|  |  |
| --- | --- |
| **Name** |  |
| **Training Year** | **ST1  ST2  ST3** |
| **Training Year Start date** |  |
| **Whole Time or LTFT** | **Whole time  LTFT %** |
|  | |
| **I confirm that I am following the OLD WPBA regime** | |
| **I confirm that I am following the NEW WPBA regime** | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ST1** | | **ST2** | | **ST3** | | Covid adjustment | Actual number |
|  | Old | New | Old | New | Old | New | or additional note |  |
| Mini-CEX/COT /Audio-COT | 6 | 4 | 6 | 4 | 12 incl 1xaudio COT | 7 COT; any type F2F/Audio/  Video | *Possible adjustment*  *[1]* |  |
| CBD / CAT | 6 | 4 CBDs | 6 | 4 CBDs | 12 | 5 CATs | *Possible Adjustment [1]* |  |
| MSF | 2 | 1 (with 10 responses) | 0 | 1 (with 10 responses) | 2 | 2 (1 MSF, 1 Leadership MSF) | *Omitted between Feb-Aug 2020*  *[2]* |  |
| CSR | 1 per post | 1 per post | 1 per post | 1 per post | 0 | 1 if relevant | *[3]* |  |
| PSQ | 1 in GP | 0 | 1 in GP if not previously done | 0 | 1 | 1 | *Now*  *Required [4]* |  |
| Learning Logs | Many | 36 Case Reviews | Many | 36 Case reviews | Many | 36 Case Reviews |  |  |
| Placement meeting |  | 1 per post |  | 1 per post |  | 1 per post |  |  |
| CEPs | Ongoing | Ongoing | Ongoing | Ongoing | 5 + others | 5 intimate plus range of others | *[5]* |  |
| ESR | 2 | 1 | 2 | 1 | 2 | 1 | *[6]* |  |
| Mid-Year Interim ESR | 0 | 1 | 0 | 1 | Audit/  QIP | 1 | *[6]* |  |
| QIP (Quality improvement project) | 0 | QIA every year; 1 QIP in ST1/2 GP | 0 | QIA every year; 1 QIP in ST1/2 GP |  | No QIP but QIA req’d | *[7]* |  |
| Significant event | Several | If relevant | Several | If relevant | Several | If relevant | *[8]* |  |
| Learning event analysis | Several | 1 | Several | 1 | Several | 1 | *[8]* |  |
| Prescribing Review | 0 | 0 | 0 | 0 | 0 | 1 | *Now*  *required* |  |
| Leadership activity | 0 | 0 | 0 | 0 | 0 | 1 | *Now*  *required* |  |

**Affirmation of WBPA Regime and Requirements**

This form is to clarify for you (the trainee) and the ARCP what WPBA are required during this year affected by Covid and the transition to the NEW WPBA regime.

There are a number of possible scenarios:

1) If on the 5th August 2020, you were less than half-way through the training year, you should migrate to the NEW WPBA regime as defined by 14-Fish portfolio. This obviously includes all August starters.

2) If on the 5th August 2020, you are over the half-way point in the training year, then you should remain with the OLD WPBA regime. ST1 and ST2 trainees will then transfer at the end of their training year to the NEW WPBA regime.

3) Trainees who are undertaking any extension to their training year should remain on the OLD WPBA regime until the end of their extension. Any additional WPBA will usually be dictated by the ARCP panel recommending the extension.

4) Many trainees were exactly half way through the training year on 5th August 2020 and so are given a choice which regime they wish to follow. For ST3 trainees in this position, it probably makes sense to remain with the OLD WPBA regime, whilst ST1 and ST2 may feel that they might as well transfer now to the NEW WPBA regime.

If you are on the OLD regime or your training has been affected by the Covid-Freeze, it would be helpful to ARCP to upload P1 onto the 14-Fish Portfolio to clarify what WPBA regime you are following and if there are any adjustments caused by the freeze on WBPA due to Covid between Feb-Aug 2020.

**WPBA Notes:**

**Any additional requirement stipulated by the ARCP panel should be undertaken no matter what changes may be introduced during Covid or any transition period. When additional steps are either instructed or advised, it is foolish and potentially unprofessional not to follow that advice without good reason.**

**Note [1]: Adjustments due to the Covid Freeze of WBPAs**

Adjustments may need to be made to the minimum number of CBDs/ and COTS/miniCEX due to the impact of Covid for the 6 months between Feb 2020 and August 2020. This is pro-rata so for LTFT trainees the adjustments are reduced prorate.

**BUT remember these are a minimum number of satisfactory assessments and so assessments that are not satisfactory risk not counting. If any doubt, then aim for more than minimum number.**

For trainees working at 100% full time starting training year in Feb 2020 it will mean that a trainee has lost 6 months when the WBPA was frozen. WBPA restarted in August 2020 and whether OLD or NEW worth of the minimum number of CBDs and COTs is reduced by half. The reduction is less if 1) training year started after Feb 2020 or 2) working LTFT or 3) period of sickness or OOP during that time.

This equation applies to COTS/miniCEXs and CBDs

**A = E- {P/100 xM/12 xE}**

**Where**

**A= Adjusted minimum number of assessment if satisfactory**

**E= Expected minimum number of assessment over 12m**

**P= Percentage working whole time equivalent**

**M= Months in current training year affected by frozen period Feb-Aug 2020**

**Note [2]: MSF**

Old regime stipulates 2 MSFs in ST1 with 5 replies from clinicians (plus 5 non-clinicians only if in GP). No MSFs are required in ST2. In ST3, two MSFs are required with 5 clinicians and 5 non-clinicians, but the covid freeze meant that it was not possible to complete an MSF between Feb-Aug 2020.

New regime requires 1 MSF each year with 10 responses plus a leadership MSF in ST3. The Leadership MSF will follow on from the required Leadership Activity in ST3.

ST3 trainees on an extension or in regular training whose CCT is before 1/1/2021, will be expected to have performed 1 MSF in ST3 with 10 responses (ideally 5 clinicians and 5 non-clinicians but not mandated for this group only). None of this group should be on the NEW WPBA regime and so there won’t be a requirement for a Leadership MSF.

**Note [3]: CSR**

A CSR is required for all attachments in ST1 and ST2. An abbreviated CSR was acceptable for the Covid-freeze Feb-Aug 2020. CSRs are not required in ST3 but they can additional evidence of development from other trainers if required. These can be requested by the trainee, ES or CS. They can be helpful if there are concerns about development or a strain in the relationship between trainee and ES.

**Note [4}: PSQ**

A PSQ is currently a requirement for trainees on the OLD and NEW WPBA regime in ST3. Under the old regime, a PSQ must also be completed in a GP attachment in ST1/2. It is also a requirement if the ARCP panel have requested a PSQ or any additional WPBA as further evidence.

Some groups are exempted from needing a PSQ in ST3 (unless requested by ARCP): these are any ST3 on an extension, any trainee whose regular CCT is before 1/1/2021. A CCT in normal training time after 1/1/2021 will mean a PSQ is required.

**Note [5]: CEPS**

Whether old or new regime, there must be evidence for the 5 mandatory CEPS as assessed CEPS on the following:

1) Breast Exam (should be on an adult female)

2) Female Genital (NOTE separate evidence for speculum and bimanual examination)

3) Male Genital Exam (adult male)

4) Rectal Examination

5) Prostate Examination

Due to the lack of Face-to-Face consultations, then additional evidence from reflective log entry CEPS or supportive educational note will be taken into account.

In addition, there should be additional evidence on the portfolio to show capability at Clinical Examination and Procedural Skills.

**Note [6]: ESR**

On the old regime, there was a requirement for a full ESR every 6 months whether LTFT or full-time. In addition, an ESR was needed before any ARCP.

On the new regime, a full ESR is required annually which should be before 12 monthly ARCP. If there are any additional ARCPs, then a further ESR will be required as before. If there are concerns over progress then in additional a full ESR should be completed at the Mid-Year Review.

If progress is satisfactory then a mid-year Interim Review is appropriate. This review will be released on 14-Fish portfolio in Oct/Nov 2020. It should provide a lighter touch for trainees who are progressing appropriately. If any concerns then a full ESR should be completed.

**Note [7]: QIP**

On the old regime, an audit (or quality improvement activity) must be added at some point (usually ST2/ST3) which is relevant to primary care.

On the new regime, evidence of Quality Improvement Activity should be added for every year but there should be a Quality Improvement Project completed during the GP attachment in ST1 or ST2.

For an ST3 trainee who has transferred to the new regime but has not undertaken any QIP/Audit in previous years, it is strongly advised that a QIP is carried out before CCT. This can be a new audit or other QIP activity. Any audit under the old regime undertaken in ST2 would count as a suitable QIP if it was relevant to Primary Care even if carried out in another attachment.

**Note [8]: Significant Event and Learning Event**

There was confusion regarding the definition of a Significant Event which on the old regime is equivalent to any event where there was a learning opportunity, this included serious untoward incidents as well as more minor events.

In the new regime a reflection on a Significant Event is required to be completed for any event that potentially reaches GMC threshold of potential or actual serious harm to patients. Depending on your involvement and potential ramifications of a significant event, it may be appropriate to take the advice from a medical indemnity organisation. It may also be wise to reflect on the event rather than write a clinical account of the event. Reflections on Serious Events are a requirement for the revalidation process.

A Learning Event Analysis is a much less serious event where patient care could have been better. Ideally a trainee must be able to show how patient care has been changed by the Learning Event Analysis. There should be evidence of learning event analysis in every year of training.

**Other comments:**

Mini-CEX is a Consultation Observational Tool carried out in secondary care.

CBD is a Case Base Discussion that is required in the old regime as well as the new regime.

Under the new regime, in ST3, there is a requirement for 5 Clinical Assessment Tools (CATs) which include CBDs, random case review, leadership activities, prescribing assessment follow-up, referrals review consultation assessments (which are not COTS) and others (debriefs, review of investigations, follow up of QIP).

Placement Planning Meetings are now a requirement for all attachments under the new regime, when previously they were strongly recommended.

Trainees who migrate to the NEW WPBA regime will need to complete a Prescribing Review and undertake Leadership Activity in ST3.

Note: The transition from OLD to NEW regime is complicated and obviously Covid has impacted on the ability to obtain some WBPA. I hope this clarifies what is expected for the GP trainees affected by the transition and Covid. New trainees will be guided by the 14F Portfolio. ***Any further amendments or changes documented by the RCGP will obviously over-ride this document.***

***For trainees on the OLD regime, it would be appreciated by ARCP if they could upload the first page with their totals added to clarify that they remain on the OLD regime and how Covid has impacted on their training. It will hopefully avoid any confusion at Panel.***