

WPBA and ARCPs during the Second Wave of COVID-19

Updated WPBA strategy and guidance for CEPs, ESRs, who can undertake assessments and ARCPs in the face of missing mandatory evidence.

Background

The ongoing impact of the pandemic on GP Training, trainees and trainers, and the requirements for WPBA have been reviewed by a small working party in the context of the imminent second wave of the pandemic. Work Place Based Assessment is an essential part of the GMC signed off Tripos for the MRCGP and is a particularly important element during the lifetime of the RCA, an exam with a reduced capacity to assess the breadth of a trainee's curriculum capability. During the first wave most trainees and trainers demonstrated that training and collecting evidence can still occur during lockdown, although there was huge variability in their consulting opportunities (i.e. telephone / video / F2F / UUC).

However, it is recognised that training organisations, particularly small practices, may have times when they struggle to deliver their educational role in terms of adequate face to face experience, assessments and tutorials. The educational community will therefore need to work together with the RCGP to develop a strategy to support practices where workforce issues might impact on GP training to ensure the maintenance of WPBA. The RCGP is therefore asking for COGPED support in this matter.

In creating this proposed guidance, the RCGP has been guided by the **Principles for Educational Organisations during Pandemic Surges September 2020**¹ issued by the four nations, and the following paragraphs:

"...it is essential that trainees of all grades continue to be given the opportunity to progress.

Work Place Based Assessments should continue to be completed for trainees during a pandemic surge to document the capabilities demonstrated (including Generic Professional Capabilities) wherever the trainee is being hosted. Senior staff should continue to have time made available to discuss these assessments and provide feedback to trainees on their performance.

¹ Maintaining Postgraduate Medical Education and Training - Principles for Educational Organisations during Pandemic Surges 9/9/2020

Clinical and Educational Supervisor meetings should continue to take place providing feedback, support and advice to trainees; facilitating reflection; promoting wellbeing; and assisting with progression in training”

The evidential requirements for the Curriculum and Gold Guide Derogations will be in place until March 2021 and remain subject to review pending progress of the pandemic.

WPBA strategy from 01.01.2021

As per the guidance of October 2020:

- Standards set for WPBA remain the same as described on the RCGP website.
- Where appropriate, Educational Supervisors and ARCP panels will look for robust fulfilment of current requirements as compensatory evidence and take a holistic view of the trainee’s progress.
- ARCP panels will seek triangulation of evidence
- Evidence for the following capabilities and patient experience groups are currently only assessed in WPBA and in no other areas of the Tripos:
 - Capabilities
 - Community Orientation;
 - Working with Colleagues;
 - Organisation Skills;
 - Clinical Examination and Procedural Skills.

Educational Supervisors and ARCP panels are therefore asked to carefully consider whether the evidence in these areas meets the progression point descriptors laid out in the GP Curriculum.

Particular concern has been raised as to the ability of Out of Hours organisations to provide OOH experience for trainees. However Out of Hours work is only one setting in which Urgent and Unscheduled Care is delivered, albeit the one that provides the best opportunities, and which is a contractual requirement in some regions. As with all components of the curriculum trainees should ensure they read the curriculum and provide appropriate evidence. We would particularly encourage trainees and their supervisors to understand this specific section to clarify any uncertainty:

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-new/professional-topic-guides/urgent-and-unscheduled-care.aspx>

During the Covid-19 pandemic there are many new and different opportunities for trainees to demonstrate their coverage of this component of the curriculum. In addition, the RCA has listed this topic as one of the mandatory criteria for submission.

Educational Supervisors and ARCP panels are therefore asked to exercise their normal vigilance in considering whether the evidence in this area meets the progression

point descriptors laid out in the GP Curriculum. Any contractual requirement to work OOH is a matter for the employer.

Clinical Examination Skills are a key skill for any GP. Whilst less opportunity to demonstrate these skills by undertaking the full range of both mandatory and other CEPs is noted during the pandemic due to the change in balance of face to face consultations and remote consultations, the requirement to meet this capability is mandated by the GMC. With regard to trainees and who are unable to undertake any face to face consultations for health reasons and who therefore have had to shield for prolonged periods of time, who are approaching their final ARCP, and who have not already provided evidence for the mandatory CEPs, 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 ESR 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."²

BLS-AED

Online evidence will remain acceptable during the pandemic

ESR-lite

Trainers are reminded that where the "trainee has clearly stated what the evidence shows and how, using the capability descriptors, they are able to justify the grade and the evidence linked supports this, the ES can simply agree, stating that they have confirmed this to be correct."³

Where trainees during the first wave (Feb – Aug 2020) have had prolonged periods where there is an absence of any documentation in the portfolio due to pressure of work the ES should confirm whether the trainee was working and in what context i.e. clinically including whether this includes any face to face contact, remotely with clinical contact or remote with no access to patient care. Trainees were asked at least to write one reflective entry relating to this experience.

² <https://www.rcgp.org.uk/training-exams/training/new-wpba/ceps.aspx>

³ <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/esr-for-workplace-based-assessment.aspx>

Who can undertake assessments during the pandemic

Trainees are reminded that assessments (including ESRs) can be undertaken by any suitably accredited educationalist. If trainees have difficulty obtaining assessments within their own practice due to their usual educator being unable to work at a crucial time, they should approach their TPD / HEE office / Deanery for help.

ARCP panels where mandatory evidence is missing

In order to be issued with a Satisfactory Outcome, all mandatory evidence must be provided by the trainee. However, panels should exercise discretion over the timing of receipt of the evidence. In cases where the quantity of evidence missing is small and unlikely to alter the Outcome issued, and the reason for its absence is a temporary disruption of the practice's ability to deliver their educational role, the ARCP panel should issue a deadline for submission of the absent evidence for the chair to review. Compliance should be reviewed at the next ARCP and the appropriate action taken – normally an Outcome 5, 2 or 3 if there is continued non-compliance. Being the second occasion that the evidence was missing, this is not an appropriate situation for using the streamlined ARCP process.