

# Preparing your trainee for ARCPs

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Developing people

for health and

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**What are you hoping to gain  
from today's session?**

**Please add to chat**

# How have you helped your Trainees prepare for their ARCP?

**What difficulties have you had  
or has your trainee reported  
with preparing for ARCPs?**

# Purpose of an ARCP

- To consider evidence provided by the trainee
- To consider if sufficient evidence of training progression in order to move to next stage training/CCT
- To consider TOOT and see if CCT date needs extending
- To provide advice to the RO regarding fitness to practice and revalidation issues

# What happens before an ARCP?

- Eportfolio evidence – all needs to be shared with the trainee
- Trainee should be emailed with their ARCP date and supporting information
- ESR within 2 months of the ARCP date (must be a **FULL** ESR, not an interim ESR)
- Form R
- Wider Scope of Practice Form

# Evidence

# Work Placed Based Assessment

- Change between old and new WPBA requirements
- New types of WPBA
- E-portfolio
- WPBA Calculator
- Covid reduction



# How do I find out what assessments are expected of a trainee before each ESR?

- <https://www.rcgp.org.uk/training-exams/training/new-wpba/assessment-requirements.aspx>
- WPBA/ARCP/CCT calculator – provides individual trainee requirement
- ... and please do check their last ARCP form to see if they were asked to do anything specific.....



Ready 

## Other evidence

- Child and Adult Level 3 Safeguarding learning as early as possible in each ST phase + evidence of practical application
- Urgent and Unscheduled care
- Curriculum coverage
- BLS/AED

# ESR

# Preparation for the ESR

- Be familiar with the evidence on the trainee's Eportfolio
- Review period is from the date of the previous ESR (or start of training) to the date of the current ESR
- Read the trainee's self-rating
- Do you agree?
- Tag supporting evidence
- If you spend time commenting in Learning Logs/WPBA as you go along – then when you select this as supporting evidence, your comments will automatically appear in Evidence Box to support your rating

# Doing the ESR

- Agreed time and venue
- Usually face to face, but has been by video call during covid-19
- Establish rapport and ask the trainee if there is anything particular that they would like to get out of the session
- General discussion, including the PDP objectives

# Doing the ESR

## Supervisor

- Rates and documents evidence against 13 capabilities (if full ESR)
- Comments on quality of reflection and evidence provided, PDP, CEPS
- Gives overall outcome on progression
- Submits the ESR which trainee then accepts



# Tagging of Evidence

- Up to 3 items of linked evidence **for each capability**
  - Internal evidence showing reflection (Log Entries)
  - External evidence showing confirmation
    - CEPS, COT, CBD, CATs etc.
- Self-rating should include a description of why the trainee thinks logs/assessments meet criteria.
- Trainers can tag additional evidence (up to 3 further items)
- **This is especially important where you are disagreeing with the trainee's self-rating**

## Rate: Communication and consultation skills

✓ That is saved as finished

[Portfolio overview](#)
[ESR preparation](#)
[Unlock for trainee](#)
[Review settings](#)

The trainee has now marked their rating as finished and it is locked to them making any further changes.

◀ Previous Capability

Next Capability ▶

Your rating: ☒ Needs further development ☐ Competent ☐ Excellent

Rating details: ☐ Below expectations ☒ Meets expectations ☐ Above expectations

Date last modified: 17/02/2021

Evidence to support your rating:

I agree with the Trainees rating.  
 There is evidence provided from a number of sources - including -  
 Case Review  
 01/12/2020: The situation with difficult patient was managed well. The Trainee was able to diffuse the situation effectively and has reflected on the communication skills that were utilised. There is also evidence of how the learning will be applied in the future  
 Documentary evidence  
 01/12/2020: There is evidence of learning, but little evidence of how communication skills have developed as a result. This Documentary evidence was better at demonstrating clinical management, rather than communication and consulting skills  
 The Trainee needs to continue this development in preparation for moving into Primary Care. The Trainee should ensure that the evidence provided if appropriate for the capability

Save

Save as finished

Word descriptors for ratings

+ Show word descriptors

? Help



### Trainees' rating

Date last modified	17/02/2021
Rating	Needs further development: Meets expectations
Narrative	<p>01/12/2020: This was a difficult scenario. I felt that I managed the situation well and managed to deescalate the situation. I learnt the importance of communicating in a calm, composed manner. I feel that this will be of benefit, when I encounter similar situations in the future - including in General Practice</p> <p>01/12/2020: This was a useful area for me to focus on, having identified it as a learning need. I feel more able to manage some common dermatology condition and my confidence has increased. It has also highlighted areas of future learning that I need to focus on in the future.</p> <p>The evidence I have provided shows that I have developed in this area. My communication skills have been tested on a number of occasions and I feel that I have adapted well. I am looking forward to developing these skills further in my General Practice placements</p>

### Action plan for this Capability

+ Add another action plan

Entered by	Date	Plan	
Yourself	17/02/2021	To read about the difference Consultation Models and consider how my own consulting style fits with these - both when in hospital and Primary Care	<span>✎</span> <span>🗑</span>

## Entries linked to this Capability

You should include up to 3 entries as evidence to support your rating for this Capability.

A Busy On-call Shift

Type

Clinical Case Review

Date

01/12/2020

Trainee justification

This was a difficult scenario. I felt that I managed the situation well and managed to deescalate the situation. I learnt the importance of communicating in a calm, composed manner. I feel that this will be of benefit, when I encounter similar situations in the future - including in General Practice

Your justification

The situation with difficult patient was managed well. The Trainee was able to diffuse the situation effectively and has reflected on the communication skills that were utilised.  
There is also evidence of how the learning will be applied in the future

Trainee included as evidence

✓

Included as evidence ✓

Dermatology in GP

Type

Supporting Documentation

Date

01/12/2020

Trainee justification

This was a useful area for me to focus on, having identified it as a learning need.  
I feel more able to manage some common dermatology condition and my confidence has increased.  
It has also highlighted areas of future learning that I need to focus on in the future.

Your justification

There is evidence of learning, but little evidence of how communication skills have developed as a result. This Case Review was better at demonstrating clinical management, rather than communication and consulting skills

Trainee included as evidence

✓

Included as evidence ✓



# Insufficient evidence for a capability area(s) – is that okay?

- It depends.....
- ST1/2 - can usually be managed provided it isn't part of a wider concern.
- ST3 final ESR – not able to CCT until addressed
- If part of a wider lack of engagement in Eportfolio, likely to lead to an unsatisfactory outcome



# Capability Ratings

- Based on evidence provided on the trainee's Eportfolio, rather than what might be in 'your head' through working with them
- Trainees will be NFD until their ST3 year
  - NFD – below expectations
  - NFD – meets expectations
  - NFD – above expectations
- Final ESR
  - **Must** have COMPETENT or Excellent in all 13 capabilities

## Final Comments Box

- Opportunity to give an overview of the trainee's progress or raise any particular issues that you are keen to flag up to the trainee or ARCP Panel
- Good to say well done.....
- As well as to give an overview of areas needed to work on

# What other boxes are there to complete?

As well as the capability areas and the PDP, the following areas will need commenting on

- Clinical experience coverage
- Quality of evidence provided
- Clinical examination and procedural skills
- Progress on previous action points

## ESR

[Portfolio overview](#)
[Progress towards entry requirements](#)
[Assessment scores over time](#)
[Spread of entries](#)
[ESR preparation](#)

Trainee	East of England Test Trainee
Stage of training	ST1
Percent of full time	100%
Current post	General practice UAT Deanery

Review type: ST1-1

Clinical experience coverage

Please comment on the Clinical experience groups coverage in relation to the stage of training and current post

On which areas of the clinical experience groups do you feel you should focus your attention on before the next review

Review of PDP

Please comment on the progress made towards previously agreed objectives

Please comment on the quality of the PDP

# My trainee suggested PDP items that aren't SMART. Can we change them?

- Yes!
- ESR discussion is a good vehicle for this:
  - Generate a shared, agreed plan
- PDP isn't really for compulsory elements e.g., “Pass my AKT”. The trainee might have some specific learning objectives to have them pass AKT through
- Still needed for a final ST3 ESR and ARCP – PDP items to take forward into appraisal system

## Quality of Evidence Review

Portfolio overview

Trainee	East of England Test Trainee
Stage of training	ST1
Percent of full time	100%
Current post	General practice UAT Deanery

Please comment on the range and quality of the evidence presented by the trainee:

Please comment on the degree of meaningful reflection shown in the learning logs and PDP entries:

How can the trainee improve the quality of evidence presented before the next review?:

Please comment on the Clinical experience groups coverage in relation to the stage of training and current post:

On which areas of the clinical experience groups do you feel your trainee should focus attention on before their next review:

Save

Cancel add

Help

## Educational assessment progress

Has the trainee completed required assessments, CSRs and learning logs for this review period?

## Clinical Examination and Procedural Skills

**Important:** By signing the trainee off as competent you are satisfied that you have seen the trainee examine patients and you have no concerns in their ability to examine patients correctly across a wide range of systems.

Are there any concerns about the trainees' clinical examination or procedural skills?: ☐ Yes ☐ No

Has the trainee demonstrated progression in their Clinical Examination and Procedural Skills, commensurate with their stage of training, during the period under assessment?:

## Mandatory training

Has the trainee completed the appropriate mandatory training (BLS / safeguarding) for the role they are in?: ☐ Yes ☐ No

Do you believe this to be the trainee's final review?: ☐ Yes ☐ No



# ESR Outcomes

- Satisfactory Progress
- Panel Opinion Requested
- Unsatisfactory Progress

## Revalidation: Details of Concerns / Investigations

Are you aware if this trainee has been involved in any conduct or Serious Untoward Incidents / Significant Event Investigation or named in any complaint:

☐ Yes
 ☐ No

## Recommendation

Recommendation of Educational Supervisor: 
 ☐ Satisfactory
 ☐ Unsatisfactory
 ☐ Panel opinion requested

Recommendation comments and concerns:

Save

Cancel

## To be completed before sign off

- ⚠ Trainee to complete the Clinical experience coverage
- ⚠ Please complete the Review of PDP
- ⚠ Please complete the Quality of Evidence Review
- ⚠ Please complete the Educational assessment progress
- ⚠ Please add at least 3 action plans (click on the relevant capability)

⚠ Trainee to rate and mark as finished all the Capabilities. (Maintaining an ethical approach, Communication and consultation skills, Data gathering and interpretation, Clinical examination and procedural skills, Making a diagnosis/decisions, Clinical management, Managing medical complexity,

Help

# ARCP Outcomes

- 1 Satisfactory Progress
- 2 Development of Specific Competencies Required – additional training time not needed
- 3 Inadequate progress – additional training time is needed
- 4 Released from the training programme
- 5 Incomplete evidence presented
- 6 Gained all required competencies -  
CONGRATULATIONS!!

# ARCP Outcomes

Still available and used in exceptional circumstance –

10.1 Achieving progress, acquisition of some capabilities have been delayed by Covid, remaining training still available

10.2 Achieving progress, acquisition of some capabilities have been delayed by Covid, eg exams, has reached CCT date/transition date so additional training time is needed

# Local versus Central ARCP Panels

## Local Panels

- Vast majority of GP trainees
- Held at local programme
- Every June +/- December

## Central Panels

- Unsatisfactory outcomes
- Now held remotely via TEAMS, previously held face to face at Victoria House

# Experiencing ARCPs

- Chair Training and Updates
- Sit on Local ARCP Panel as Panel Member
- Observe local or central ARCP

# Supporting Trainees

## Local ARCP Panel

- ESR completed – N.B. full ESR, not interim
- Form R and Wider Scope of Practice Form
- Majority able to be given OC 1,5, 10.1 or 6
- Trying to avoid OC 5, by having all evidence available
- If Local Panel is unable to given Satisfactory Outcome – trainee referred to Central Panel

## Local ARCP Panel

- ESR completed – N.B. full ESR, not interim
- Form R and Wider Scope of Practice Form
- Majority able to be given OC 1,5, 10.1 or 6
- Trainee needs to sign off ARCP Outcome (and apply for CCT if end of training)
- Trying to avoid OC 5, by having all evidence available
- If Local Panel is unable to given Satisfactory Outcome – trainee referred to Central Panel

# Central ARCP Panel

Routes -

- Specified at previous ARCP Panel
- Referred directly
  - Panel Opinion requested or Unsatisfactory progress
  - Extension to training require, due to exam failure
- Referred by Local Panel

# Central ARCP Panel

## Preparing trainee

- Form to complete/Educators Note
- Discussion regarding possible outcomes and implications
- Signpost trainee to support e.g. TPD, PSW, careers guidance
- Awareness that
  - will meet Panel face to face (via video link)
  - outcome decided before discussion with trainee
  - will be asked about mitigating circumstances
  - will be given/send leaflet explaining outcome

# Central ARCP Panel

## Following Panel

- Outcome form completed by Panel chair, trainee reviews and signs off
- TPD/ES meet with trainee to discuss outcome and develop educational plan, based on ARCP Outcome
- Signpost trainee to support e.g. PSW, careers guidance
- Listen and advise regarding appeals
- Start preparing for the next Panel...!

# Resources for Trainees

- HEEOE Website page – What I need to do before each ARCP

[https://heeoe.hee.nhs.uk/general\\_practice/annual-review-competency-progress-arcp-resources-trainees](https://heeoe.hee.nhs.uk/general_practice/annual-review-competency-progress-arcp-resources-trainees)

- RCGP website
- Webinar
- Video
- Discussion with peers



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**What would help you  
support your Trainees  
in the future?**

# Questions