Checklist for GP Resident Doctor (RD) /Educational Supervisor (ES) and 'final' ESR

Please note this only applies to GP Resident Doctors due to complete training on or before 6th August 2025 and passed both CSA/RCA/SCA and AKT

WPBA requirements https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments

Area	Evidence required	Evidence verified
ESR	Completed within 8 weeks of the ARCP Panel Both ES and RD signed off ESR at least 2 weeks before ARCP	
Competencies/capabilities	RD has completed self-rating RD to add 3 linked pieces of evidence to support each capability. ES rated all 13 capabilities as either competent or excellent For a satisfactory RD who has rated himself or herself as competent for licensing in all 13 capabilities with 3 relevant pieces of tagged evidence the ES is only required to affirm the RD evidence.	
Curriculum Coverage/clinical experience groups	To complete WPBA satisfactorily by the end of ST3 all clinical experience groups should be evidenced by linkage to relevant entries in the learning logs.	
Work Placed Based Assessments	Confirm minimum completed for each year of training. LTFT the same number of assessments need to be completed per 'training year' e.g. a RD on a 50% less than full time rotation will take 2 years to complete a 'training year' Mandatory WPBA requirements  WPBA-Requirements -and-Mandatory-Evid RDs need to ensure evidence of leadership activity in ST3 that is separate and in addition to QIA/QIP	
Learning logs	Minimum 36 clinical case reviews in ST3 1 other learning log entry per month Evidence of reflection and learning	

PDP	Minimum 1 PDP per year with evidence of completing SMART objectives. The PDP should be a personal, reflective 'living document' with a mixture of open and completed entries. It should contain a mixture of entries generated personally by the RD and from meetings with their ES. **The PDP should not only be a list of mandatory training requirements e.g. sit and pass exam** Include a PDP for 1st year post CCT	
CEPS	1.All 5 mandatory intimate examinations assessed as competent by a suitably trained professional and documented as a CEPS assessment . **Note female genitalia exam must include a speculum and bimanual** 2. A range of the 7 'system' CEPS observed/assessed recorded as CEPS assessments 3. Assessed as competent/excellent by ES in ESR	
BLS and AED	CPR and AED face to face training every calendar year, valid at CCT date that includes adult/paeds. Upload and attach a valid certificate of competence into the Compliance Passport If certificate does not include adult/paeds/AED document confirmation in a learning log and attach to Compliance Passport or in an Educator Note	
OOH/UUC	Sufficient experience and evidence across a range of settings to be able to meet the required capabilities (can be Primary and Secondary Care posts) **Must include evidence of undertaking OOH sessions** It is the responsibility of the ES to ensure that they are satisfied that these capabilities have been met by rating all 13 Capabilities as competent or excellent	
Child/Adult safeguarding	Level 3 Adult and Child Safeguarding training valid at CCT Upload and attach a valid certificate into the Compliance Passport **Plus, evidence of:** • **A knowledge update every calendar year and this needs to include a demonstration of their knowledge, key safeguarding information, and the appropriate action to take if there are any concerns.** • **A minimum of one Clinical Case Review in each training year which demonstrates the application of their knowledge**	

Last ARCP	Ensure RD has accepted/signed off last ARCP If the RD was awarded a developmental Outcome at last ARCP please check/ensure the recommendations have been achieved?	
Health and Probity Declarations	RD signed	
Revalidation	Ensure any formal complaints, GMC, SUIs, SEAs that reach the GMC threshold are recorded on Form R. RD to write a reflective log entry and confirm if resolved/unresolved? ES to add a comment to this log entry or Educator Note to confirm if resolved/unresolved?	
Form R	Mandatory and completed via TIS: A fully completed Form R completed within 8 weeks of each panel • **All posts listed and correct dates since last ARCP with no overlapping dates or gaps between dates** • Include all work as a doctor e.g. locum, voluntary, redeployment due to COVID • Time out of training completed in days for each area and total box ((1 week = 7 days, Friday 3 days). **Ensure TOOT since last ARCP/Form R and not for the whole of training** • TOOT should marry absences declared on training map • All sections/declarations 'ticked' and completed appropriately • Declare all formal complaints, GMC, SUIs, SEAs that reach the GMC threshold • Signed and dated Form R guidance https://nwpgmd.nhs.uk/general-practice-education-north-western-deanery/faqs-0#_Form_R	

This document helps track WPBA 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...

Assessments & Evidence	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: 5 intimate + a range of others (including 7 'system'/'other' CEPS)[d]	
Learning logs	36 Case reviews[e]		36 Case reviews[e]		36 Case reviews[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	
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	
Interim ESR	1[g]		1[g]		1[g]	
ESR	1		1		1	
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[j]		1 per ARCP[j]		1 per ARCP[j]	
PDP (Action plans and PDP combined)	3 proposed in each review related to capabilities and one not related. At least one of each type **achieved** in each year.		3 proposed in each review related to capabilities and one not related. At least one of each type **achieved** in each year.		3 proposed in each review, including final, related to capabilities and one not related. At least one of each type **achieved** in each year.	
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] The Leadership MSF should be completed after the Leadership Activity. You are required to have a minimum of 10 respondents, with an appropriate mix of clinical and non-clinical team members.

[c] CSR to be completed in a primary care post 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 should be completing some, relevant to post, CEPS added in each training year (ST1 and ST2). For complete clarity, if you had not completed any CEPS relevant to post, this would not allow you to meet the requirements for ST1 or ST2. By the end of ST3, and to be awarded your CCT, evidence for the five (observed) mandatory 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 judgement 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 demonstrated 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] The interim ESR review can 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] 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. Safeguarding certificates may last 3 years but a knowledge update is needed in addition every 12 months (even if Level 3 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.

[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 or SOAR (Scotland) should be uploaded to your learning log 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.

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 pro-rata and an ESR is also required every 6 months. See roadmaps for further details.