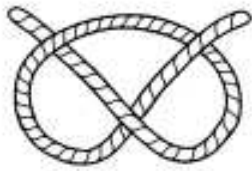


The Friendly Guide to



e-Portfolio and MRCGP

including Educational Reviews and ARCP

DP 2009

Section 1

RCGP Curriculum

The RCGP came up with a document that tries to identify the knowledge and skills that are needed to be a GP. This is known as the RCGP curriculum and is composed of a number of curriculum statements relating to general practice, clinical areas and also special groups.

General Practice Statements:

- 2 The General Practice consultation
- 3.1 Clinical governance
- 3.2 Patient safety
- 3.3 Ethics and values based medicine
- 3.4 Promoting equality and valuing diversity
- 3.5 Evidence-based practice
- 3.6 Research and academic activity
- 3.7 Teaching, mentoring and clinical supervision
- 4.1 Management in primary care
- 4.2 Information management and technology
- 5 Healthy people: promoting health and preventing disease

9 Special Groups

- 6 Genetics in primary care
- 7 Care of acutely ill people
- 8 Care of children and young adults
- 9 Care of older adults
- 10 .1 Women's health
- 10.2 Men's health
- 11 Sexual health
- 12 Care of people with cancer and palliative care
- 13 Care of people with mental health problems
- 14 Care of people with learning disabilities

10 Clinical Areas

- 15.1 Cardiovascular problems
- 15.2 Digestive problems
- 15.3 Drugs and alcohol problems
- 15.4 ENT and facial problems
- 15.5 Eye problems
- 15.6 Metabolic problems
- 15.7 Neurological problems
- 15.8 Respiratory problems
- 15.9 Rheumatological incl trauma problems
- 15.10 Skin problems

It is expected that during training the GP registrar/trainee should cover all these areas and have provided at least 5-6 pieces of evidence that demonstrate their competence in each area. The trainee links the evidence in their learning log to these curriculum statements. The educational supervisor has to accept or reject these linkages as providing sufficient justification.

It is also expected that the learning log will also demonstrate adequate coverage of the professional competencies required to be a modern GP.

Professional Competencies:

1. Communication and consultation skills
2. Practising holistically
3. Data gathering and interpretation
4. Making diagnosis/decisions
5. Clinical management
6. Managing medical complexity
7. Primary care admin and IMT
8. Working with colleagues and in teams
9. Community orientation
10. Maintaining performance, learning and teaching
11. Maintaining an ethical approach
12. Fitness to practise

IMPORTANT

It is the responsibility of the Educational Supervisor to link the learning log evidence to these Professional Competencies.

Becoming a GP

In order to become a GP a trainee must complete the following:

- 3 years of successful ARCP's (Annual Reviews of Curriculum Progression),
- Completion of out of hours training,
- Holding a valid certificate for CPR and AED
- The trainee must also complete the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA).

Each ARCP will look at quantity and quality of workplace based assessments (WPBA), self-assessment, professional development plans and learning activity that meets identified learning needs.

Once these objectives have been completed the trainee can apply for their Certificate of Completion of Training from the RCGP Certification Unit.

Section 2

e-Portfolio

The e-portfolio is an electronic document that is constructed by the trainee, then edited and assessed by the educational supervisor .

The e-portfolio is useful for the trainee, the clinical supervisor (consultant or GP), the educational supervisor (GP trainer), the Deanery and also the Royal College.

The e-portfolio log in page is accessed from the RCGP website under the heading e-portfolio or <http://www.eportfolio.rcgp.org.uk> .

There are practice examples for the trainee under username “trainee1” and password “rcgp” or as trainer/supervisor as “trainer1” and password “rcgp” .

There is also a test system using real candidates on <http://www.eportfoliotest.rcgp.org.uk>

Every trainee should apply on-line to RCGP in order to be accepted into GP training and nMRCGP assessment. This should enable you to access the e-portfolio. Most will also become Associate Members of RCGP known as Associates in Training (AiT) and will then receive additional advice and information from RCGP including the magazine InnovAiT.

The e-portfolio provides evidence that a trainee is good enough to be signed up and qualify as a GP. It also importantly provides evidence of poor performance, identifying areas where additional work is required or for failing trainees to provide evidence to allow them to leave GP training and look at alternative career paths.

In the past, the trainer’s report in the third year of training may have identified poorly performing trainees but it was not likely that the trainee would be stopped from progressing as the evidence of poor performance was subjective and also appeared late in training.

The e-portfolio has a number of purposes:

- A record of all attachments
- A record of clinical supervisors and educational supervisors

- An educational log of educational activity
- Logging this activity against RCGP Curriculum Statement Headings
- Educational Supervisor logging this activity against Professional Competences

- A message board for sending confidential messages
- An unofficial system to make comments about progress and offer advice
- A system to advertise meetings and courses to trainees across the region

- A record of MRCGP examination attempts and passes
- A record of Work Place Based Assessments forms
- A record of CPR and AED Certificate
- A record of Out of Hours Attendance

- Personal Development Plan
- Self Assessment of Competence
- Educational supervisors review of professional competencies
- Review of Educational Reviews and Annual Review of Competence Progression

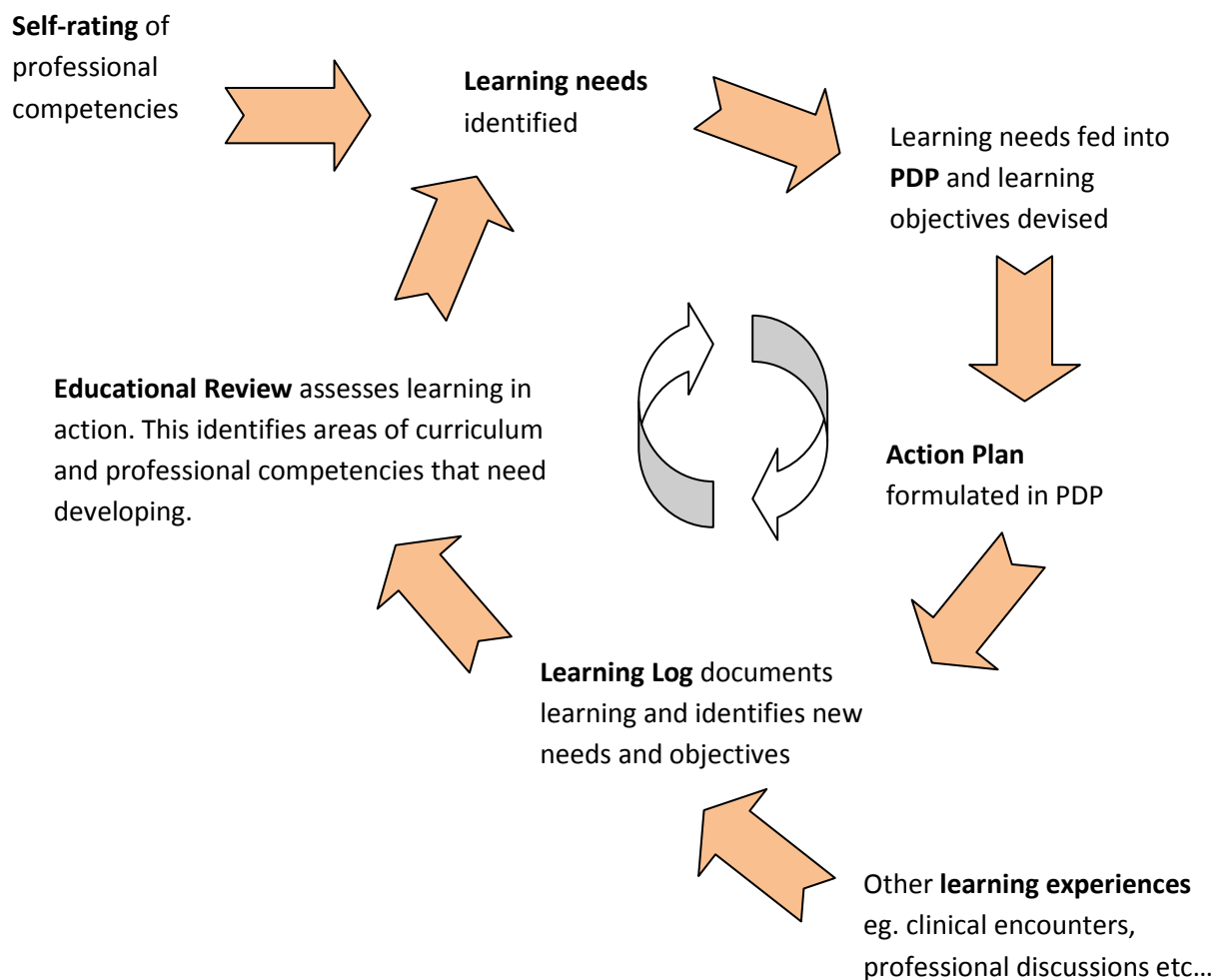
Setting up the e-portfolio

All attachments and associated clinical and educational supervisors need to be added to the e-portfolio. Only administrators with deanery administration powers can do this. Trainers and educational supervisors cannot.

The dates for each attachment need to be accurate.

It may not be possible for every clinical supervisor to be added by name (especially hospital consultants) as these may not be on the system.

e-Portfolio Learning Cycle



Adding Evidence of Learning to the e-Portfolio Learning Log

It is up to the trainee to add and importantly reflect on learning activity, complete the self-assessment and compile a useful and coherent PDP.

The process should start with a “self-assessment of competence”. This will identify some learning needs which should appear in PDP (Professional Development Plan). These needs need to have an action plan devised to try and meet these needs.

The PDP should be a well thought out and well constructed document with specific needs and appropriate action plans.

Goals should be SMART (Specific, Measurable, Achievable, Realistic/Relevant and Timely).

One potential drawback of new version of e-portfolio is that it is easy to link evidence from learning log to the PDP. The PDP may then become cluttered and incoherent.

The PDP on the trainee's page is in landscape format, whilst it is converted into long thin column in the portrait format on the educators' and administrators' pages. This means that a wordy PDP becomes very elongated and hard to comprehend.

Learning obviously happens in a planned way in order to meet learning needs but also in an unplanned experiential way. The trainee documents the learning activity and describes what learning has taken place and if any further learning is required. It may lead back to the PDP but not necessarily so. It may lead on to other learning activity which is documented later in learning log.

IMPORTANT

It is expected that there will be a minimum of 2 entries a week documented on learning log, one of which is likely to be a clinical encounter.

IMPORTANT

Each entry should be linked to appropriate Curriculum Statement Headings. This is done by the trainee, **but the educational supervisor can and should remove any unjustified curriculum statement linkages.**

The educational supervisor must also link the learning log entry to any appropriate Professional Competency. This linking must be justifiable and competency must be adequately demonstrated.

If this is not happening then the trainee should encourage the educational supervisor to do so.

The trainee can access a table of Curriculum Coverage and the associated linked log entries. It is hoped that there should be a broad coverage in all areas and there should be at least 4-5 entries in every Curriculum Area.

By ST3 evidence should be targeted at achieving this spread.

During the Educational Review, the educational supervisor can bring up a table of Professional Competencies. It can be useful to the trainee if the educational supervisor prints off this page to allow the trainee to target evidence appropriately. The trainee at present cannot access this spread sheet directly.

Reflective Practice

The e-portfolio should present a record of learning that demonstrates that the learner has gained experience to demonstrate ability as a 'reflective practitioner'. With careful thought and application it will enhance learning from experience by compelling the trainee to pause and think about the things they are seeing and doing on a daily basis.

Important experiences that might be lost in the 'white heat' of a week full of clinical demands and other pressures, can be recognised and captured, then used as springboards for further learning.

Tips for Demonstrating Good Reflective Practice

Don't fill e-portfolio with masses of long and wordy log entries. The reflection and learning process is lost in the jungle of words.

Think about each entry, think about what are the learning needs and how you would address these.

If appropriate add these to the PDP without cluttering the PDP.

Make the educational supervisor's job easier by clearly explaining how any learning needs have been met and highlighting which curriculum areas and professional competencies have been demonstrated.

The good trainee should produce a clear and concise e-portfolio that demonstrates good reflection and active learning. This will stand the trainee in good stead for future independent practice.

WPBA Evidence

As well as the Learning Log, the e-portfolio also provides the evidence of Work Place Based Assessments.

There are 7 types of WPBA;

MSF	multisource feedback	2 in ST1 (5 clinical) and 2 in ST3 (5 clinical and 5 non clinical)
MiniCEX	mini Clinical Evaluation Exercise	Hospital based equivalent to COT
DOPS	Direct Observation of Procedural Skills	There are 9 mandatory procedures that have to be witnessed and accredited.
CbD	Case-based Discussions	6 in ST1 and ST2, 12 in ST3
COT	Consultation Observation Tool	Tool in GP using live consultations or video
CSR	Clinical Supervisor's Report	After every hospital and GP attachment
PSQ	Patient Satisfaction Questionnaire	1 in every GP attachment in ST1 or ST2 and also in ST3. Must be no less than 40 patients.

There are 2 types of External Assessments;

AKT	Applied Knowledge Test	This occurs 3 times yearly. Arranged at Pearson Vue driving test labs using computer marked questions.
CSA	Clinical Skills Assessment	Simulated surgery of 13x10 minute consultations using actors held at a tower block in Croydon. This occurs 4 times yearly.

The results of the WPBA and the External Assessments are documented in the e-portfolio. The requirements for WPBA are as documented for each 6 months.

	COT or mini-CEX	CBD	MSF	PSQ	DOPS	CSR
ST1	3+3	3+3	1+1 5 clinical	1 if in GP post	Yes	2-3
ST2	3+3	3+3	nil	1 if in GP post and not done previously	Yes	2-3
ST3	6+6	6+6	1+1 5 clinical 5 non-clinical	1	Yes	NA

Less than full time trainees

For less than full time trainees (flexible trainees) the requirement more complex; the same number of MSF/PSQ/CSR are required for each training year equivalent, but the numbers of COT/miniCEX and CBD remain fixed at either 3 or 6 every 6 months and so for every 6 month Educational Review there should be 3 or 6 no matter how part time the training is.

Section 3

Educational Review

The Educational Review should take place every 6 months, in practice, in January and May, prior to the ARCP reviews undertaken by the Panels from each Deanery Area.

An informal review should also take place when trainees return from absence such as prolonged illness or maternity leave.

The Educational Assessor needs to log in as such and not as the Trainer/Clinical Supervisor.

The Educational Review Process:

- Log in as Educational Supervisor
- Review any un-read log entries,
- remove any unjustified curriculum statements
- Link to justified Professional Competencies

- Review Evidence, check adequate WPBA have been completed since last review
- Review PDP, check areas have been updated, and new entries have been added. Targets and goals should be SMART (Specific, Measurable, Achievable, Realistic/Relevant and Timely)
- Comment on any evidence of adult learning and reflective practice taking place within PDP and links to the learning log

- Begin appropriate Review
- Check self-assessments of 12 competence areas have all been updated
- Educational Supervisor's assessment of progress in all 12 competence areas

- Check adequate Curriculum Coverage
- Make appropriate comments

- Check skills log and mandatory DOPS
- Make appropriate comments

- Comment about naturally occurring evidence in the Learning Log.
- Comment about evidence of reflective practice

- Progression to Certification
- CSA/AKT CPR/AED OOH
- Previous Reviews and ARCP's

- Comment on quality of evidence
- Feedback on areas for future development
- Set time period for the dates of the Review
- Set as start date of attachment and end date as the last day of attachment

IMPORTANT:

- Submit Review electronically by pressing "Save and Complete" (do not leave as just "Save")

IMPORTANT:

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- Trainee needs to accept the review otherwise it is not visible to Deanery Administrators or the ARCP

ARCP Panel

The ARCP panel usually review each e-portfolio annually in June. If the Educational review has highlighted any concerns, then the educational supervisor should ask for a Panel Review prior to the ARCP.

The programme directors and administrative support should have previously reviewed the evidence from the e-portfolios in order to make the whole ARCP process run more smoothly and efficiently.

The ARCP undertakes the review of the e-portfolio in a similar fashion to the educational review:

- Evidence of competence is sought from WPBA, adequate reviews, positive CSR's, good MSF's etc... all help to provide evidence of competence. There must be an appropriate numbers and quality of WPBAs.

- Self Assessment of 12 Competency Areas should be recent
- PDP should be thoughtfully constructed with recent and relevant entries

- Learning log should demonstrate justifiable links to curriculum statements and also professional competency areas.
- Curriculum coverage should be adequate
- Professional competency coverage should be adequate (this will be dependent on the linking of the educational supervisor as well as the quality of the evidence).

- Skills log should have DOPS for all the mandatory skills.

- Progress to Certification should be assessed
- (For trainees in ST3, the OOH requirement is 72 hours. This should be checked.)

- Educator's notes should be reviewed
- Review comments from the Educational Review should be checked

- Panel should make a recommendation about the candidate. This should be added onto the e-portfolio at the time of the review.

Options following the ARCP are as below;

Satisfactory Progress

1. Achieving progress and competences at the expected rate (clinical)

Unsatisfactory or insufficient evidence (trainee must meet with panel)

2. Development of specific competences required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specified competences
5. Incomplete evidence presented – additional training time may be required

For outcome 2, where no additional time is required, the trainee should be reviewed at a future ARCP panel set at an appropriate interval to make sure the trainee is back on track. Reviews happen every 2 months, but it may be appropriate to leave for 4-6 months.

All unsatisfactory trainees will receive feedback in person.

Assuming progress has been satisfactory, once the final ARCP in ST3 has been signed off as satisfactory, the trainee can apply for the Certificate of Completion of GP training and will then be awarded Membership of the Royal College of General Practitioners.

Appendix

New Clinical Supervisors Report (CSR)

The new Clinical Supervisor's Report (CSR) has evolved through consultation with primary and secondary care educators and supervisors so that it is easier and more relevant to complete. It will also provide information that is more constructive. It is designed for use in primary and secondary care attachments but its aim was to gather information about performance in hospital posts.

It is still mapped to the competence framework but these links are no longer visible in the report itself (they will be visible in the e-Portfolio). It concentrates on the areas that can be reasonably assessed in secondary care.

The word pictures are drawn from the wording in the "competent" column of the framework. They have been brought together into four "clusters" (Relationship / Diagnostics / Management / Professionalism). These clusters encompass all twelve of the areas of competence. There is overlap in certain areas, but the important aspect for the CSR is that they group similar behaviours together. This becomes very useful in identifying interlinked areas that trainees may have difficulty with.

Previously the trainee was rated against a level of outcome that satisfies competency for end-point licensing. This was therefore unrealistic for many trainees who will only achieve competence by the end of their training. It was also hard for secondary care based consultants to assess against a unknown but perceived level of competence for GP's. Levels of performance are now compared with other doctors at the same stage of training.

This scale has proved successful in trials because it is one that secondary care doctors are used to working with. It assumes an ongoing "need for further development" for doctors in training and will therefore allow useful formative feedback and document more clearly evidence of progression.

The "Comments/Concerns" box is a very important way of giving feedback to the Educational Supervisor and should be used for each area of competence if there are specific concerns, or you feel unable to grade. Similarly, if a trainee is performing above expectations this can be recorded and comments made in the summary text box at the end of the report.

The final feedback box can also be used for further elaboration or any recommendations that you may have to help either the trainee or Educational Supervisor. Any concerns should be discussed with the Educational Supervisor directly (e.g. phone / email).

The form is designed to provide useful structured information but is no substitute for dialogue between the Clinical Supervisor and Educational Supervisor. It is the Educational Supervisor who makes the judgement of a trainee's progression towards competence. The CSR is one of several sources of evidence that he or she will use to reach this judgement.

The report should be completed by the named Clinical Supervisor (usually a consultant in the specialty or GP in an ST2 post) and **all available evidence relating to the post, should be reviewed before completing the report** – this includes the mandatory tools, relevant e-Portfolio log entries, and feedback on performance from staff and colleagues.

Ideally, the Clinical Supervisor should have a talk to the Educational Supervisor at the beginning of the trainee attachment, to plan the educational objectives for the following attachment period and to identify the specific opportunities that that particular post may provide for the trainee. Contact should be made again before completion of the CSR and at any other time if there are additional concerns.

