

## Trainee Portfolio Checklist – ST3 Trainees

Date: \_\_\_\_\_ Trainee Name: \_\_\_\_\_

This is an optional tool to help trainees check they have fulfilled ARCP requirements and clearly signpost their evidence to panel members. This tool should be uploaded as “Supporting Documentation”. Only the minimum requirements for the training year are listed.

Trainees must also complete any additional or outstanding requirements from their most recent ARCP review.

Evidence	Requirement	✓
Clinical Case Reviews	36	
Learning Event Analysis	1	
QIA	1	
Leadership Activity	1	
CAT	5	
COTs	7(A)	
Prescribing	1	
CEPS	6 + “a range” (B)	
MSF	2 (1x MSF as before & 1x Leadership MSF)	
PSQ	1	
PPM	1 per post (C)	
CSR	1 per post (C)	
Interim ESR	1(D)	
ESR	1	
Action Plans	3 (E)	
<b>Safeguarding Adults:</b>		
<b>-Level 3 Certificate</b>	1 (in date)	Uploaded to Compliance Passport
<b>-Knowledge Update</b>	1(F)	Upload as “Supporting Documentation / CPD” AND link to Compliance Passport & Mandatory Training <b>Date &amp; Title of Entry:</b>
<b>-Knowledge Application</b>	1	Upload as a “Clinical Case Review” AND link to Compliance Passport & Mandatory Training <b>Date &amp; Title of Entry:</b>
<b>Safeguarding Children:</b>		
<b>-Level 3 Certificate</b>	1 (in date)	Uploaded to Compliance Passport
<b>-Knowledge Update</b>	1(F)	Upload as “Supporting Documentation / CPD” AND link to Compliance Passport & Mandatory Training <b>Date &amp; Title of Entry:</b>
<b>-Knowledge Application</b>	1	Upload as a “Clinical Case Review” AND link to Compliance Passport & Mandatory Training <b>Date &amp; Title of Entry:</b>
<b>BLS</b>	1 (G)	Uploaded to Compliance Passport
<b>Form R</b>	1 (H)	Uploaded to Compliance Passport
<b>Time Out Of Training</b>	Ensure correct on portfolio and Form R	Sign declaration on ESR

(A) 7 COTS are required in ST3. A range of different types of COT including face-to-face and virtual consultations is encouraged to provide evidence that the trainee can consult well in a variety of modern primary care situations.

(B) CEPS: All 6 intimate CEPS are mandatory and must be completed by the end of ST3. (RCGP frequently refers to these as 5 intimate but female genital appears twice: speculum and bimanual). ALSO “a range” of other, non-intimate CEPS are needed by the end of ST3.

(C) One Clinical Supervisor Report and one Placement Planning Meeting (PPM) are needed for each post worked. A CSR is only not needed for a post if the Clinical Supervisor for that post is the same person

as the Educational Supervisor. In ST3 only one CSR and one PPM are needed if the trainee is working in the same post all year (but having these at the mid-point can be helpful).

- (D) Trainees must have a meeting with their educational supervisor at least twice in the year: at the halfway point and near the end of the year (before ARCP). The meeting at the halfway point can be evidenced as either an interim or a full Educational Supervisors Report. The meeting near the end of the year must be evidenced as a full Educational Supervisors Report. So at least one full ESR is needed. An interim ESR is also needed, unless a full ESR is done at that halfway point instead.
- (E) Action Plan: An action plan containing 3 points must be completed at all ARCP reviews except for the final review at the end of ST3 (after which the trainee will hopefully CCT). So for trainees whose ST3 year takes more than 12 months, they will have more than one ARCP review in this training year and will need 3 points on an action plan for their mid-ST3 ARCP reviews. For trainees at the end of ST3 an action plan is not needed. But an action plan at the end of ST3 is still encouraged as good practice and will help with annual reviews and appraisal at the end of their first year of work as a GP.
- (F) Safeguarding requirements: A knowledge update is required every 12 months unless the level 3 certificate was completed within the same 12 months. The level 3 training would count instead of a knowledge update. A level 3 safeguarding certificate must be valid at all ARCP reviews, this should be renewed every 36 months. Application of safeguarding knowledge is needed every training year. Remember, training and cases are needed for both adults and paediatrics.
- (G) Evidence of face-to-face BLS training which includes use of defibrillator (AED) for both Adults and Paediatrics once every 12 months. Paediatric BLS is only not needed if the trainee has no paediatric exposure in any of their posts for that review period (but remember innovative posts, emergency care and general practice would all have paediatric exposure).
- (H) Form R is completed online using the Trainee Information System (TIS). Form R should be downloaded from the TIS and uploaded to the FourteenFish compliance passport.