**CURRICULUM COVERAGE IN EPORTFOLIO**

**Report of Task and Finish Group**

**Background**

Following discussion after ARCP Panels, there emerged a need for some kind of consensus on acceptable levels of curriculum coverage within the ePortfolio at each stage of training. A Task and Finish Group was convened, made up of an AD (Kate Wishart), a trainee (Brian Ainsworth), and a newly qualified GP (Gary Howsam). These members asked others involved with training for their opinions and fed these back, together with their own assessment of the issue.

**Results**

Frequency of log entries

* At present there is a ‘soft’ expectation that trainees will complete 3 log entries per week.
* Not all trainees achieve this quantity of entries.
* The point is made that setting a minimum number of entries may result in log entries made just for the sake of keeping up the number, and be of low quality and usefulness to the trainee.
* All agreed that quality is more important than quantity.
* There was consensus that 2 entries per week was more achievable and realistic as a ‘soft’ minimum target, but that setting a ‘firm’ minimum should be avoided.

Curriculum linkage

* Some headings are more difficult to populate than others, as cases are seen less frequently in everyday practice. Any minimum set would need to take this into account.
* Time spent in hospital posts is often considered to be outside ‘proper GP training’ and learners aren’t wearing their GP hats, so may overlook how their day to day experiences are valuable to their future GP role. On the other hand it should be possible for trainees to get good coverage in the curriculum area relevant to the specialty in which they are working.
* There is a natural tendency to avoid areas in which we are less confident and this might add to the difficulty of populating certain curriculum areas.
* Setting a minimum number per area runs the risk of ‘gaming’ and each log entry being linked to 10 or so headings. The ePortfolio allows the trainer to remove irrelevant headings.

Suggested Solutions

* Educational supervisors and trainers should understand that advising on curriculum coverage and helping trainees to populate the more difficult areas (suggestions for this below) is part of their brief in assessing the quality of the ePortfolio.
* If a trainer removes a curriculum link because it is inappropriate, then he/she should make a comment about it on the log entry (this can’t be removed). If the trainee consistently links inappropriate areas, then a note could be added to the **ESR**, **CSR** or **educator’s notes**.
* Discuss log entries and curriculum linkage overtly at the half-day release. This could be done using a ‘staged’ consultation, and all making a ‘log entry’ afterwards, with differences discussed as a group. ST3s could help less experienced trainees with this process.
* Highlight the value of capturing reflections on the working of the secondary care system, especially in terms of patient experience.
* For less common curriculum areas:
  + Arranging to attend specialist clinics whilst in secondary care – e.g. Learning Disability, Drug and Alcohol services while doing psychiatry, or genetics and sexual health clinics while doing O&G
  + Inviting speakers in these areas to the half-day release
  + Thinking laterally – many everyday aspects of everyday consultations involve ethical issues for example.
  + Selecting difficult areas to explore in the half-day release sessions and discussion groups. Each member could prepare and present important topics in each area. This could include ‘journal club’ type sessions to look at latest GP research.

Conclusion

The main concern of all members and those canvassed for their opinions, is that setting any minimum standard will be simply setting a bar which everyone has to jump. This will distract from the actual process of reflection itself. There is also a concern that it would also create the potential for a ‘good’ trainee to be penalised for too few entries, when the ones they have done are thoughtful, of high quality and highly reflective, and from which they really benefit and progress.

**K Wishart**

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