

GP Specialty Trainee (GPST) ePortfolio:

Guidance for Satisfactory Progression at ARCP Panels

Deanery Assessment Reference Group

on behalf of

Committee of General Practice Education Directors (COGPED)

Updated August 2019



Royal College of
General Practitioners



Please note: this document represents guidance on good practice for GP specialty trainees on how to submit evidence that, if written well and demonstrates competence, including the competence to learn, is likely to result in a satisfactory outcome at ARCP Panel. However, such an outcome cannot be guaranteed, and the document does not represent GMC, COGPEd or RCGP policy or regulation.

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Introduction

The General Medical Council (GMC) set the [standards](#) which training organisations must meet, and the standards that doctors in training must reach by the end of training. They also approve the curricula for each training programme.

The GP Specialty Trainee (GPST) ePortfolio is a repository for evidence collected by a GPST to allow demonstration of progression. It is also the source of evidence considered by an Annual Review of Competency Progression (ARCP) panel at the end of training to make a recommendation for a Certificate of Completion of Training (CCT).

This document offers guidance on what evidence a GPST and their Educational Supervisor (ES) could provide to ensure satisfactory progress and ultimately competence for award of a CCT.

It is laid out in the order of an Educational Supervisor Report, as seen at an ARCP panel.

The requirements of a GPST are made explicit in the following documents and for this reason they are referenced throughout to support the suggested evidence:

1. [Good Medical Practice](#)
2. [RCGP Competency Framework](#)
3. RCGP [Workplace Based Assessments \(WPBA\)](#) minimum evidence requirements
4. A [Reference Guide for Postgraduate Specialty Training in the UK \(Gold Guide\)](#)
5. RCGP Educational Agreement (within the ePortfolio)
6. RCGP [Clinical Examination and Procedural Skills Assessment](#)

1. Rating the Competences and Agreed Actions

Requirements

GMC Good Medical Practice states:

*13 You must take steps to monitor and improve the quality of your work
22b[youshouldbe]regularlyreflectingonyourstandards of practice and the care you provide*

RCGP Curriculum states:

Self Directed learning: You will need to keep your e-portfolio up to date, which in itself will help you reflect on your training as a GP and help identify new learning needs.

Core Competence: Continuously evaluate and improve the care you provide. As a GP, this means you should:

- Show commitment to a process of continuing professional development through critical reflection and the addressing of learning needs.*
- Routinely engage in targeted study and self-assessment to keep abreast of evolving clinical practice, identify new learning needs and evaluate your process of learning.*
- Regularly obtain and act on feedback from patients and colleagues on your own performance as a practitioner.*
- Systematically evaluate personal performance against external standards and markers, using this information to inform your learning*

The Gold Guide (4.44) states that trainees must:

- maintain a portfolio of information and evidence, drawn from the scope of their medical practice,*
- reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation*

The RCGP [WPBA website](#) gives extensive guidance on the use of WPBA tools and the ePortfolio.

Good Practice

1.1. Rating the Competences

By Trainees

In preparation for their educational review, the trainee should rate their progression across the thirteen areas of competence, making detailed reference to the evidence in their ePortfolio. This will both aid their reflection skills and point the educational supervisor to pieces of evidence they may wish to consider when they complete their part of the review. The trainee should tag up to three pieces of evidence per competence to justify their

own rating of that competence and support their own written narrative.

These ePortfolio entries should be reflective, demonstrating personal insight into how the trainee is performing and learning from their everyday experiences. Insight is a key element of all the reflective components of the ePortfolio and trainee self-ratings that are insufficiently or inappropriately evidenced should be commented on by the educational supervisor or by the ARCP Panel and could be legitimate grounds for an unsatisfactory ARCP outcome.

It is good practice for the trainee to draw upon evidence from a variety of sources within the ePortfolio, including naturally occurring evidence, using all the log entry headings, and assessments performed by different assessors, to allow for triangulation of evidence, to increase the robustness of the judgements, and because evidence to support different competences may best be found in different areas.

By Educational Supervisors

If the trainee self-rating is a comprehensive review, with appropriate tagged evidence which shows a true picture of their training, the ES should add a comment stating that they agree with all comments and evidence cited. It may be appropriate for the ES to add additional narrative (which should include analysis) and evidence (up to three additional pieces of evidence from the ePortfolio which have been submitted within the review period).

At final review the ES should rate the trainee as “Competent for licensing” or “Excellent” (above Competent) if they have achieved all of the required competences. If the trainee has not achieved the required competences they should be rated as “NFD - below expectations”.

Where the trainee’s self-ratings and evidence do not provide a true picture of their progress, the ES should add additional evidence and narrative to support the competence ratings for each review.

It is good practice for the ES to draw upon evidence from a variety of sources within the ePortfolio, including naturally occurring evidence, using all the log entry headings, and assessments performed by different assessors, to allow for triangulation of evidence, to increase the robustness of the judgements, and because evidence to support different competences may best be found in different areas.

The ES should remember the probity of their actions. If the ES relies solely on the trainee’s narrative and evidence then the ES must be sure that it is correct and justifiable.

1.2. Agreed Actions

By Trainees and Educational Supervisors

As part of the ESR process, in addition to completing the self-assessment section, trainees will be required to create at least one PDP to cover their next review period or post. The ES will review all PDPs created in the last review period and may help edit to make them SMART or advise trainees to add further entries to cover missed or future learning needs if appropriate.

Learning does not stop at the end of training and actions should be considered to inform and support post-CCT appraisal and revalidation.

2. Links from the Learning Log to the Curriculum and Competence Domains

Requirements:

The RCGP Curriculum describes the Capabilities and Competences required to practise as a General Practitioner in the United Kingdom.

The [RCGP WPBA website](#) gives extensive guidance on the use of WPBA tools and the ePortfolio.

To complete Workplace Based Assessment satisfactorily by the end of ST3 all clinical experience groups should be evidenced by linkage to relevant entries in the Learning Log.

It is a requirement for the ES to link log entries to appropriate competence domains.

Good Practice:

By Trainees

The trainee should provide evidence of progression between reviews.

The trainee should provide a range of evidence over time and a high number of appropriate links to clinical experience groups/curriculum and competence domains.

The trainee should indicate the competence domain(s) upon which they have reflected.

By Educational Supervisors

The ES should review curriculum linkage and amend this appropriately.

ESs should unlink links to the curriculum which the trainee has included and the ES considers to be inappropriate and explain this in the comments section.

The ES should explain their competence linkage in the comments section of the log.

3. Clinical Examination and Procedural Skills (CEPS)

Requirements:

Trainees and Educational Supervisors (ES) are required to comment on evidence of progression in the Clinical Examination and Procedural Skills competence within the six-monthly Educational Supervisor's Report (ESR). This is required within the trainee's self-rating and ES's assessment of the competences. At the final review a trainee must show that they are competent for licensing in Clinical Examinations and Procedural Skills to obtain their Certificate of Completion of Training (CCT).

By Trainees

It is a requirement of the GMC that trainees demonstrate evidence of competence of intimate examinations which includes breast, rectal, prostate, male genital examination and female genital examination (to include speculum and bimanual pelvic examination).

Trainees must be observed performing these examinations by a suitably trained professional using the CEPS evidence form. If the assessor is another Dr, they must be at ST4 level or above. If the assessor is another health professional, they must confirm their role and training.

The five mandatory examinations cannot by themselves demonstrate overall competence in CEPS. A range of CEPs which are relevant to general practice are also required. There is no minimum number of assessments to be recorded. Instead, trainees will be expected to discuss their CEPS learning needs during placement planning meetings and to record their plans in the learning log and PDP. The range of examinations and procedures and the number of observations will depend on the needs of the trainee and the professional judgment of their supervisor.

It is the responsibility of trainees to ensure that there is sufficient evidence of competence recorded in the ePortfolio. Trainees will not be able to be signed off as competent for CEPs by the ES during the final review unless there is evidence of the 5 mandatory intimate examinations plus a range of CEPs relevant to general practice. This evidence will be reviewed at your final ARCP and an unsatisfactory outcome may be given if sufficient evidence is not present.

Further information on the role of CEPS within the ePortfolio can be found on the [RCGP website](#).

Good Practice:

By Trainees

Observation and assessment of Clinical Examination and Procedural Skills may be made by clinical supervisors and other colleagues (including senior nurses with appropriate experience and trainees at ST4 or above) by using the CEPS observation forms which can be downloaded from the ePortfolio.

The trainee can also document Clinical Examinations and Procedural Skills within their learning log. As with all log entries these will need to be linked to the relevant curriculum headings and will need to include a range of entries from specific areas, for example cardiovascular/respiratory/children/breast/male and female genital examinations/ elderly patients and patients with mental health problems. Log entries will require reflection on any communication, cultural or ethical difficulties encountered.

Evidence for CEPS should be provided through a mixture of observed CEPS, log entries, COTS and the CSR.

By Educational Supervisors

The ES is required to make a professional judgement that they have seen sufficient evidence at each ESR to answer the three questions within the skills log section of the review. At the final ESR the ES must be satisfied that they have seen sufficient evidence to make a decision about competence in Clinical Examination and Procedural Skills. The evidence will vary for each trainee but there must be evidence for all intimate examinations and a range of non-intimate examinations.

There are three questions that the ES must answer within the skills log section of the review. In particular the ES will be required to comment on the trainee's skills in conducting genital and other intimate examinations including female breast examination (at this stage of training). The full range of female and male genital examination is expected to include rectal, prostate, female genital and pelvic examination and male genital examinations.

In order to provide the best evidence of competence in intimate examinations, the ES should ensure that the trainee has been observed undertaking the full scope of those intimate examinations and that these have been documented using the CEP assessment document which can be found in the evidence section. This evidence should be considered in addition to the trainee's reflective log entries on such examinations.

4. WPBA Minimums

Requirements:

RCGP requirements for [Workplace Based Assessments](#) are clearly laid out.

All required WPBAs should be completed before an Educational Supervisor Report is submitted and a trainee will not receive satisfactory progress at ARCP if the relevant assessments are missing.

Trainees should provide one Clinical Supervisor Report for every hospital post but can also be used in the primary care setting

A trainee cannot proceed to CCT if they have not completed the mandatory WPBA assessments – these are a compulsory requirement for licensing.

The Gold Guide section 4.74 describes the outcomes that are available to a panel if there is missing evidence

Good Practice:

By Trainees

The trainee should complete WPBAs on a regular basis throughout each post and should not be left until the end of a post. When used at their best WPBAs are assessments for learning and are there to provide a framework to enable trainees to develop. Although a minimum number of assessments is stated, the trainee is not limited to this minimum. The assessments, along with other naturally occurring evidence will create a picture of competence and/or curriculum coverage. The amount of evidence needed to create this picture will depend on the depth of the evidence from each log entry or completed CBD / COT / MiniCEX etc.

When a trainee is being clinically supervised by someone other than their ES, it is good practice for a CSR to be completed, as this may provide useful additional evidence of trainee progress.

By Educational Supervisors

Where minimum requirements have not been met by the trainee, the ES should give an appropriate unsatisfactory outcome on completion of the ESR.

Prescribing Assessment

This is a pilot that comes into effect for all GPST3's who enter training in August 2019 and will have completed 4 months of full-time training by the end of December 2019; it is mandatory for these GPST's to complete the assessment.

Full details can be found on the RCGP website - <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/prescribing.aspx>

This exercise has been put into place as robust evidence has shown that 1 in 20 prescriptions contain errors. The REVISIT study looked specifically at prescribing by GP trainees and the error rate rose further to 1 in 10 prescriptions.

In summary –

1. The trainee searches on their last 60 retrospective prescriptions
2. Using the prescribing manual, the trainee reviews these prescriptions and maps them against potential prescribing errors
3. The GP trainer / Supervisor reviews 20 of these prescriptions, maps these against potential errors and adds these to the spreadsheet
4. The trainee completes the trainee reflection form in the ePortfolio and reflects on their prescribing using the GP prescribing proficiencies
5. The trainee and GP trainer / Supervisor complete the assessment using the GP trainer/ Supervisor assessment form found in the ePortfolio
6. Both the trainee and GP trainer / Supervisor complete and submit the questionnaires
7. The trainee uploads the anonymised spreadsheet to their learning log

GPST3's who are mandated to complete the assessment will have to provide a minimum of 10 CBD's in ST3 at their ST3 review.

5. Personal Development Plan (PDP)

Requirements:

GMC document [Continuing Professional Development: Guidance for all doctors](#)

Para 15 states: You should be prepared to review your PDP throughout the year in the light of discussions with your appraiser and others to ensure it remains relevant to your needs. Planning and evaluating your CPD needs and opportunities should be managed on an ongoing basis, not just at your appraisal.

RCGP Competency 'Maintaining performance, learning and teaching' requires trainees to *"show a commitment to professional development through reflection on performance and the identification of and attention to learning needs"*.

At each ESR the content and progress of the PDP is reviewed.

Good Practice:

By Trainees

A good PDP will show evidence of the trainee planning their learning based on needs identified through reflection on their clinical practice. The PDP should incorporate the learning objectives agreed with the educational supervisor, with reference to the professional competences and coverage of the GP curriculum.

The trainee should clarify and prioritise their learning, and the PDP allows the trainee to demonstrate and document self-direction, insight and initiative.

The PDP should be a personal, reflective 'living document' with a mixture of open and completed entries. It should contain a mixture of entries generated personally by the trainee and from meetings with their ES. The PDP should not only be a list of mandatory training requirements to be completed by the end of training but should demonstrate an ability to identify learning needs and address those objectives appropriately.

Trainees approaching the end of training should record objectives relating to independent practice and the transition to post-CCT as the PDP is an essential component of appraisal and revalidation.

By Educational Supervisors

The ES should give constructive feedback on the content and progress of the trainee's PDP at each ESR.

6. Progress to Certification

6.1 AKT and CSA

Requirements:

A pass in the AKT and CSA must have been achieved before a recommendation can be made for CCT.

6.2 CPR and AED certificate

Requirements

At the time of the final ESR, the ePortfolio must include [certificated evidence of current CPR and AED training](#). This certificate must be valid beyond the final date of training.

The certificate must be issued by a Resuscitation Council (UK) ALS instructor or equivalent and conform to the Resuscitation Council (UK) guidelines in place at that time. This training needs to have been done through a practical workshop or training session, an e-learning module by itself is not sufficient.

Good Practice: By Trainees

It is the trainee's responsibility to maintain their CPR and AED skills by regular attendance at training run by an approved Resuscitation Council (UK) ALS instructor or equivalent. Annual updates are recommended. The certificate should be uploaded to the ePortfolio as a log entry (course/certificate). Most trainees take a basic life support certificate during the ST3 stage of training but advanced life support certificates issued during ST1 and ST2 and still valid will also be acceptable.

By Educational Supervisors

At the final ESR the ES should ensure that the evidence provided by the trainee is valid, up-to-date and visible to the ARCP panel.

6.3 Urgent and Unscheduled Care

Requirements

The OOH competencies (to become capabilities in 2020) have been mapped to the RCGP curriculum and competencies as described in the COGPED position paper on Out of Hours Training for GP Specialty Trainees.

At the final ARCP the trainee must demonstrate evidence to support capability in delivering out of hours care, this is done by providing evidence matched to the six RCGP UUSC statements. The trainee must also fulfil their deanery and contractual requirements which differ between the four countries of the UK.

Good practice:

By Trainees:

The trainee should complete a record of work undertaken in UUSC; if undertaking a clinical session, a learning log entry with a copy of the CS feedback should be completed and scanned into the e-portfolio. Other evidence could include reflective learning log entries with completion of identified learning needs relating to UUSC, professional conversation, clinical encounter or SEA categories. WPBA especially audio-COTs would also be very supportive evidence.

By Educational Supervisors:

At the final ESR the ES needs to assess and make a judgement on the evidence provided by the trainee and consider if this evidence shows the ST to be capable in the UUSC environment,

7. Safeguarding Children & Young People

Requirements:

The GMC have published guidance on Safeguarding Children [Protecting children and young people - Short guide for GPs](#). They have made it clear that this guidance applies to all doctors, including trainees and that evidence of meeting the requirements contained in their guidance must be met by the completion of training.

The RCGP Curriculum states:

Core competence: apply leadership skills to help improve your organisation's performance.

As a GP this means you should:

Recognise your responsibility for safeguarding children, young people and vulnerable adults, using appropriate systems for sharing information, recording and raising concerns, obtaining advice and taking action. This requires you to acquire and demonstrate the level 3 competences set out in the Intercollegiate Guidelines Safeguarding children and young people: roles and competences for health care staff (March 2014)

At the time of the final ESR the trainee and ES must confirm that this requirement has been met. Appropriate proof of completion of this requirement must be recorded within the ePortfolio. This must include the relevant child safeguarding level 3 certificate, learning log reflections which demonstrate understanding and involvement with child safeguarding as well as any relevant courses, e-learning completed or conferences attended.

Good Practice:

By Trainees

The trainee should clearly record the evidence for Safeguarding Children within the ePortfolio e.g. by using a learning log entry entitled "Safeguarding Children".

There should be evidence of both knowledge and practical learning with appropriate reflection.

By Educational Supervisors

At the final ESR the ES should ensure that the requirements for Safeguarding Children have been met and are visible to the ARCP panel.

8. Quality Improvement/Audit

Requirements:

GMC Good Medical Practice states:

22. You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

a) taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary

RCGP curriculum states:

Core Capability: Maintaining performance, learning and teaching.

Critically reviewing your experience in practice should become a habit that is maintained over the whole of your professional career. Knowing and applying the principles of lifelong learning and quality improvement should be considered an essential competence for every GP.

Core Competence: continuously evaluate and improve the care you provide.

As a GP, this means you should: participate in personal and team performance monitoring activities and use these tools to evaluate practice and suggest improvements

Core Competence: Adopt a safe and scientific approach to improve quality of care.

As a GP, this means you should: contribute to organised systems of quality assurance and improvement, including local quality improvement projects.

RCGP ePortfolio Competency 'Maintaining performance, learning and teaching' requires trainees to "*participate in audit where appropriate and use audit activity to evaluate and suggest improvements in personal and practice performance*" to demonstrate competency.

The Gold Guide section 4.44 notes "*take part in regular and systematic clinical audit and/or quality improvement*".

Good Practice:

By Trainees

The trainee should perform an audit / quality improvement project in primary care. There should be significant personal involvement.

There should be demonstration of:

- data analysis
- working with colleagues
- a change in practice
- evaluation of the impact of patient care
- reflection on your learning from the experience

The trainee should clearly record the evidence for Audit/quality improvement project work within the ePortfolio e.g. by using a learning log entry entitled "Audit"

By Educational Supervisors

At each ESR the ES should give constructive feedback on the content and progress of the trainee's audit / quality improvement work.

At the final ESR the ES should ensure that the trainee has met the requirements of the RCGP curriculum and that this evidence is visible to the ARCP panel.

9. Significant Event Analysis

Requirements:

GMC Good Medical Practice states:

23 To help keep patients safe you must:

b) contribute to adverse event recognition

RCGP curriculum states:

Core Competence: Continuously evaluate and improve the care you provide. As a

GP, this means you should:

- *Participate in personal and team performance monitoring activities and use these tools to evaluate practice and suggest improvements*
- *Engage in structured, team-based reviews of significant or untoward events and apply the learning arising from them*

P43 Core Competence: Make effective use of information management and communication systems.

As a GP, this means you should: make effective use of the tools and systems that enable

evaluation and improvement of your personal performance (e.g. through use of reflective portfolios, patient satisfaction surveys, multi-source feedback, significant event audits and other quality improvement tools)

RCGP ePortfolio Competency 'Maintaining performance, learning and teaching' requires trainees to *“engage in significant event reviews, in a timely and effective manner, and learn from them as a team-based exercise”* to demonstrate competency.

The Gold Guide Appendix 1 states All Significant Untoward Incident (SUI) or GMC referrals must be reflected on in your ePortfolio - ideally as an SEA

Good Practice:

By Trainees

The trainee should complete a relevant SEA during each six months of training.

All complaints where the trainee has personal involvement should be recorded as SEAs.

The trainee should clearly record the evidence for SEA within the ePortfolio e.g. by using a learning log entry entitled “Significant Event”.

SEAs should be discussed with a group wider than with the supervisor and include reflection on change from a personal and organisational perspective

By Educational Supervisors

At each ESR the ES should give constructive feedback to the trainee on their SEAs.

At the final ESR the ES should ensure that the trainee has met the requirements of the RCGP curriculum and that this evidence is visible to the ARCP panel.

10. Learning Log entries

Requirements:

GMC Good Medical Practice states that you must:

22b regularly reflect on your standards of practice and the care you provide

The Gold Guide (4.44) states that trainees must:

Maintain a portfolio of information and evidence, drawn from the scope of their medical practice, and reflect regularly on their standards of medical practice in accordance with GMC guidance on licensing and revalidation.

RCGP ePortfolio Competency 'Maintaining performance, learning and teaching' states that a competent trainee *"shows a commitment to professional development through reflection on performance and the identification of and attention to learning needs"*.

Good Practice:

By Trainees

The trainee should add a broad range of Learning Log Entries (LLEs) to demonstrate balanced learning. However, it is not mandatory for a trainee to have used all categories by the end of ST3.

Not only does the trainee need to maintain a good quality Learning Log to demonstrate professional development, within the context of education and training, they must also supply sufficient, appropriate evidence to satisfy GMC requirements for their own annual appraisal and revalidation.

The Learning Log is a key educational tool and a lack of entries may indicate a lack of progression towards Competence 'Maintaining performance, learning and teaching'.

Learning logs should be shared regularly and frequently with Clinical and Educational Supervisors.

A broad range of learning log categories should be used to reflect balanced learning, with an emphasis on clinical encounters.

There should be sufficient high quality log entries to demonstrate progression in both the curriculum and the competence domains in each review period.

Log entries should be reflective. Guidance on reflection can be found [here](#).

By Educational Supervisors

The ES should read and comment on LLEs to motivate the trainee and provide useful feedback.

Information on giving feedback can be found on the [RCGP website](#).

Educational supervisors and Panels should be aware that entries can be backdated and are advised to check the 'date shared' field on the log entry. This will help identify entries that have been added at the last minute.

11. Revalidation

Requirements:

The ESR contains questions for Educational Supervisors relating to revalidation (Revalidation: Details of Concerns / Investigations). The ARCP outcome certificate also contains specific questions on revalidation.

Trainees must be able to provide the information required for these questions to be answered either through completion of an up to date Form R or, in Scotland, completion of the Scottish On-line Appraisal Resource (SOAR) declaration. The GMC have stated that failure to provide this information prior to a trainee's ARCP panel will result in an unsatisfactory outcome. The date for this submission will be determined locally by the LETB/deanery.

12. GMC Survey

Requirements:

It is a [GMC requirement](#) that all trainees (currently working in a training post) take part in the annual GMC Trainee survey.

Good Practice:

By Trainees

The trainee should complete the GMC Trainee survey and attach evidence of this within a learning log entry.

