

How to Achieve an Outcome 1 at ARCP

What do you need?

- ESR
- Form R
- BLS and PBLs
- Safeguarding - Adult and Child mandatory training in addition to clinical case reviews (1x adult CCR and 1x paediatric CCR)
- Quality Improvement
 - 1x QiP ideally in a GP placement during ST1 or ST2
 - 1x QiA each year (not required if QiP completed that training year)
- WBPA and other mandatory requirements

Per Post	ST1-ST2	ST3
1 x Placement Planning Meeting 1 x CS Review	36 x CCRs 4 x Mini-CEX/COT 4 x CBD 1x Learning event analysis 1 x MSF 1x iESR and ESR 1x UUSC Passport if completed GP placement	36 x CCR 7x Mini-CEX/COT 5 x CAT 1x Learning event analysis 1x Prescribing assessment 1x Leadership Activity 1 x PSQ 2x MSF (1x standard MSF, 1x Leadership MSF) 1x UUSC Passport Completion of all mandatory CEPS

Below are **common reasons** that the GP school identified for Doctors in Training (DiT) receiving unsatisfactory outcomes at their ARCP.

1. Missing **ESR**
 - Sometimes the ESR has not been signed off at all;
 - Other times the DiT & ES think they have signed it off, but they haven't.

2. **Form R** hasn't been completed.

Make sure the form R:

- Is completed on TIS
- On part A, has selected "I confirm I have been appointed to a programme leading to award of CCT."
- **Part A AND B** uploaded to the ePortfolio compliance passport
- Is completed correctly e.g. TOOT declaration matches the TOOT previously recorded on the ePortfolio (this includes time for sickness and industrial action).

3. **BLS - CPR/AED**

Things to watch out for:

- Certificate valid and within 12m.
- Certification clearly states that the course:
 - Was face to face.
 - Covered both Adult & Child Life Support. (child life support is not mandatory but still preferable if you have not done a job where you are working with children since your last ARCP)
 - Covered the use of AED.
- The DiT name or course completed date is visible on the provided evidence.
- If your certificate does not specify that you completed paediatric life support, but it was done, then add a learning log supplementary evidence entry detailing that it covered paedics and the learning covered.

4. **Safeguarding**

L3 Child & Adult Safeguarding:

- Certificates must be visible and no more than 3 years old.
- Must be completed in ST1 if no existing certificate prior to commencing training
- If completed in ST1, in theory would remain valid throughout training if working 100%. E.g. level 3 certification on safeguarding conducted via e-learning.
- If L3 certificates were issued over 12m ago there should be evidence of an **Annual Knowledge Update** e.g. a knowledge update course ran locally, i.e. ST2/3 need to complete a yearly knowledge update.

One reflective log entry for both adults and children each year of training, demonstrating application of your safeguarding knowledge and can either be cases that you have managed personally, or one that

you have discussed in a safeguarding practice or training meeting. The reflections should be clearly titled “**Adult Safeguarding**” and “**Child Safeguarding**” to ensure they are easily identified and linked to the relevant safeguarding training in your compliance passport (by clicking “Link to mandatory training”)

5. Quality Improvement

A QiA or QiP entry can be rejected at panel if it does not meet the RCGP criteria as below. The QIP must be completed on the correct assessment form with all the sections complete and all of them assessed and rated by your supervisor.

QiA:

- Should involve a personal connection to your work and look to create an improvement and/or change, which requires action to be taken
- Examples:
 - Review of personal outcome data e.g. referral review
 - Local/national audit with data collection at a local level
 - Small specific QiP using PDSA cycle
 - Writing/revising local policy

QiP:

- Must be conducted in a primary care setting
- Should have clearly outlined aims
- Demonstrate engagement with the team and other stakeholders
- Evidence implementation of change and clear data gathering, ideally with two PDSA cycles.

6. WPBA

The minimum number of WPBA and CCRs must be met for each training year, and cannot be carried forward if an excess number were completed in a previous training year.

The required number of WPBA or CCRs has not been met. Common reasons are:

- DiT not completing the required minimum number
- A Clinical Case Review is discounted as it does not relate to a clinical encounter with a patient, and therefore should have been recorded as a different entry.
- A learning log or assessment does not meet the RCGP criteria in which case panel can ask DiT to re-write them or add further information
- MSF/PSQ has been started but not completed