |
| **RCGP Requirements** | | | |
| **Competency / Evidence** | **ST1-3** | **ST4 year** | |
| Enhanced Form R | Please review ST1-3 Decision Aide | Fully completed with digital signature and shared as a log entry | |
| Wider Scope of Practice Form | Please review ST1-3 Decision Aide | Completed if the trainee has any additional medical roles (excluding locum shifts at own hospital) | |
| Consultation Observation Tool (COTs) | Please review ST1-3 Decision Aide | Old WPBA | New WPBA |
| 12 – of which up to 6 can relate to Fellowship work | 7 – of which up to 4 can relate to Fellowship work |
| Case-based Discussion (CBD) | Please review ST1-3 Decision Aide | 12 – of which up to 6 can relate to Fellowship work | 5 – of which up to 2 can relate to Fellowship work |
| Multi Source Feedback (MSF) | Please review ST1-3 Decision Aide | Not required unless only insufficient completed to date | |
| Patient Satisfaction Questionnaire (PSQ) | Please review ST1-3 Decision Aide | Not required unless only 1 completed overall in training to date | |
| Quality Improvement project (QIP)/Audit | Please review ST1-3 Decision Aide | Evidence relating to ST4 project work should be provided | |  |
| Quality Improvement Activity (QIA) | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |  |
| Placement Planning Meeting | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |  |
| Prescribing Review | Please review ST1-3 Decision Aide | Not required | |  |
| Leadership Activity | Please review ST1-3 Decision Aide | Not required | |  |
| Learning Event Analysis (LEA) | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Significant Event Analysis (SEA) | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Applied Knowledge Test (AKT) | Please review ST1-3 Decision Aide | N/A – this should already have been passed | |
| Clinical Skills Assessment (CSA) / Recorded Consultation Assessment (RCA) | Please review ST1-3 Decision Aide | N/A – this should already have been passed | |
| CPR/AED Certificate | Please review ST1-3 Decision Aide | Certificate valid beyond the revised ST4 CCT date | |
| Clinical Supervisors Report (CSR) | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Urgent and Unscheduled Care (UUC) | Please review ST1-3 Decision Aide | Not required as long as the trainee had demonstrated capability in this area at the time of their ST3 ARCP | |
| Educational Supervisor’s Report (ESR) | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Level 3 Safeguarding | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| SUIs and GMC referrals | All Significant Untoward Incidents (SUI) or GMC referrals must be documented on the form R and be accompanied by a shared eportfolio SEA log entry | | |
| **Personal Learning Record** | | | |
| Learning Log | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Curriculum Coverage | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Reading and Validating Log Entries | Please review ST1-3 Decision Aide | Please review ST1-3 Decision Aide | |
| Personal Development Plan (PDP) | Please review ST1-3 Decision Aide | At the time of their final ARCP, the trainee should have open PDP objectives to take forward into their first year as a qualified GP. These will form part of their first NHS appraisal. | |

# General Practice ARCP Decision Aide – East of England - Academic Trainees

This document should be used by the Trainee, Educational Supervisor and ARCP panel to review trainee progression against curriculum requirements for trainees on a 4 year academic training programme. The 4th year of academic work usually tends to be worked on a 50:50 basis spread across the ST1 and ST3/4 years. The 4th year is not included in the statutory 36 months required for GP training. An Academic representative will have provided an Academic Report prior to the ARCP.

|  |  |  |  |
| --- | --- | --- | --- |
| **RCGP Requirements** | | | |
| **Competency / Evidence** | **ST1-2** | | **ST3-4**  **ST4** |
| Enhanced Form R | Fully completed with digital signature and uploaded as a shared log entry on eportfolio | | Fully completed with digital signature and uploaded as a shared log entry on eportfolio |
| Wider Scope of Practice Form | Please review ST1-3 Decision Aide | | Completed if the trainee has any additional medical roles (excluding locum shifts at own hospital) |
| Consultation Observation Tool (COTs) **if in Primary Care**  **Or**  Clinical Evaluation Exercise (Mini- CEX) **if in Secondary Care** | Pro-rata depending on % academic vs clinical time  Please review ST1-3 Decision Aide for numbers | | Pro-rata depending on % academic vs clinical time  Please review ST1-3 Decision Aide for numbers |
| Case-based Discussion (CBD)/CAT | Pro-rata depending on % academic / clinical  Please review ST1-3 Decision Aide for numbers | | Pro-rata depending on % academic / clinical  Please review ST1-3 Decision Aide for numbers |
| Multi Source Feedback (MSF) | Please review ST1-3 Decision Aide – number as per ST1 + ST2 | | Please review ST1-3 Decision Aide – number as per ST3 |
| Patient Satisfaction Questionnaire (PSQ) | Please review ST1-3 Decision Aide– number as per ST1 + ST2 | | Please review ST1-3 Decision Aide – number as per ST3 |
| Quality Improvement project (QIP)/Audit | Please review ST1-3 Decision Aide | | Evidence relating to ST4 project work should be provided |  |  |  |  | 1 |
| Quality Improvement Activity (QIA) | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |  |  |  |  | 1 |
| Placement Planning Meeting | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Prescribing Review | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Leadership Activity | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Learning Event Analysis (LEA) | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Applied Knowledge Test (AKT) | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Clinical Skills Assessment (CSA) / Recorded Consultation Assessment (RCA) | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Significant Event Analysis (SEA) | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Urgent and Unscheduled Care (UUC) – evidence can be provided from a variety of sources. Please log OOH shifts as a learning log entry with a running tally of hours worked in the log entry title | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Educational Supervisor’s Report (ESR) The most recent ESR must be dated no earlier than 2 calendar months before the ARCP panel date | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| Level 3 Safeguarding | Please review ST1-3 Decision Aide | | Please review ST1-3 Decision Aide |
| SUIs and GMC referrals | | All Significant Untoward Incidents (SUI) or GMC referrals must be documented on the form R and be accompanied by an eportfolio SEA log entry | |
| **Personal Learning Record** | | | |
| Learning Log that **overall** demonstrates reflection (analysis, self-awareness and learning) and curriculum coverage | | Sufficient provision of reflective shared learning logs should be provided in each ESR review period in order to demonstrate appropriate curriculum coverage and progress towards demonstrating the 13 professional competencies | Sufficient provision of reflective shared learning logs should be provided in each ESR review period in order to demonstrate appropriate curriculum coverage as well as having demonstrated the 13 professional competencies |
| Curriculum Coverage | | The trainee should demonstrate good curriculum coverage by linking learning log entries with up to 3 curriculum chapters, where appropriate | The trainee should demonstrate good curriculum coverage by linking learning log entries with up to 3 curriculum chapters, where appropriate |
| Reading and Validation of Learning Log Entries | | The clinical supervisor should read the learning log entries regularly and, where appropriate, make comments and/ or validate the log entry against the 13 professional competencies | The clinical supervisor should read the learning log entries regularly and, where appropriate, make comments and/ or validate the log entry against the 13 professional competencies |
| Personal Development Plan (PDP) | | This should be reviewed and updated at every ESR. An active PDP would also involve the trainee creating PDP objectives between ESRs. All objectives should be SMART in nature (Specific, Measurable, Achievable, Relevant and Time-bound). | At the time of their final ARCP, the trainee should have open PDP objectives to take forward into their first year as a qualified GP. These will form part of their first NHS appraisal. |

# GP ARCPs - Guidance to Trainees and Educational Supervisors

# General Guidance

* Please ensure you check all evidence on the ARCP decision aide relevant to your stage of training is uploaded and shared on your eportfolio**. Unshared information will not be visible to the ARCP panel**.
* WPBA was paused between February and August 2020 – due to covid-19 pandemic
* Combined GP Trainee Assessment Tool spreadsheet will provide individual requirements
* Failure to upload or share documentation may result in a local ARCP panel referring a trainee to attend a central ARCP panel so that an unsatisfactory ARCP outcome can be considered. Please note that panels **do not** have access to your personal library
* Minimum evidence is a guide and trainees are recommended to complete more than the minimum number of assessments
* The eportfolio should be used as a training tool throughout your training so that mandatory assessments and evidence of your learning is provided on a continuous basis
* Provided the minimum numbers have been met, the ARCP panel will be more interested in the quality of the learning logs a trainee has provided than the number of logs. The trainee needs to show that they have covered the curriculum and demonstrated Competence for Licensing in the 13 professional competencies by the time of their final ARCP.
* Trainees are reminded not to share a large number of learning log entries at once; you should allow time for your clinical supervisor (CS) to review and comment, especially prior to your Educational Supervisor Review (ESR). Please note that unshared entries are not visible to your CS or to the ARCP panel
* The ESR should usually be within 2 calendar months of the ARCP panel
* Out of Programme (OOP) reviews should be done by the educational supervisor (ES) while the trainee is away on maternity leave or OOPC. The trainee does not contribute to these reviews
* The trainee should check the posts listed on ePortfolio are correct. This can have an impact on your ARCP and CCT date. Please contact your local administrator if any alterations are needed

# Less Than Full Time Trainees

* Less than full time trainees (LTFTs) normally undertake their Eportfolio assessments on a pro rata basis, according to the percentage of hours worked. For example, if a trainee is working at 50%, their ST1 year will last 2 calendar years and they will have 2 calendar years in which to provide the required evidence for their ST1 year
* LTFT trainees will have an ESR every six months, and an ARCP panel usually once a year