This document helps track WPBA and other evidence 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...

WPBA Assessments	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 CbDs/CATs		4 CbDs/CATs		5 CATs	
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: all intimate + a range of others (including 7 'system'/ 'other' CEPS)[d]	
Learning logs	36 CCRs[e]		36 CCRs[e]		36 CCRs[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 (unless not been completed in ST1/2)	
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	
ESR	1[g]		1[g]		1[g]	
Other Evidence	ST1 Requirement	Date/ Number	ST2 Requirement	Date/ Number	ST3 Requirement	Date/ Number
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	A minimum of 2 PDPs created per training year, with progress demonstrated in at least one		A minimum of 2 PDPs created per training year, with progress demonstrated in at least one		A minimum of 2 PDPs created per training year, with progress demonstrated in at least one	
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] In non-primary care posts where it is not possible to find 5 non-clinician respondents it is acceptable to ask more clinicians, but the minimum of 10 total respondents still applies. In ST3, the MSF should be completed in the first 6 months of the training year, with the Leadership MSF being completed in the second 6 months and after the Leadership Activity has been completed.

[c] CSR to be completed in each post in ST1 and ST2, and in ST3 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 must be completing some, relevant to post, CEPS in each training year. By the end of ST3, and to be awarded your CCT, evidence for all the 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 judgment 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] An interim ESR review can also 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] Safeguarding certificates may last 3 years but a knowledge update is needed in addition every 12 months (even if 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. 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.

[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 should be uploaded to your compliance passport 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. In Scotland SOAR must be completed along with a separate absence declaration.

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 not pro-rata and an ESR is also required every 6 months. See roadmaps for further details.