

Minimum mandatory evidence requirements for end of training year
 Trainee completion-Add to Supporting Documentation log as ARCP prep

Date: _____ Trainee name: _____ Training Year: _____

Evidence	ST1		ST2		ST3	
	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>	Required	<input checked="" type="checkbox"/>
Mini-CEX/COTs all types*	4		4		7	
CBD / CAT	4 Cbd		4 Cbd		5 CAT	
MSF	1 (min. 5 clinical 5 non clinical)		1 (min. 5 clinical 5 non clinical)		2 (1 MSF 5&5 resps, 1 Leadership MSF)	
CSR	1 per post ^a		1 per post ^a		1 per post ^a	
PSQ	0		0		1	
CEPS	Ongoing: some appropriate to post		Ongoing: some appropriate to post		In 3 years 5 intimate + a range of non intimate ^b	
Learning logs	36 Case reviews ^c		36 Case reviews ^c		36 Case reviews ^c	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (in GP)		1 (in GP) – if not done in ST1		0	
Quality improvement activity	All trainees must demonstrate involvement in Quality Improvement each training year ^d					
Significant event	Only completed if reaches GMC threshold of potential or actual serious harm to patients-any Fitness to practise issues should be considered and commented upon					
Learning event analysis	1		1		1	
Prescribing	0		0		1	
Leadership activity	0		0		1	
Interim ESR	1 ^e		1 ^e		1 ^e	
ESR	1		1		1	
Safeguarding adults level 3	Certificate and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f	
Safeguarding children level 3	Certificate and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f		Certificate, annual knowledge update and reflective log entry ^f	
BLS/AED	Annual evidence of competence in CPR and AED ^g		Annual evidence of competence in CPR and AED ^g		Annual evidence of competence in CPR and AED ^g	
Form R	In log ^h		In log ^h		In log ^h	
Covid declaration	In log ^h		In log ^h		In log ^h	
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 met if previous any outstanding		Check met any outstanding		Check met any outstanding	

***COT** of all types to be completed over the training time including audio, remote and face to face i.e. patient is in the same room as the trainee.

^a**CSR** to be completed in a primary care post if any of the following apply: The clinical supervisor in practice is a different person from the educational supervisor. The evidence in the Portfolio does not give a full enough picture of the trainee and information in the CSR would provide this missing information, and either the trainee or supervisor feel it is appropriate.

^b **5 Intimates** need to be observed and include rectal, breast, female genital including bimanual, male genital and prostate. A range of other **non intimate CEPS** relevant to General Practice is also required.

^c **CCR** The trainee 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 clinical case reviews, in order to capture capabilities such as organisation, management and leadership, ethics, and fitness to practice.

^d **QIA** is required in every training year (**QIP** counts in ST1/2 when in primary care). Please see RCGP website for further details of what counts as a QIA. Please note a LEA, reflection on feedback and leadership project does not count as the mandatory QIA

^e **The interim ESR** review can be completed at the mid point of each year only if the trainee is progressing satisfactorily. If there are any concerns about the trainees performance or they have had an unsatisfactory/developmental outcome in their previous ARCP then the full ESR will be required.

^f If a trainee 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**. Level 3 safeguarding certificates lasts 3 years but a knowledge update is needed **in addition** in each calendar year (even if LTFT) if not completing the full level 3 in that calendar 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.

^g Hands-on BLS with AED will be mandatory from August 2022 for all initial and refresher training. Online **BLS certificate** accepted until then. However, a hands-on update as soon as possible is encouraged even if an update is not due. **ALS** though lasting for 3-4 years needs to be updated every calendar year with evidence of competence in CPR and AED. Certificates should be added to Supporting Documentation and the Compliance Passport.

^h**Form R** and **COVID declaration**, if required prior to ARCP panel, should be uploaded to the Compliance Passport.

Assessments- should be **spread throughout the training year** with roughly half being done in each review period.

Less than Full time trainees 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. See roadmaps for further details.