

**The GP Specialty Trainee (GPST) ePortfolio:  
Guidance for Satisfactory Progression at ARCP panels  
for  
GP Specialty Trainees (GPSTs)**

**Deanery Assessment Reference Group**

**on behalf of**

**The Committee of General Practice Education Directors (COGPED)**

**(Written in collaboration with RCGP Workplace Based Assessment Group)**

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

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 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 GP ST (and their 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 GP Curriculum](#)
3. [RCGP Competency Framework](#)
4. RCGP [Workplace Based Assessments \(WPBA\)](#) minimum evidence requirements
5. A [Reference Guide for Postgraduate Specialty Training in the UK \(Gold Guide\)](#)
6. RCGP Educational Agreement (within the ePortfolio)
7. RCGP Introduction to [Clinical Examination and Procedural Skills Assessment](#) (Integrated DOPS)
8. COGPED position paper on [Out of Hours \(OOH\) Training for GP Specialty Registrars](#)

## 1 Rating the Competences and Actions for Development

### *Requirements*

Good Medical Practice states:

*13 You must take steps to monitor and improve the quality of your work*

*22b [you should be] regularly reflecting on your standards of practice and the care you provide*

The RCGP Curriculum states that GP trainees must:

*3.2 Set your own learning objectives based on clinical experience*

The Gold Guide (7.38) 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, trainees 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. Trainees 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 trainees are 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 the Panel, and could be legitimate grounds for an unsatisfactory ARCP outcome.

It is good practice for trainees 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 they have 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 trainees and ESs 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 Actions for Development**

#### *By Trainees*

Trainees should use the evidence recorded in the self-reflections to inform their *Actions for Development*. This development is best planned by recording intentions in the “actions” sections to demonstrate continuation of learning. Learning does not stop at the end of training and actions should be considered to inform and support post-CCT appraisal and revalidation.

#### *By Educational Supervisors*

Feedback to the trainee is important in informing their development, and therefore ideas or recommendations for future development (*‘actions’* in the competence rating pro forma) should be included in all ESRs, for all trainees, including those at the end of training and those performing at a level above expectation. The ES should encourage the continuation of learning, as this does not stop at end of training and is even more important in the context of appraisal and revalidation. These actions should be personal and specific to each competence.

## **2 Links from the Learning Log to the Curriculum and Competence Domains**

### *Requirements:*

The RCGP Curriculum describes the skills and expertise 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 curriculum areas should be evidenced by linkage to relevant entries in the Learning Log.

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

### *Good Practice:*

#### *By Trainees*

At best, trainees should provide evidence of progression between reviews. Trainees with a range of evidence over time and a high number of appropriate links to curriculum and competence domains will be in the best position to demonstrate competence for licensing

It is best practice for the trainees to indicate the competence domain(s) they have reflected on.

#### *By Educational Supervisors*

It is best practice for educational supervisors to review curriculum linkage and amend this appropriately. The educational supervisor is encouraged to unlink links to the curriculum which the trainee has included and the ES considers to be inappropriate and explain this in the comments section.

It is best practice for the supervisor to 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).

It is a requirement of the GMC that trainees demonstrate evidence of competence of intimate examinations which includes breast examination and the full range of male and female genital examinations.

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.

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 (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.

It is the responsibility of trainees to ensure that there is sufficient evidence of competence recorded in the ePortfolio.

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

*Good Practice:*

*By Trainees*

Trainees should 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.

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

Evidence for CEPS should be provided through a mixture of log entries, observed CEPS, 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.

#### **4 WPBA Minimums**

##### *Requirements:*

The 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.

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 7.48 describes the outcomes that are available to a panel if there is missing evidence

##### *Good Practice:*

##### *By Trainees*

WPBAs should be completed on a regular basis throughout each post and not 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, Trainees should not feel 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 best 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.

## 5 Personal Development Plan (PDP)

### *Requirements:*

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

*15. 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.*

*The PDP should be a personal, reflective, living document. Trainees should “set [their] own learning objectives based on clinical experience” (GP curriculum learning outcome 3.2).*

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” to demonstrate competency.

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.

At best, the PDP should be a personal, reflective ‘living document’ with a mixture of open and completed entries. It contains a mixture of entries generated personally by the trainee and from meetings with their ES.

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*

At each ESR the Educational Supervisor should give constructive feedback on the content and progress of the Trainee’s PDP.

## 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. Most are valid for three years.

*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).

*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 Out of Hours (OOH) session requirements

*Requirements:*

The [OOH competences](#) have been mapped to the RCGP curriculum and competences as described in the COGPED position paper on Out of Hours (OOH) Training for GP Specialty Registrars.

At the final ARCP GPSTs must demonstrate competence in delivering out of hours care. Trainees must be signed off as having met the OOH sessional requirements by their Educational Supervisor.

GPSTs must demonstrate learning in appropriate sections of the GP curriculum related to OOH as well as fulfilling their local LETB/deanery contractual requirements.

*Good Practice:*

### *By Trainees*

Each OOH session should be recorded contemporaneously as a learning log entry with a copy of the OOH form completed at the time of the session scanned in to the ePortfolio. Shifts should have the number of hours clearly visible so that Educational Supervisors and ARCP panels can confirm that a sufficient number of hours have been completed.

Prior to an ARCP it is good practice to provide a running total of hours completed in the title of the log entry as well as a summary of shifts.

OOH shifts should be spread throughout training periods pro-rata. If OOH shifts are outstanding at the time of the final ARCP, this should be clearly recorded in the ePortfolio.

### *By Educational Supervisors*

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

## **7 Safeguarding Children**

### *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 have agreed that it is a professional obligation for both those training in primary care and for GP principals to be trained to level 3 in child protection. Information on training levels can be found in '[Safeguarding Children and Young people](#): roles and competences for health care staff Intercollegiate document September 2010'.

At the time of the final ESR the GPST and ES must confirm that this requirement has been met. Appropriate proof of completion of this requirement must be recorded within the ePortfolio.

### *Good Practice:*

### *By Trainees*

The trainee should clearly record the evidence for this 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 regard to safeguarding 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:*

The GMC states in Good Medical Practice that:

*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*

The GP curriculum includes the following learning outcomes:

*3.4 Be able to conduct a clinical audit*

*1.3.13 Successfully manage a simple quality improvement project*

*EF3.3 Applying quality improvement methodologies*

*EF3.1 Understanding the value of clinical audit and making a clear distinction between audit and research*

The Gold Guide section 7.38 notes *“take part in regular and systematic clinical audit and/or quality improvement”*.

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.

*Good Practice:*

*By Trainees*

An audit / quality improvement project should be performed 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

Audit / quality improvement project work should be recorded under the “Audit” learning log entry heading.

*By Educational Supervisors*

At each ESR the Educational Supervisor 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:*

The GMC states in Good Medical Practice that:

*23 To help keep patients safe you must:*

*b) contribute to adverse event recognition*

The GP curriculum includes the following learning outcomes:

*1.4 Describe how the analysis of patient safety incidents can enhance rather than undermine professional integrity and performance*

*1.5 Contribute to the regular significant event audit (SEA) meetings and describe the benefits of a multidisciplinary team, as well as feed back to colleagues about incidents*

*1.6 Comment on the participation of whole teams in significant event audits within the practice and give reasons for inclusion or exclusion of different team members*

*1.7 Write up an SEA from a patient that you were involved with during the general practice period of training (significant event analysis in the learning log of the 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.

All Significant Untoward Incident (SUI) or GMC referrals must be reflected on in your ePortfolio - ideally as an SEA (Gold Guide Appendix 2).

*Good Practice:*

*By Trainees*

To ensure that these requirements are met a trainee should complete a relevant SEA during each six months of training.

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

SEAs should be recorded in the ePortfolio under the “Significant Event” learning log entry heading.

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

*By Educational Supervisors*

At each ESR the Educational Supervisor should give constructive feedback on the Trainee’s 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:*

Good Medical Practice states that you must:

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

The Gold Guide (7.38) 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.*

Competency ‘Maintaining performance, learning and teaching’ states that a competence trainee “shows a commitment to professional development through reflection on performance and the identification of and attention to learning needs”.

*Good Practice:*

*By Trainees*

Trainees should, therefore, 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 do trainees 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*

Educational supervisors are encouraged to read and comment on LLEs as this motivates Trainees and provides 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 survey.

*Good Practice:*

*By Trainees*

Completion of the GMC survey and attached evidence of this should be recorded within a learning log.