

North Western GP Trainee Forum

GP ST e-portfolio Guide

This short guide will address the following regarding the RCGP e-portfolio:

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What's it all for?

1

To help the ARCP and Educational Supervisor panel decide whether you should continue to progress through training. This is an essential part of the nMRCGP and an evidence base for training. E-portfolio's will be used throughout your career for annual appraisal and as part of revalidation to assess lifelong learning.

2

Reflective Learning - RCGP are keen on honest reflection. Discussing how the experiences have affected you and what you have learnt from it. You can use reflective tools like SWOT to help structure your logs.

What Was The Subject?

Tutorial on headaches

What Did You Learn?

Covered important history and examination bits, red flag symptoms, migraine management, abdominal migraine in children.

Average vs. Good Reflection

What Will You Do Differently
In the Future?

Follow the guidelines

What Will You Do Differently In the Future?

- *Must always screen for red flags (and must not forget these). These are: early am headache, worse with bending, occipital, associated with N&V, visual changes.*
- *Also learned for abdominal migraines in children, low dose pizotifen is useful (worth remembering for the future)*

For further examples see user guides at the bottom of the follow webpage <http://www.rcgp-curriculum.org.uk/eportfolio.aspx#Userguides>

Curriculum headings and competency areas

Familiarise yourself with the Curriculum Headings and the 12 Competency Areas (table below) and aim for your learning log entries to cover both the curriculum headings and competency areas. Keep a list of entries that link to the competency areas, as it makes it easier for your Educational Supervisor to link them at your review.

Competency Areas		
Communication & consultation skills	Working with colleagues and in teams	Data gathering & interpretation
Practising holistically	Fitness to practice	Clinical management
Managing medical complexity	Primary care admin & IMT	Community orientation
Maintaining performance, learning & teaching	Maintaining an ethical approach	Making a diagnosis/decision

Learning log entries

Aim for 2-3 log entries per week – though the emphasis should be on quality not quantity – and set aside time each week for this – ARCP can see the date entries are added!

Aim to demonstrate a variety of different learning logs (See Table 2). Each log entry allows you to link evidence to the Curriculum Headings (for one log entry you can add multiple headings by pressing 'Ctrl' and selecting all the headings you want). Only your supervisor can link log entries to the competency areas

Learning log entries	
Clinical Encounters Most important	PUNs and DENs from consultations, Random Case Analyses, Problem Case Analyses, case reviews, feedback from direct observation of surgeries by trainer, any external clinical sessions you have attended (e.g. local sexual health clinic, hospital migraine clinic)
Professional Conversations	Educational supervision discussions (upload local reports here), any appraisals and feedback on your day to day behaviour (e.g. complaints). Discussions on health related issues, when things are going wrong and ethical issues. In general, any conversations related to attitudes, skills, or organisational management (e.g. time keeping, stress and burnout etc)
Tutorials	Half Day Release, trainer led topic based tutorials (medical certificates, telephone consultations, headaches, contraception etc), consultation skills tutorials, tutorials on non-clinical stuff e.g. looking for the evidence, working in teams , IT training etc.
Audits/ Projects (1/yr)	As the name implies include audits and research/academic activity as a result of a discussion or encounter. Any QoF related work you do can go here.
Significant Event Analysis (aim to do one per year)	A significant event analysis helps you reflect on an event to try and tease the core components to enable you to help something work better in the future. A significant event can be something that went wrong (and hence you want to reduce the chances of it happening again e.g. complaints) or something that went surprisingly well (and thus you want to tease out the components that enabled it to work so well so you can replicate it in the future).
E-learning modules	There are so many e-learning modules available these days and you may want to keep a record of what you've done and the key learning points from them. Three good examples are BMJ learning modules, RCGP's EGP updates and GP Notebook's GEMS.
Readings Books	Medical and non-medical (remember, some fiction books can help inform your approach with patients). Interesting papers, protocols you've come across, articles on the web, etc. We would even encourage you to include films and plays you have seen that have helped develop the way you practice medicine. Remember, films and plays can powerfully develop your knowledge, skills (e.g. communication) and attitudes (e.g. how you see certain groups of patients).
Courses/ Certificates	Advanced or Basic Life Certificates, Deanery led courses (Exit Course, Unscheduled Care Course, Diversity), Consultation Skills Courses, Family Planning, Minor Surgery, Child Health Surveillance, mock CSA sessions and other external courses open to a wider audience not just GP trainees (e.g. Palliative Care Course, Time Management).
Lectures and Seminars	Protected Learning Time Events (in house GP education), the traditional hospital style lectures, Specialist delivered seminars.
OOH sessions	Self explanatory (note: not the same as extended hours); it has to be UNSCHEDULED care. This table is not an exhaustive list. Some are clearly self explanatory, others leave space for interpretation. Some people, for instance, put the (half) day release (HDR) stuff in different places depending if it was more formal or small group learning; that's fine providing you specify in the title section of the new entry a reference to HDR e.g. HDR on Ethics. Having a consistent approach like this will help.

Workplace Based Assessments

What are they and how are they different for GP training?

WPBA	What does it mean?
DOPs (Direct Observed Procedures)	The main difference is that there are 8 mandatory DOPs (breast examination, female genital examination, male genital examination, rectal examination, rectal examination, cervical cytology, testing for blood glucose, and application of a simple dressing). These need to be done until you can show you are competent in them.
CBD (Case Based Discussion)	The marking criteria for this are slightly different. Therefore make sure you are familiar with it, especially in a hospital setting where hospital doctors may not be so familiar with it.
CEX and COTs	CEX are for hospital placements and are similar to other training program CEX. COTs focus more on communication skills and are for use in GP placements.
PSQ (Patient Satisfaction Questionnaire)	You will need to complete at least 2 PSQs during your training. These are carried out in your GP placements. You need to get 40 patients to complete a questionnaire asking them to rate your skills during the consultation. They are asked 11 questions and have to give you a mark from “poor to fair” to “outstanding”. It can take a bit of time to get 40 completed questionnaires. GP practices have different processes for doing this regarding how the form is given out and collected and how the data is entered – ask at your placement. Eventually you get given an average mark and can compare this to other trainees around the country.
MSF (Multi Source Feedback)	This can be a mixture of clinical (and non clinical when in GP placement) staff that you ask for feedback.
CSR (Clinical Supervisors Report)	This needs to be completed when you`re in a placement and your supervisor is not your Educational Supervisor i.e. hospital settings. You need one of these for every placement.

How many WBA and when do you need to do them?

	ST1 Post 1	ST1 Post 2	ST2 Post 1	ST2 Post 2	ST3 1 st 6mth	ST3 2 nd 6mths
CBD	3	3	3	3	6	6
CEX/COT	3	3	3	3	6	6
MSF	1	1	0	0	1	1
CSR	1	1	1	1	0	0
PSQ	1 PSQ required during GP placement only			1 PSQ during ST3 required		
DOPs	As appropriate – but must be competent in 8 mandatory DOPs by end of ST3					

CEX in hospital placements and COTs in GP setting.

CSR required if not getting clinical supervision from Educational Supervisor in ST3.

Requirements for those doing less than full time training will be different.

These are minimum requirements and it always looks better to do more!

Personal Development Plan (PDP)

Aim to show cycle of learning.

Update following supervisor meetings. Upload evidence and comments showing how you've achieved closing the learning cycle. You can also add directly from log entries by using the 'send to PDP' button.

Housekeeping



Check the names of your Educational and Clinical supervisors appear on the Home page. If not contact the GP ST School at www.nwpgmd.nhs.uk/general-practice/contacts



Make sure your personal details are up to date.



Make sure your declarations and agreements are signed/ countersigned (a notes appears on the screen when any new declarations/agreements require signing).



Make sure e-portfolio is 'ARCP-ready' by May i.e. WPBAs are up to date, good number of log entries with reasonable curriculum coverage, CSR & ESR meetings arranged as panel reviews tends to occur in June/July.

Educational Supervisors Review (ESR)

An Educational Supervisor's Report (ESR) is required every 6 months from your Educational Supervisor. Your Educational Supervisor needs to open a review period before you can access your review.

You need to do the self- assessment part before meeting with your supervisor. This can be found under review preparation on the left hand side of the e-portfolio. This involves you self-rating yourself against the 12 Competency Areas ('Needs Further Development', 'Competent' etc) and providing evidence from your log entries to back up your statements. You also have to self rate your clinical skills in the skills log. This is where the e-portfolio is a bit clunky and it is useful to have the evidence recorded in a separate document to make this process easier. Your Educational Supervisor then rates you against the same 12 competency areas using the evidence in the e-portfolio. Therefore if there is no information in your e-portfolio your supervisor cannot say you are wonderful.

Do NOT underestimate how long this takes to do!

Both the self- rating part and the time with your Educational Supervisor. Also make sure you start looking at this 1-2 months before the end of the placement. You and your supervisor usually do this in person together, therefore you have to find a time you are both around and make sure you have everything ready before this.

Annual Review of Competence Progression (ARCP)

Your e-portfolio aims to demonstrate the following for your Annual Review of Competence Progression (ARCP):

- Is this a safe doctor?
- Are they competent?
- Are they good at dealing with people?
- Is (s)he open and honest?
- Does (s)he continuously reflect and learn?
- Is (s)he a doctor I'd be comfortable seeing?

The ARCP is the process of reviewing your e-portfolio entries and making sure that you are fit to pass on to the next year of training. This happens once a year between May to July. A panel of at least 3 people review your e-portfolio and may include GP educators, RCGP representatives, lay members, hospital educators and representatives of employer. The panel members are independent of you and your Educational Supervisor. You are not required to meet with the panel, unless the panel consider that your progress is not satisfactory. You are required to make sure that your portfolio is ARCP ready in good time before the panel meet.

For most people the panel will give you a satisfactory outcome (this is as good as it gets – no one gets bonus points!). Some people may get advice about how to improve their e-portfolio for next time – this feedback will appear in the Educators Notes section. If everything is satisfactory you will be asked to accept the panels' decision and this will be logged in your e-portfolio. However, for some people the panel may ask for more information, more log entries, or more WBA – if this happens they give you a time scale to do it. If your progress is considered to be not satisfactory you may be asked to attend a panel to discuss this and receive an educational prescription.



How to avoid failing the ARCP



- 1** Review the curriculum. Make sure that you are trying to cover the whole curriculum – this makes you a great generalist!
- 2** Complete the minimum number of WBA. Get organised about doing these throughout the placement and not just at the end, especially MSF and PSQ which require other people to complete things for you.
- 3** Use your PDP. The RCGP like to see that you are linking log entries to the PDP to show that you are learning and developing throughout your training.
- 4** Good quality log entries. Evidence of thoughtful reflection and thinking about how you can use the experience to develop further. Also complete the minimum number of 2-3 entries a week
- 5** Variety of learning log entries. Include significant event analysis, Audit and make sure you do the required minimum number of out-of-hours sessions when in GP placements and make a record of these.
- 6** Show evidence of progression. This means spreading log entries out over the 6 month period so that you can show you have learned and developed over 6 months. Do not leave all your log entries to the end because
 - a.** It is very stressful
 - b.** The panel can tell when you entered the log entry
 - c.** You leave yourself no time to show learning and progression.

Useful links and Resources

My First MRCGP Book: Penny Moore and Simon Curtis

Condensed Curriculum Guide: for GP training and the new MRCGP

RCGP website: www.rcgp.org.uk/default.aspx

RCGP user guides: www.rcgp-curriculum.org.uk/eportfolio.aspx#Userguides

Web-based self assessment exercise with AKT-similar practice questions mapped across the RCGP Curriculum (useful for PDP): new.npep.org.uk/

AIT journal website- can access back copies: rcgp-innovait.oxfordjournals.org/

North Western Deanery site – mainly links back to RCGP, but has some good extra stuff too:
www.nwpgmd.nhs.uk/e-portfolio

Bradford VTS website; excellent resource for learning: www.bradfordvts.co.uk/

This guide was written by Drs Jessica Drinkwater and Georgina Brelsford on behalf of the North Western GP Trainee Forum in June 2012
You can contact us on nwgptraineeforum@gmail.com if you have any comments