

General Practice ARCP Requirements London and KSS

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

RCGP Requirements			
Competency / Evidence	ST1	ST2	ST3
Enhanced Form R	Fully completed and uploaded under the learning log section on Eportfolio.	Fully completed and uploaded under the learning log section on Eportfolio	Fully completed and uploaded under the learning log section on Eportfolio
Consultation Observation Tool (COTs) if in Primary Care Or Clinical Evaluation Exercise (Mini-CEX) if in Secondary Care	6 x COTs / Mini-CEX as appropriate	6 x COTs / Mini-CEX as appropriate	12 x COTs (at least 1 audio COT recommended)
Case-based Discussion (CBD)	6	6	12
Multi Source Feedback (MSF)	2 separate MSFs each with a minimum of 5 replies from clinicians plus 5 non-clinicians if in primary care	N/A	2 separate MSFs each with 5 clinicians and 5 non-clinicians
Patient Satisfaction Questionnaire (PSQ)	1 (in Primary Care Placement)		1 (2 if none completed at ST1 or ST2)
Directly Observed Procedures (DOPS)	see CEPS		
Clinical Examination and Procedural Skills (CEPS)	The range of examinations/procedures and number of observations required to show competency in this domain will depend on the needs of the trainee and the professional judgement of their educational supervisor but as a minimum must include breast, rectal, prostate, female genitalia and pelvic examinations and male genitalia examinations, all of which should be observed		
Applied Knowledge Test (AKT)	N/A	Pass	
Clinical Skills Assessment (CSA)	N/A	Pass	
CPR/AED Certificate	N/A	N/A	Certificate showing CPR/AED valid at date of CCT
Clinical Supervisors Report	1 for each hospital / GP post that will have been completed by the end of the ST year (including ITPs)	1 for each hospital / GP post that will have been completed by the end of the ST year (including ITPs)	Required if the Clinical Supervisor is not also the Educational Supervisor

Educational Supervisor's Report (ESR) The most recent ESR must <u>dated no earlier than 2 calendar months</u> before the panel date	1 every 6 months – Please ensure an ESR is completed prior to maternity leave or significant period out of programme	1 every 6 months – Please ensure an ESR is completed prior to maternity leave or significant period out of programme	1 every 6 months – Please ensure an ESR is completed prior to maternity leave or significant period out of programme
Out of Hours (OOH) – all OOH activity should be evidenced in the OOH section of the learning log.	36 hours if in GP/ITP post, of which we recommend that a minimum of 24 hours is undertaken in a traditional OOH provider	36 hours if in GP/ITP post of which we recommend that a minimum of 24 hours is undertaken in a traditional OOH provider	The educational supervisor should confirm that the trainee has attained OOH capabilities. It is recommended that the judgment is supported by evidence from 72 hours of activity of which it is recommended that a minimum of 48 hours is undertaken with a traditional OOH provider (see note below)
Child Protection/Safeguarding Children	Uploaded evidence of completion of Child Protection/Safeguarding Children to level 3 is required during the course of training (to be completed by the end of the training programme)		
Audit or Project or Quality Improvement Project	Completion of at least one Audit or Project by the end of the training programme. At least one must be relevant to Primary Care (to be completed by the end of the training programme)		
Significant Event Analysis (SEA)	SEA log showing reflection. Recommended 2 per specialty year	SEA log showing reflection. Recommended 2 per specialty year	SEA log showing reflection. Recommended 2 per specialty year (at least one SEA is mandatory in ST3 to gain CCT)
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 log entry/SEA		
Personal Learning Record			
Learning Log that overall demonstrates reflection (analysis, self-awareness and learning) and curriculum coverage	Previous experience suggests that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage	Previous experience suggests that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage	Previous experience suggests that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage

Curriculum Coverage	The trainee should demonstrate good curriculum coverage by linking learning log entries with a maximum of 2-3 links per learning log entry	The trainee should demonstrate good curriculum coverage by linking learning log entries with a maximum of 2-3 links per learning log entry	The trainee should demonstrate good curriculum coverage by linking learning log entries with a maximum of 2-3 links per learning log entry
Clinical Encounters	ES should read and comment on the majority of clinical encounters	ES should read and comment on the majority of clinical encounters	ES should read and comment on the majority of clinical encounters
Learning Log Entries Linked	ES should link the learning log entries to appropriate professional competences – usually 1-3 per log entry	ES should link the learning log entries to appropriate professional competences – usually 1-3 per log entry	ES should link the learning log entries to appropriate professional competences – usually 1-3 per log entry
Personal Development Plan (PDP)	Updated at least every 6 months. Reflective entries with a mechanism for evaluation are recommended	Updated at least every 6 months. Reflective entries with a mechanism for evaluation are recommended	Updated at least every 6 months. Reflective entries with a mechanism for evaluation are recommended

General Practice ARCP Requirements (ST1-3 Extension Posts)

If the trainee has completed an extension post (s) during their ST1-3 training they will also need to meet the following specific criteria for **each extension post** in addition to the minimum evidence listed above.

3 Month Extension Post (for whole time equivalent)			
Competency / Evidence	ST1	ST2	ST3
Case-based Discussion (CBD)	2	2	3
Consultation Observation Tool (COTs) if in Primary Care Or Clinical Evaluation Exercise (Mini-CEX) if in Secondary Care	2 x COTs / Mini-CEX as appropriate	2 x COTs / Mini-CEX as appropriate	3 x COTs
Other WPBA	As required at last ARCP	As required at last ARCP	As required at last ARCP
Out of Hours (OOH)	If in primary care	If in primary care	According to trainee contract (see notes below)

6 Month Extension Post (for whole time equivalent)			
Competency / Evidence	ST1	ST2	ST3
Case-based Discussion (CBD)	3	3	6
Consultation Observation Tool (COTs) if in Primary Care Or Clinical Evaluation Exercise (Mini-CEX) if in Secondary Care	3 x COTs / Mini-CEX as appropriate	3 x COTs / Mini-CEX as appropriate	6 x COTs
Other WPBA	As required by ARCP	As required by ARCP	As required by ARCP
Out of Hours (OOH)	If in primary care	If in primary care	According to trainee contract (see notes below)

General Practice ARCP Requirements ST4 “Bolt On” 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 programme (“bolt on” year). This should be used in conjunction with the ST1-3 ARCP requirements document.

RCGP Requirements		
Competency / Evidence	ST1-3	ST4 (bolt on year)
Enhanced Form R	Please review ST1-3 decision Aid	Fully completed and uploaded under the learning log section
Consultation Observation Tool (COTs)	Please review ST1-3 decision Aid	6
Case-based Discussion (CBD)	Please review ST1-3 decision Aid	6
Multi Source Feedback (MSF)	Please review ST1-3 decision Aid	Not required unless only 1 completed at ST1-3
Patient Satisfaction Questionnaire (PSQ)	Please review ST1-3 decision Aid	Not required unless only 1 completed at ST1-3
Directly Observed Procedures (DOPS)	Please see CEPS	
Clinical Examination and Procedural Skills (CEPS)	The range of examinations/procedures and number of observations required to show competency in this domain will depend on the needs of the trainee and the professional judgement of their educational supervisor but as a minimum must include breast, rectal, prostate, female genitalia and pelvic examinations and male genitalia examinations. All of which should be observed	
Applied Knowledge Test (AKT)	Please review ST1-3 decision Aid	Pass
Clinical Skills Assessment (CSA)	Please review ST1-3 decision Aid	Pass
CPR/AED Certificate	Please review ST1-3 decision Aid	Certificate valid at time of CCT
Clinical Supervisors Report (CSR)	Please review ST1-3 decision Aid	Required if the Clinical Supervisor is not also the Educational Supervisor
Academic Supervisors Report	N/A	1 every 6 months
Out of Hours (OOH)	Please review ST1-3 decision Aid	As per trainee contract (see notes below)
Educational Supervisor’s Report (ESR) The most recent ESR must be <u>dated no earlier than 2 calendar months</u> before the panel date	Please review ST1-3 decision Aid	1 every 6 months – Please ensure an ESR is completed prior to maternity leave or significant period out of programme
Child Protection/Safeguarding Children	Please review ST1-3 decision Aid	N/A – Completed at ST3

Audit or Project or Quality Innovation Productivity and Prevention (QIPP) project	Please review ST1-3 decision Aid	N/A – Completed at ST3
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Significant Event Analysis (SEA)	Please review ST1-3 decision Aid	Please see ST 1-3 decision aid
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 log entry/SEA	
Personal Learning Record		
Learning Log (up to date)	Please review ST1-3 decision Aid	Previous experience demonstrates that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage plus 2 reflective entries directly related to the ST4 training post (i.e. not GP)
Curriculum Coverage	Please review ST1-3 decision Aid	The trainee should demonstrate good curriculum coverage by linking learning log entries with a maximum of 2-3 links per learning log entry
Clinical Encounters	Please review ST1-3 decision Aid	ES should read and comment on the majority of clinical encounters
Learning Log Entries Linked	Please review ST1-3 decision Aid	ES should link the learning log entries to appropriate professional competences – usually 1-3 per log entry
Personal Development Plan (PDP)	Please review ST1-3 decision Aid	Updated at least every 6 months. Reflective entries with a mechanism for evaluation are recommended

General Practice ARCP Requirements ST4 “Bolt On” Trainees (Extension Posts) (LONDON ONLY)

If the trainee has completed an extension post (s) during their ST1-3 training they will also need to meet the following specific criteria for **each 6-month extension post** in addition to the minimum evidence listed above.

Competency / Evidence	ST1-3	ST4 (bolt on year)
Case-based Discussion (CBD)	Please review ST1-3 decision Aid	6
Out of Hours (OOH)	Please review ST1-3 decision Aid	As per trainee contract (see notes below)

General Practice ARCP Requirements (ST3-4 Academic)

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 programme. An Academic representative must sit on all ARCP panels for Academic Trainees

RCGP Requirements			
Competency / Evidence	ST1-2	ST3	ST4
Enhanced Form R	Please review ST1-3 decision Aid	Fully completed and uploaded under the learning log section on eportfolio	Fully completed and uploaded under the learning log section on eportfolio
Consultation Observation Tool (COTs) if in Primary Care Or Clinical Evaluation Exercise (Mini-CEX) if in Secondary Care	Please review ST1-3 decision Aid	Pro-rata depending on % academic / clinical: 12 x COTs / Mini-CEX as appropriate	
Case-based Discussion (CBD)	Please review ST1-3 decision Aid	12	
Multi Source Feedback (MSF)	Please review ST1-3 decision Aid	2 separate MSFs each with 5 clinicians and 5 non-clinicians	
Patient Satisfaction Questionnaire (PSQ)	Please review ST1-3 decision Aid	1 (2 if none completed at ST1 or ST2)	
Directly Observed Procedures (DOPS)	No longer accepted – Please see CEPs		
Clinical Examination and Procedural Skills (CEPS)	The range of examinations/procedures and number of observations will depend on the needs of the trainee and the professional judgement of their supervisors but as a minimum must include breast, rectal, prostate, female genitalia and pelvic examinations and male genitalia examinations. All of which should be observed		
Additional Academic Assessment	N/A	As agreed with Academic Supervisor	
Applied Knowledge Test (AKT)	Please review ST1-3 decision Aid	Pass	
Clinical Skills Assessment (CSA)	Please review ST1-3 decision Aid	Pass	
CPR/AED Certificate	Please review ST1-3 decision Aid	Certificate showing CPR/AED valid at date of CCT	
Clinical Supervisors Report (CSR)	Please review ST1-3 decision Aid	Required if the Clinical Supervisor is not also the Educational Supervisor	
Academic Supervisors Report	N/A	1 every 6 months	
Out of Hours (OOH) – all OOH activity should be evidenced in the OOH section of the learning log.	Please review ST1-3 decision Aid	The educational supervisor should confirm that the trainee has attained OOH competencies. It is recommended that the judgment is supported by evidence from 72 hours of activity of which it is recommended that a minimum of 48 hours is undertaken with a traditional OOH provider (see notes below)	

Educational Supervisor's Report (ESR) The most recent ESR must be <u>dated no earlier than 2 calendar months</u> before the panel date	Please review ST1-3 decision Aid	1 every 6 months – Please ensure an ESR is completed prior to maternity leave or significant period out of programme
Child Protection/Safeguarding	Please review ST1-3 decision Aid	Completion of Child Protection/Safeguarding Children to level 3 is

Children		required during the course of training (to be completed by the end of the training programme)
Audit or Project or Quality Improvement Project	Please review ST1-3 decision Aid	Completion of at least one Audit or Project by the end of the training programme. At least one must be relevant to Primary Care (to be completed by the end of the training programme)
Significant Event Analysis (SEA)	Please review ST1-3 decision Aid	SEA log showing reflection. Recommended 2 per specialty year
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 log entry/SEA	
Personal Learning Record		
Learning Log that overall demonstrates reflection (analysis, self-awareness and learning) and curriculum coverage	Please review ST1-3 decision Aid	Previous experience demonstrates that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage
Curriculum Coverage	Please review ST1-3 decision Aid	The trainee should demonstrate good curriculum coverage by linking learning log entries with a maximum of 2-3 links per learning log entry
Clinical Encounters	Please review ST1-3 decision Aid	ES should read and comment on the majority of clinical encounters
Learning Log Entries Linked	Please review ST1-3 decision Aid	ES should link the learning log entries to appropriate professional competences – usually 1-3 per log entry
Personal Development Plan (PDP)	Please review ST1-3 decision Aid	Updated at least every 6 months. Reflective entries with a mechanism for evaluation are recommended

General Practice ARCP Decision Aid (ST3-4 Academic Extension Posts)

If the trainee has completed an extension post (s) during their ST3-4 Academic training they will also need to meet the following specific criteria for **each 6-month extension post** in addition to the minimum evidence listed above.

Competency / Evidence	ST1-2	ST3-4
Case-based Discussion (CBD)	Please review ST1-3 decision Aid	6
Consultation Observation Tool (COTs)	Please review ST1-3 decision Aid	6
Patient Satisfaction Questionnaire (PSQ)	Please review ST1-3 decision Aid	As required by last ARCP
Multi Source Feedback (MSF)	Please review ST1-3 decision Aid	As required by last ARCP
Out of Hours (OOH)	Please review ST1-3 decision Aid	As per trainee contract

GP ARCPs - Guidance to Trainees and Educational Supervisors

How to use the ARCP Requirements documents

- Trainees should select the correct ARCP requirements document(s) relevant to their training
 - **ST1-3:** ST1-3 GP ARCP Requirements 2018
 - **Academic Clinical Fellows (ACFs):** ST1-3 GP ARCP Requirements 2018 and ACF ST4 GP ARCP Requirements 2018
 - **Bolt on Trainees on the Royal Free Scheme:** ST1-3 GP ARCP Requirements 2017 and Bolt On ST4 GP ARCP Requirements 2018
- Trainees should identify the required elements in the far left hand column and check the requirements against the relevant level of training
- Please note the ARCP panel will use the same ARCP requirements document to assess your training. Failure to complete / submit all required evidence will result in an unsatisfactory outcome

General Guidance

- Please ensure you check all evidence on the ARCP requirements document relevant to your training / level of training and everything is uploaded, shared and signed off in your eportfolio. **Unshared information may not be visible to the ARCP panel.**
- Please ensure prior to submitting and ESR that all the required elements listed in the table above are visible to both the trainee and trainer. It is worth checking independently to minimize the risk of an adverse outcome
- Failure to upload or share documentation may result in an unsatisfactory ARCP and trainees may be called to an in person review. Please note that

panels **do not** have access to your personal library

- Minimum evidence is a guide and trainees are highly recommended to complete more than the minimum
- The eportfolio should be used as a training tool throughout your training and WPBAs and other evidence should be demonstrated throughout your training where appropriate
- Trainees are reminded not to share a large number of learning log entries at once; you should allow time for your ES to review and comment especially prior to a panel review. Please note that unshared entries are not visible to a panel
- Out of Programme (OOP) reviews should be done by ES while the trainee is away on maternity leave or OOPC. The trainee does not contribute to these reviews
- You should check the posts listed on ePortfolio are correct and contact your Operations Officer should these need amending by using the [online enquiries portal](#)
- Further guidance on ARCPs and FAQs can be found on the [online enquiries portal](#)

Less Than Full Time Trainees

- Workplace Based Assessment (WPBA) is one of the three components for the MRCGP exam. The timescale of the WPBA minimum evidence requirements is different for trainees who are working less than full time.
- Less than full time trainees (LTFTTs) normally take WPBA on a pro rata basis, according to the number of hours worked. However, it may be more than the pro rata equivalent; this will depend on your performance, progress and recommendations from your previous review.
- You'll have an educational supervisor's review every six months, and a review of competence progression at least once a year.

Academic Supervisors Report

- The Academic supervisors report should be completed every 6 months and uploaded to eportfolio
- The report is available to download on [Synapse](#)

Applied Knowledge Test (AKT)

- Must be completed in either ST2 or ST3 for trainees to obtain final ARCP and CCT

Audit or Quality Improvement Project

- Completion of at least one Audit or Quality Improvement project by the end of the training programme.
- If more than one is undertaken at least one must be relevant to Primary Care
- This is normally undertaken at ST3
- Results / summary should be uploaded to eportfolio attached to the relevant reflective log entry

Case Based Discussions (CBDs)

- For details of how many WPBAs must be completed please review the RCGP [website](#) in conjunction with the ARCP requirements document relevant to your training

Clinical Encounters

- The Educational Supervisor (ES) should read and comment on the majority of clinical encounters

Clinical Examination and Procedural Skills (CEPs)

- From August 2015 the RCGP have introduced 'CEPS' as the way of demonstrating competency in practical skills, replacing the previous 'DOPS'.
- The range of examinations/procedures and number of observations will depend on the needs of the trainee and the professional judgement of their supervisors but as a minimum must include breast, rectal, prostate, female genitalia and pelvic examinations and male genitalia examinations, all of which should be observed
- The evidence may not be obvious to panel, and we want to avoid incorrect adverse outcomes. Therefore, if the entries are not in the CEPS section of the eportfolio but elsewhere, can the ES please signpost this in the ES report or in the educator notes.

Clinical Skills Assessment (CSA)

- Must be completed in ST3 for trainee to obtain final ARCP and CCT

Child Protection/Safeguarding Children to Level 3

- Completion of Child Protection/Safeguarding Children to level 3 is required during the course of training in London
- This must be completed and demonstrated by the date of the final ARCP (usually 2 calendar months before your CCT date)
- This competency is normally demonstrated by attending an appropriate course. The certificate or alternative evidence must be uploaded to eportfolio
- Where, in the view of the ES, these competencies have been demonstrated exclusively through the reflective log the ES should highlight this in the educator notes

Consultation Observation Tool (COTs)

- For details of how many WPBAs must be completed please review the RCGP [website](#) in conjunction with the ARCP requirements document relevant to your training
- In ST3 it is recommended that one audio-COT should be completed. Up to 3 audio COTs can contribute to the total number

CPR/AED Certificate

- Trainees need the CPR/AED certificate to complete training and it is normally completed in the final year of training
- The certificate must be attached under the course/certificate section of the eportfolio and signed off by the ES in the final ESR
- The certificate must clearly state that both CPR **and** AED have been completed
- ALS certificates are accepted provided they are up to date at the time of CCT
- The certificate must be valid at the time of completion of training
- Online courses are not valid and will not be accepted by the ARCP panel
- For CCT purposes, CPR and AED training is presumed to be valid for three years, unless the certificate states it is valid for a shorter period. In line with revalidation requirements, however, it is recommended that training is updated each year

Clinical Supervisors Report (CSR)

- One for each secondary care / hospital post completed
- If the trainee is in general practice, but the trainer is not the ES, then a CSR should be completed

Curriculum Coverage

- Good curriculum coverage linked from learning log with a maximum of 2-3 links per learning log entry
- The whole of the curriculum must be covered and completed in eportfolio (by not having any zeros) by the final review in ST3 (or ST4)

Educational Supervisors Review (ESR)

- An ES review should be undertaken and uploaded to eportfolio every six months.
- Less than full time trainees also need to complete an ES review every six months regardless of the number of sessions undertaken
- For those trainees with a panel date scheduled the most recent ESR must be present and dated no earlier than 2 calendar months before the date of the panel.
- For those trainees with a panel date scheduled who are coming to an end of training an ES review must be present and dated no earlier than 2 calendar months before the date of the panel. Failure to do so could delay your CCT.
- Where there isn't a panel scheduled you must ensure your ESR is uploaded to eportfolio before your ES changes and no longer has access to your Eportfolio
- ESR judgments should be congruent with the overall recommendation i.e. a trainee who is recommended for CCT should be rated at least competent for licensing in all domains; a trainee who requires an extension to training due to unsatisfactory progress should have the relevant competency (or competencies) marked as needs further development (below expectations)
- **The recommendation of the ES is a crucial factor in determining ARCP outcome. Panel should be able to understand the basis for all ES judgments. All ES judgments should therefore be supported by linked eportfolio evidence; educator notes should be used in order to provide context to any potentially confusing or contentious issues.**
- **Where progress may have been less than satisfactory, the educational supervisor should have informed the trainee and involved the patch associate director (AD) at the earliest reasonable stage. Panel opinion should not be sought without first discussing concerns with the patch AD.**

Form R

- Enhanced Form R Parts A and B: both parts are available and must be generated and then printed from [Synapse](#)
- The form R must be attached under the course/certificate section of the eportfolio in PDF format
- Both part A and part B of the form must be fully completed and signed.
- The form must be uploaded within three months of the date of the ARCP to be valid
- All Significant Untoward Incidents (SUI), GMC referrals or complaints must be included

GMC Survey

- The GMC survey is a mandatory requirement for trainees to complete on an annual basis
- Evidence of completion must be uploaded to the learning log section of the eportfolio and can be a screen shot of the completion of the survey, confirmation email or similar saved under “courses and certificates”.

Learning Log

- Please review the ARCP requirements document relevant to your training for minimum requirements
- Previous experience demonstrates that a minimum 2 reflective, clinical entries per month will be required to ensure appropriate curriculum coverage
- Entries must overall demonstrate evidence of reflection (analysis, self-awareness and learning)
- ES should link learning log entries to appropriate professional competences

Clinical Evaluation Exercise (Mini-CEX)

- For details of how many WPBAs must be completed please review the RCGP [website](#) in conjunction with the ARCP requirements document relevant to your training
- Mini-CEX is not a valid assessment for GP posts where COTs are required

Multi Source Feedback (MSF)

- For details of how many WPBAs must be completed please review the RCGP [website](#) in conjunction with the ARCP requirements document relevant to your training
- ST1: 2 separate MSFs each with a minimum of 5 replies from clinicians plus 5 non- clinicians if in primary care (i.e. minimum 10 replies if both placements are in Hospital or 15 replies if one placement was in a GP practice)
- ST3: 2 separate MSFs each with 5 clinicians and 5 non-clinicians (i.e. minimum 20 replies)

Out of Hours Sessions (OOH)

- The GP contract requires 72 hours of out of hours activity per 12 months (WTE), and it is recommended that at least 48 of these hours are spent in a traditional out of hours provider. Additional hours may be spent gaining out of hours competencies in other contexts as agreed with the educational supervisor.
- Suggestions of sound evidence that may be used by the ES to determine that learner capability requirements for urgent and unscheduled care (UUC) are met; and submitted in the Portfolio for Panel review include the following:
 - 1) Evidence of all OOH and other UUC sessions undertaken (e.g. uploaded OOH Clinical Supervisor feedback forms) accompanied by ES comments in the learning log.
 - 2) Evidence in comments section of learning log that the ES and trainee have agreed transition from direct observation to near supervision; and then from near to remote supervision. This could be supported by discussing and evaluating a whole OOH session rather than just a series of individual patient encounters. This could mirror the process taking place in the practices of gradually assuming the duty doctor role.
 - 3) Evidence of relevant UUC professional activity both in and out of hours using current electronic portfolio tools: reflections, COTS, audio COTs CbDs.
 - 4) Educator note, by the ES outlining the basis for capability decision, including reference to urgent and unscheduled work done in hours and out of hours
 - 5) For CCT, recent evidence of satisfactory working with remote supervision across all UUC contexts (telephone triage, home visits and face to face in urgent and unscheduled care) is required (green sessions where a RAG rating is in operation)

Personal Development Plan (PDP)

- Reflective entries with a mechanism for evaluation are recommended
- PDPs pulled from the ESR action plan need to have individual / personal comments to be valid

Patient Satisfaction Questionnaire (PSQ)

- For use in Primary care settings only
- At least two if you have done more than 12 months GP practice training (including ITP posts)
- Two need to be completed in ST3 if no PSQ was completed in ST1 or ST2 GP/ITP posts
- One PSQ is made up of 40 completed questionnaires
- For details of how many WPBAs must be completed please review the RCGP [website](#) in conjunction with the ARCP requirements document relevant to your training

Significant Event Analysis (SEA)

Recommended two per specialty year (minimum one) showing reflection. Please see the RCGP resources and guidance on the following link:
<http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement/significant-event-audit.aspx>

- At least one SEA in GP is mandatory
- Please review the ARCP requirements document relevant to your training if you are an Academic trainee as the requirements may be slightly different (i.e. you will need to complete a total of two within the ST3 and ST4 year)

Last updated February 2019