

Assessing examination skills in GP trainees

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Why are we talking about this?

2023 – Introduction of Simulated Case Assessment (SCA)

This exam is delivered remotely – and as such will NOT include any assessment of examination skills

As a result there is an increased focus on examination skills within work place based assessment from 2023 onwards.



Plan for the session

Reminder of the "rules" around CEPS assessments

Opportunity to observe & conduct live CEPS assessments

Chance to "benchmark" with others about the feedback given

Q&A



How can a trainee evidence their skills?

The confusion of CEPS

CEPS – Clinical Examination and Procedural Skills appears in **two** places in the GP portfolio

1) It is one of the 13 capability areas a trainee needs to demonstrate

This can be demonstrated with both observed and personal reflective evidence

2) It is a specific assessment tool in the portfolio for an observed assessment by a supervisor.



What does a trainee need to show?

To be awarded your CCT, evidence for the following must be included:

- The five mandatory intimate examinations. A suitably trained professional will need to observe and document your performance on a CEPS evidence form.
- A range of additional Examinations and Procedural Skills relevant to General Practice which demonstrate competence. 7 “system” observed CEPS categories are included in the Clinical Examination and Procedural Skills section of the Portfolio.

Your supervisor must also be satisfied through observed evidence or documented evidence from others that you are competent in general and systemic examinations for the clinical curriculum areas. These may well have been completed in your previous training but can be easily covered in joint surgeries for example.



So what is new?

Not much!

Trainees were already supposed to be recording a range of evidence and undertaking “non-mandatory” observed CEPS assessments.

But it wasn't happening reliably.

From 2023 this will be checked at ARCP – and CCT will be delayed if this evidence isn't present.

The CEPS assessment



Who can do it?

Any suitably trained professional for the examination/procedure

If this is a doctor it must be ST4 or above (or SAS equivalent) – this is to prevent trainees “signing” each other off.

An allied health professional must confirm their role so the Educational Supervisor is satisfied that they have been appropriately trained.

There is a preference **but not a requirement** that the examination is done in primary care.



What examinations **MUST** be demonstrated?

The following assessments are the mandatory CEPS:

Breast Examination

Male Genital Examination

Female Genital Examination – Bimanual

Female Genital Examination – Speculum

Rectal Examination

Prostate Examination

These **MUST** be evidenced by **observed** CEPS assessments which demonstrate the trainee is capable of performing the examination unsupervised.

What examinations CAN be demonstrated?

ANY examination or procedure could be evidenced with a CEPS assessment.

Although this is General Practice Specialty Training.... So the ability to perform a Caesarean Section isn't terribly relevant.

From 2023 the college have added the following assessment templates to the portfolio:

Respiratory System	Musculoskeletal System
Ear, Nose & Throat	Neurological Examination
Abdominal System	Child 1-5 years
Cardiovascular System	

It is not required to complete ALL of these assessments – but a range is needed.

Thus it is mandatory to do some non-mandatory CEPS assessments.



The CEPS assessment:

A few common questions

Can a CEPS be assessed in a skills lab?

No – this would not evidence application in a clinical context

Would a full insurance medical suffice?

No – the CEPS assessment tests CHOICE of examination as well as technique.

Can we do a COT and CEPS on the same consultation?

Yes – in fact the system prompts a supervisor when completing a COT to consider doing a CEPS too.



The CEPS assessment:

Disability – what if a trainee cant examine due to disability?

All GP trainees, including those with a disability, are to meet the required competences to ensure patient safety. This includes having the insight to:

- recognise when a disability prevents completion of an examination
- understand the examination required, and that it is a necessary part of the consultation
- facilitate a patient examination in a timely fashion
- demonstrate that the trainee knows what to do with the findings.
- If a trainee feels this guidance may apply to one of their examinations (regardless of whether it is a mandatory examination or not) they should discuss this with their Educational Supervisor/Programme Director in the first instance.

For example, one possible approach might be that a trainee who cannot physically carry out an examination refers the patient to a colleague, and then instruct the colleague to examine the patient appropriately, and then interpret the findings having communicated with the colleague who carried out the examination.

In a training context, to satisfy the CEPS requirement, the observer (who could be the person who performs the examination) should document on the assessment form the part of the CEPS they did observe, and document why it was necessary for the examination to be done in this way.

This should be added into the observation and feedback performance box on the assessment form.



The CEPS assessment:

Standard Expected

The standard is that of an independent fully qualified General Practitioner. As well as the technical aspects of examination and the ability to recognise abnormal physical signs, it includes the choice of examination best suited to the clinical context. For instance, a competent GP very rarely performs an extensive neurological examination but will perform a limited neurological examination, as determined by the history taken from the patient, and perform it within the length of the GP consultation.



What questions are asked:

1) Observation and feedback on performance:

To consider:

- Communication with the patient
- Awareness of Cultural and ethical factors
- Ability to perform clinical examination or procedural skill
- Consideration of patient and professionalism demonstrated

2) Agreed actions for further development:

3) Rating overall performance:

Unable to perform procedure appropriately

Able to perform procedure but needs direct supervision and/or assistance

Able to perform the procedure with minimal supervision or assistance

Competent to perform the procedure unsupervised



The CEPS assessment

Key pointers

- Its not an OSCE – nor Macleod style comprehensive examination – jobbing day to day GP focused examination is the standard.
- Explanation to patient, comfort and consent just as important as the actual examination performed.
- Reasonable to be patient focused – think how one might adapt examination – e.g. kids.

Time to practice!

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