Checklist for PG Doctors in Training (PGDiTs)/Trainer in preparation for ESR/ARCP

**For** **PGDiTs not completing training**

**All Trainees are now on ‘new’ WPBA requirements** [**https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments**](https://www.rcgp.org.uk/mrcgp-exams/wpba/asssessments)

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| Area | Evidence required | Evidence verified |
| ESR | Completed within 8 weeks of the ARCP Panel  Both Trainer and PGDiT signed off |  |
| Competencies/capabilities | PGDiT has completed self-rating    PGDiT to add up to 3 linked pieces of evidence to support each capability.  If the PGDiT self-rating is a comprehensive review, with  appropriate tagged evidence which shows a true picture  of their training, the ES should add a comment stating  that they agree with all comments and evidence cited.  Where the PGDiT’s self-ratings and evidence do not  provide a true picture of their progress, the ES should  add additional evidence and narrative to support the  capability ratings for each review. |  |
| Curriculum Coverage/clinical experience groups | The PGDiT should provide evidence of progression  between reviews and linked entries for all Capabilities  The PGDiT should provide a range of evidence over time  and a high number of appropriate links to clinical  experience groups/curriculum and capabilities |  |
| 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 trainee on a 50% less than full time rotation will take 2 years to complete a ‘training year’  RCGP WPBA requirements Oct 2024    PGDiTs in ST3 need to ensure evidence of leadership activity that is separate and in addition to QIA/QIP  Do not need to complete a QIA if QIP completed in the  same year/phase of training |  |
| Learning logs | Minimum 36 clinical case reviews in ST3  1 other learning log entry per month  Evidence of reflection and learning |  |
| PDP and Action Plans combined | 3 proposed in each review, including final, related to capabilities and one not related. At least one of each type achieved in each year.  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 trainee and from meetings with their ES.  **The PDP should not only be a list of mandatory training requirements** |  |
| CEPS | PGDiTdemonstrated progression in their CEPS,  commensurate with their stage of training  Evidence for CEPS should be provided through a mixture  of observed assessed CEPS, log entries, COTS and the CSR  There should be progress relating to 5 mandatory intimate CEPS and the 7 system CEPS, recorded as CEPS assessments |  |
| BLS and AED | CPR and AED face to face training every calendar year, and includes paeds.  Upload and attach a valid certificate of competence into the Compliance Passport  If certificate does not include paeds document confirmation in a learning log and attach to Compliance Passport |  |
| OOH/UUC | Evidence of a range of UUC experience that may include CCRs and supervisor feedback  Evidence includes working in Primary and Secondary Care posts and **must include evidence of undertaking OOH sessions when in a GP post** |  |
| Child/Adult safeguarding | All PGDiTs require evidence of a valid Level 3 safeguarding for both adult and child safeguarding from the start or early part of their training in ST1 and this should be evidenced with a certificate of Level 3 in their log.  Also, for both child and adult:  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 (unless Level 3 completed in the same year)  A minimum of one Clinical Case Review in each training year (ST1/2/3) which demonstrates the application of their knowledge |  |
| Last ARCP | Ensure PGDiT has accepted/signed off last ARCP  If the PGDiT was awarded an Outcome 2,3,5 at last ARCP please check/ensure the recommendations have been achieved? |  |
| Health and Probity Declarations | PGDiT signed |  |
| Revalidation | Ensure any formal complaints, GMC, SUIs, SEAs that reach the GMC threshold are recorded on Form R.  Trainee to write a reflective log entry and confirm if resolved/unresolved?  Trainer to add a comment to this log entry again to confirm if resolved/unresolved? |  |
| Form R and COVID Self Declaration | **Both are 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 * For locum work, please group shifts with one employer within an unbroken period as one employer-entry. Include the dates and number of shifts worked in each locum employer-entry. * Time out of training completed in days for each area and total box((1 week = 7 days, Friday 3 days) * **All sections/declarations ‘ticked’ and completed appropriately** * Declare all formal complaints, GMC, SUIs, SEAs that reach the GMC threshold * Signed and dated   HEE Form R guidance  <https://nwpgmd.nhs.uk/general-practice-education-north-western-deanery/faqs-0#_Form_R> |  |
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