

DERBY VOCATIONAL TRAINING
SCHEME FOR GENERAL PRACTICE

**CLINICAL
SUPERVISOR'S**

In Secondary Care

**GUIDE
to the
nMRCGP**

October 2007

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INTRODUCTION

This booklet has been compiled as an initial guide for hospital consultants supervising doctors appointed to the single Training Assessment System for UK trained doctors to obtain a Certificate of Completion of Training in General Practice (CCT).

You can access further information and regular updates can be found on the following websites

Royal College of General Practitioners (RCGP)

www.rcgp.org.uk

Postgraduate Medical Education Training Board (PMETB)

www.pmetb.org.uk

All the information contained in this guide has been extracted from the Royal College of General Practitioners website

RCGP a brief guide for clinical supervisors

1. Introduction

The RCGP has developed a new, competency based training curriculum for GPs. It covers all three years of specialty training, including placements in hospital posts as well as in general practice. The curriculum is presented in a series of statements. The first of these, “Being a General Practitioner”, is an overall, integrated statement of the competencies required for general practice. Clusters of statements covering the general practice consultation, personal and professional responsibilities, management and the care of particular groups of patients, such as children or the acutely ill, follow this initial statement.

Then there are ten statements covering the clinical management of various disease areas. The statements can be found on the RCGP Curriculum website (<http://www.rcgp-curriculum.org.uk/rcgp - gp curriculum documents.aspx>).

Most hospital posts which GP Specialty Registrars (GPStRs) experience will support a number of learning outcomes derived from Being a General Practitioner as well as more specific skills and knowledge. In planning the training programme for a GPStR, clinical supervisors will want to bear in mind that the new curriculum is focused more strongly than in the past on the knowledge, skills and competences that are required in general practice.

2. Roles and Responsibilities

Programme Director

Programme directors (formerly known as VTS course organisers) are tasked with ensuring that individual training programmes are sufficiently broad and balanced to meet the requirements for a Certificate of Completion of Training (CCT). They will oversee delivery of GP curriculum in hospital posts, and co-ordinate educational programmes for trainees.

Educational Supervisor

Each GPStR has a GP educational supervisor who will oversee their progress throughout the entire training programme. Educational supervisors will hold a structured review meeting with the trainee every six months, whatever the length of the hospital post. The educational supervisor assesses progress on the basis of workplace-based evidence collected by the trainee and recorded in an e-portfolio. This generates a learning plan and can also be used to identify those trainees in difficulty. These regular reviews do not replace formative meetings with clinical supervisors. The educational supervisor will also conduct appraisals with the trainee.

Clinical Supervisor

Clinical supervisors oversee the day-to-day work of the trainee. They are expected to hold formative meetings with their trainee at the beginning, middle and end of their placement. They will be the trainee’s initial point of contact in issues relating to the specific post. Clinical supervisors will sign off workplace-based assessments, and write an end-of-placement clinical supervisors report to be recorded in the trainee’s e-portfolio. Trainees and clinical supervisors should at all times be aware of their responsibilities for the safety of patients in their care.

3. Assessment

A CCT will be awarded to GPStRs who complete the three components of the RCGP assessment system:

(i) Applied Knowledge Test (AKT): an assessment of the knowledge base that underpins independent general practice.

(ii) Clinical Skills Assessment (CSA): an assessment of a doctor's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice.

(iii) Workplace-based Assessment: (WPBA): the evaluation of a doctor's progress in their performance over time, in those areas of professional practice best tested in the workplace. WPBA will continue the processes established in the Foundation Stage.

4. Assessment Tools for Workplace-based Assessment

The WPBA tools are designed to capture evidence of performance in a structured and formative way. It is important to note that there is no *pass/fail* standard to any of these workplace-based assessments. The tools simply serve to harvest information and provide the supervisor with material for feedback and identification of learning needs.

Guidance is given on the RCGP web site of the descriptors of what constitutes *insufficient evidence*, *needs further development*, *competent* and *excellent* for each competency area in the e-portfolio and it is important that the assessor is familiar with these ([http://www.rcgp.org.uk/docs/nMRCGP_12 Competency Areas in detail.doc](http://www.rcgp.org.uk/docs/nMRCGP_12%20Competency%20Areas%20in%20detail.doc)). The "competent" level reflects the standard for independent practice, irrespective of what point in training the GPStR is at.

The evidence which is collected for workplace based assessment will be recorded in an e-portfolio which is similar to that used widely in the Foundation Programme. The evidence from any one hospital post will depend on the length of time the trainee is in the post, their learning needs and the opportunities which the post offers to demonstrate competencies.

The tools which will be used to collect evidence from hospital posts for the workplace based assessment are:

(i) Case-based Discussions: the GPStR will provide the clinical supervisor with notes of two cases in advance of the case-based discussion. The clinical supervisor selects one and will prepare questions designed to elicit evidence relating to some of the twelve competency areas which form the framework for WPBA. The discussion, followed by feedback to the GPStR and completion of the rating form should take about 30 minutes in total.

(ii) Multi-source Feedback: a questionnaire to be completed on-line by clinical colleagues in ST1.

(iii) Mini-Clinical Evaluation Exercise (Mini-CEX): this is a 15-minute snapshot of a single doctor/patient interaction. It is designed to assess the clinical skills, attitudes and behaviours essential to providing high quality care. The Mini CEX may be observed by staff grades, experienced specialty registrars or consultants, but there must be a different observer on each occasion. The evidence will be rated and recorded in the ePortfolio. Immediate feedback will be provided to the GPStR by the observer.

(iv) Direct Observation of Procedural Skills (DOPS): this is designed to test and provide feedback on a number of prescribed procedural skills essential to the provision of good clinical care. It is estimated that each DOPs will take between 10 and 20 minutes, including five to fifteen minutes for assessment and five minutes for feedback.

Most of the tools described above will be familiar to clinical supervisors. It is the responsibility of the trainee to ensure that they complete the appropriate assessments and build up a record of their training and evidence of competence through the ePortfolio. The clinical supervisor will be provided with access to the ePortfolio through a website in order to sign off completion of the assessments.

5. The Clinical Supervisor's Report (CSR)

The ePortfolio has a section for the clinical supervisor to write a short structured report on the trainee at the end of each hospital post. This covers:

- The knowledge base relevant to the post;
- Practical skills relevant to the post
- The professional competencies

The electronic form provides reminders of the definitions of the competencies to make writing the report easier. It may also be helpful to refer to the relevant curriculum statement(s) on the RCGP website in reporting on the knowledge and skills relevant to the post.

The report should identify any significant developmental needs identified during a placement, and also point up any areas where the trainee has shown particular strengths. The report should describe the progress of the trainee in terms of the evidence of competence rather than pass or fail. If there are serious issues of professional performance or ill health during a placement these will need to be handled by normal acute trust/ PCT/ Deanery mechanisms.

Websites:

Curriculum: <http://www.rcgp-curriculum.org.uk/>

Assessment & ePortfolio: http://www.rcgp.org.uk/the_gp_journey/nmrcgp/wpba_and_eportfolio.aspx

GP CORE CURRICULUM STATEMENTS

- 1 Being a General Practitioner**
- 2 The General Practice Consultation**
- 3 Personal and Professional Responsibilities**
 - 3.1 Clinical Governance
 - 3.2 Patient Safety
 - 3.3 Clinical Ethics and Values-Based Practice
 - 3.4 Promoting Equality and Valuing Diversity
 - 3.5 Evidence-Based Practice
 - 3.6 Research and Academic Activity
 - 3.7 Teaching, Mentoring and Clinical Supervision
- 4 Management**
 - 4.1 Management in Primary Care
 - 4.2 Information Management and Technology
- 5 Healthy People: promoting health and preventing disease**
- 6 Genetics in Primary Care**
- 7 Care of Acutely Ill People**
- 8 Care of Children and Young People**
- 9 Care of Older Adults**
- 10 Gender-Specific Health Issues**
 - 10.1 Women's Health
 - 10.2 Men's Health
- 11 Sexual Health**
- 12 Care of People with Cancer & Palliative Care**
- 13 Care of People with Mental Health Problems**
- 14 Care of People with Learning Disabilities**
- 15 Clinical Management**
 - 15.1 Cardiovascular Problems
 - 15.2 Digestive Problems
 - 15.3 Drug and Alcohol Problems
 - 15.4 ENT and Facial Problems
 - 15.5 Eye Problems
 - 15.6 Metabolic Problems
 - 15.7 Neurological Problems
 - 15.8 Respiratory Problems
 - 15.9 Rheumatology and Conditions of the Musculoskeletal System (including Trauma)
 - 15.10 Skin Problems

CERTIFICATE OF COMPLETION OF TRAINING (CCT) AND NEW MEMBERSHIP ASSESSMENT

From August 2007 there will be a single training and assessment system for UK trained doctors wishing to obtain a CCT (Certificate of Completion of Training) in General Practice. Satisfactory completion of the scheme will be an essential requirement for entry to the General Medical Council's GP Register and for membership of the Royal College of General Practitioners.

The nMRCGP is an integrated assessment programme that includes three components:

- Applied Knowledge Test (AKT)
- Clinical Skills Assessment (CSA)
- **Workplace-Based Assessment (WPBA)**

Each of these is independent and will test different skills but together they will cover the curriculum for specialty training for general practice.

Evidence for the workplace-based assessment will be collected in the e-portfolio of each GP trainee.

ASSESSMENT TOOLS TABLE

(Each column represents 4 months)

ASSESSMENT TOOLS	1st Year			2nd Year			3rd Year (General Practice)		
	ST1	ST1	ST1	ST2	ST2	ST2	ST3	ST3	ST3
Mini CEX *	x 2	x 2	x 2	x 2	x 2	x 2			
COT **	x 2	x 2	x 2	x 2	x 2	x 2	← x 12 →		
CBD	x 2	x 2	x 2	x 2	x 2	x 2	← x 12 →		
MSF	← 5 clinicians x 2 → 5 or 6 months then 2 months later						← 5 clinicians, 5 non-clinicians x 2 → 29 or 30 months then 31 or 32 months		
PSQ							← x 1 →		
DOPS	UNTIL MANDATORY SECTION OF LOG COMPLETE								
CSR	SUMMARY OF PROGRESS. DUTY TO ALERT PROGRAMME DIRECTORS IF PROGRESS IS NOT SATISFACTORY.								
AKT	ANY TIME BUT RECOMMEND IN FINAL YEAR AT DESIGNATED COMPUTER EQUIPPED TEST CENTRES								
CSA	TO BE HELD 3 TIMES A YEAR AT RCGP CENTRE IN CROYDON (February, May & October)								
WPBA	COMPETENCY- BASED TRAINING RECORDED OVER THE THREE YEARS								
e-PORTFOLIO	TO BE USED TO RECORD ALL OF THE ABOVE								

Abbreviation	What it stands for ...
AKT	Applied Knowledge Test
CBD	Case Based Discussions
COT **	Consultation Observation Tool (Primary Care only)
CSA	Clinical Skills Assessment
CSR	Clinical Supervisors Report
DOPS	Direct Observation of Procedural Skills
e-Portfolio	Electronic Portfolio
Mini CEX *	Mini Clinical Evaluation Exercise (Secondary Care only)
MSF	Multi-source Feedback (Web based)
PSQ	Patient Satisfaction Questionnaire (Primary Care only)
WPBA	Work-place Based Assessments

WORK-PLACE BASED ASSESSMENTS (WPBA)

Definition

For the purposes of the nMRCGP assessment programme WPBA is defined as *the evaluation of a doctor's progress over time in their performance in those areas of professional practice best tested in the workplace.*

Why WPBA?

The WPBA proposal is based on contemporary educational design in keeping with guidance from the PMETB and best assessment practice in medical education rather than traditional psychometric considerations.

The plans for the proposed changes in WPBA will bring general practice into line with other specialties and the Foundation Programme.

Teaching, learning and assessment will be closely linked in the WPBA by:

- Having the opportunity for gathering evidence of actual performance in the workplace
- Allowing assessment of aspects of professional behaviour that have proved difficult to assess in traditional assessments e.g. examinations.

In addition WPBA aims to:

- Provide feedback on areas of strength and development needs
- Identify trainees in difficulty
- Drive learning in important areas of competency
- Determine fitness to progress onto the next stage of the trainee's career

The nMRCGP proposed WPBA model

There has been a considerable amount of work undertaken in deaneries throughout the UK to pilot a range of assessment tools for potential use in the work place. The joint Royal College of General Practitioners/ National Summative Assessment Board working group reviewed the various assessment tools in December 2006 and has made a number of recommendations.

The structured trainer's report and the current VTR form sign-off of posts or placements will be replaced by the competency based enhanced training record (ETR) which effectively will be an electronic portfolio of evidence. The twelve competency areas which will be assessed have been derived from the RCGP curriculum and are listed in Appendix 2.

The ETR will be a web-based and structured longitudinal assessment of a trainee's progress over the entire three year training programme, mediated by regular staged and evidenced reviews into which the external tools will feed.

The external work-based assessments will be:

- web-based multi-source feedback (MSF)
- patient satisfaction questionnaire (PSQ)

Each review will be informed by core information provided by specifically designed tools selected for use in the workplace including:

- case based discussion (CBD)
- a consultation observation tool (COT) largely based on the MRCGP video performance criteria
- other tools as appropriate, for example in hospital settings, such as mini clinical evaluation exercise (CEX) or direct observation of practical/procedural skills (DOPS)

For the purposes of the WPBA in the nMRCGP, significant event analysis and audit are treated as clinical governance processes rather than additional assessment tools. Trainees will be required to demonstrate active engagement in these processes, which have been explicitly written into the revised competency framework.

Summary of the competency areas for WPBA

1. Communication and consultation skills

This competency is about communication with patients, and the use of recognised consultation techniques

2. Practising holistically

This competency is about the ability of the doctor to operate in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts

3. Data gathering and interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of physical examination and investigations, and their interpretation

4. Making a diagnosis / making decisions

This competency is about a conscious, structured approach to decision making

5. Clinical management

This competency is about the recognition and management of common medical conditions in primary care

6. Managing medical complexity and promoting health

This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty, risk and the approach to health rather than just illness

7. Primary care administration and IMT

This competency is about the appropriate use of primary care administration systems, effective recordkeeping and information technology for the benefit of patient care

8. Working with colleagues and in teams

This competency is about working effectively with other professionals to ensure patient care, including the sharing of information with colleagues

9. Community orientation

This competency is about the management of the health and social care of the practice population and local community

10. Maintaining performance, learning and teaching

This competency is about maintaining the performance and effective continuing professional development of oneself and others

11. Maintaining an ethical approach to practice

This competency is about practising ethically with integrity and a respect for diversity

12. Fitness to practise

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others, might put patients at risk and the action taken to protect patients

Where to find the Evidence

Competency Area	MSF	PSQ	COT	CBD	CEX	CSR
Communication and consultation skills	✓	✓	✓		✓	✓
Practising holistically		✓	✓	✓		✓
Data gathering and interpretation	✓		✓	✓	✓	✓
Making a diagnosis/decisions	✓		✓	✓	✓	✓
Clinical management	✓		✓	✓	✓	✓
Managing medical complexity				✓	✓	✓
Primary care admin and IMT				✓		
Working with colleagues and in teams	✓			✓		✓
Community orientation				✓		✓
Maintaining performance, learning & teaching	✓				✓	✓
Maintaining an ethical approach	✓			✓		✓
Fitness to practise	✓			✓		✓

MINI CLINICAL EVALUATION EXERCISE (mini-CEX)

Mini-CEX is a 15 minute snapshot of doctor/patient interaction, within a secondary care setting. It is designed to assess the clinical skills, attitudes and behaviours of trainees essential to providing high quality care.

Trainees will be asked to undertake six observed encounters during 12 months, with a different observer for each encounter. Each of these encounters should represent a different clinical problem and trainees should sample from a wide range of problem groups within the year.

Immediate feedback will be provided after each encounter, by the observer rating the trainee. Trainers and trainees will need to identify and agree strengths, areas for development and an action plan for each encounter.

Assessors

These may be staff grades, experienced specialty registrars (ST3 or above) or consultants.

Number of assessments required per year

A minimum of 3 in 6 months, whilst in secondary care.

Estimated time required

20 minutes (15 minutes for assessment and 5 minutes for feedback).

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care. The mandatory procedures chosen have been selected as sufficiently important and/or technically demanding to warrant specific assessment. Trainees will be asked to undertake observed encounters during the three years with a different observer for each encounter. Each DOPS should represent a different procedure. The registrar chooses the timing, procedure and observer.

There are **8 mandatory procedures** to be covered:

1. Application of simple dressing
2. Breast Examination
3. Female genital examination
4. Prostate examination
5. Male genital examination
6. Rectal examination
7. Cervical cytology
8. Testing for blood glucose

Some of these procedures may be combined e.g. prostate and rectal examinations

There are **11 optional procedures** which should be recorded, if undertaken:

1. Cryotherapy
2. Curettage/shave excision
3. Cauterisation
4. Incision & drainage of abscess
5. Aspiration of effusion
6. Excision of skin lesions
7. Joint and peri-articular injections
8. Proctoscopy
9. Suturing of skin wound
10. Taking skin surface specimens for mycology
11. Hormone replacement implants of all types/any types

In addition, should the educational need arise, registrars may be requested to repeat DOPS assessment of Foundation procedural skills.

Assessors

Experienced SpRs, staff grades, appropriate nursing staff or consultants in a secondary care setting, or the GP trainer, appropriate nurses or other GPs in a primary care setting.

Number of assessments

One for each procedure, for at least the 7 mandatory procedures

Estimated time required

10 - 20 minutes (5 - 15 minutes for assessment, 5 minutes for feedback)

MULTI-SOURCE FEEDBACK (MSF)

This tool provides a sample of attitudes and opinions of colleagues on the clinical performance and professional behaviour of the GP Registrar (GPStR) and helps to provide data for reflection on performance and gives useful feedback for self-evaluation.

MSF will take place as follows:

During months 5 or 6 (Specialty Training Year 1) and then 2 months later; 5 clinicians completing both questions.

During months 28 or 29 or 30 (Specialty Training Year 3) and then 2 months later; 5 clinicians complete both questions and 5 non-clinicians completing question 1.

Process: Obtaining Feedback (using the MSF tool)

1. GPStR and trainer should agree a date for the MSF and a date for the GPStR and trainer to discuss the feedback generated by the MSF. It is important that protected time is set aside for the interview, which will be held after the closing date for responses.
2. GPStR selects 5 clinicians, mainly GPs when in primary care and 5 clinicians with different job titles when in secondary care.
3. GPStR gives all respondents the instruction letter which explains the process and gives details of how to input, and the closing date by which their feedback should be given.
4. Respondents connect to internet and log onto www.eportfolio.rcgp.org/forms when it goes live in August, giving name and GMC number of the registrar. They will use a 7 point grade and enter feedback comments in two free text boxes. Clinicians, who will be asked for their GMC or NMC number, will answer both questions. Non-clinicians answer just question 1.

Process: Using Feedback (how the MSF feedback will be generated and used)

5. The results will be anonymous to the GPStR and trainer.
6. On the closing date the results will be sent to the trainer by email. They can also be accessed by the Deanery and RCGP if necessary.
7. Results will show the free text comments and the breakdown of scores, with a comparison of scores for other GPStR taking the equivalent MSF (i.e. in ST1). There will also be information on the mean, median and range of scores.
8. The trainer should familiarise him or herself with the feedback prior to the interview and pay particular attention to the free text comments.

9. The trainer should try and assimilate the numerical scores and free text comments within the context of the trainee's overall performance to date. The trainer then allows the data to be forwarded to the ePortfolio of the GPStR.
10. The trainer should ensure that the GPStR understands the background to the use and purpose of the MSF tool.
11. The interview should be conducted in protected time with no interruptions. Different individuals may require different lengths of time for reflection. It may be necessary to schedule the feedback for more than one occasion in order to make best use of data.
12. The trainer's skill in feedback will be vital to this process.
13. The data will include the mean, median and range of scores. Discussion should centre around the GPStR's expectations in relation to these scores.
14. In order to evaluate the success (or otherwise) of the feedback process, it is suggested the Trainer and Trainee Diary is used, or another diary system is used.
15. If the trainer has any areas of serious concern regarding either the content of the assessment or anticipated difficulties in giving feedback he/she should contact their local course organiser/associate adviser for further discussion prior to interview.
16. The second MSF should take place two months after the first. This will be soon after the interview for the first.

A version of the MSF form follows.

RCGP MSF Form

Part 1

This part should be completed by all respondents

Please select the most appropriate description which defines your Job Title:*

Select

Please provide your assessment of this doctor's overall professional behaviour*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Poor	Poor	Fair	Good	Very Good	Excellent	Outstanding

Notes: You may wish to consider the following:

The doctor...

- *is caring of patients*
- *is respectful to patients*
- *show no prejudice in the care of patients*
- *communicates effectively with patients*
- *respects other colleagues' roles in the health care team*
- *works constructively in the health care team*
- *communicates effectively with colleagues*
- *speaks good English and at an appropriate level for patients*
- *does not shirk his/her responsibilities*
- *demonstrates commitment to their work as a member of the team*
- *takes responsibility for own learning*

Comments (Where possible please justify comments with examples)

Highlights in performance (areas to be commended)*

Possible suggested areas for development in performance*

Part 2

To be completed by Clinical staff only

Please provide your assessment of this doctor's overall clinical performance

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Poor	Poor	Fair	Good	Very Good	Excellent	Outstanding

Notes: You may wish to consider the following:

The doctor's ability to...

- *conduct a thorough history and physical*
- *identify patients' problems*
- *take a diagnostic patient-centred approach*
- *select appropriate diagnostic tests*
- *involve members of the primary health care team appropriately*
- *learn from clinical practice*
- *perform clinical and technical skills skillfully*
- *manage time appropriately*

Comments (Where possible please justify comments with examples)

Highlights in performance (areas to be commended)*

Possible suggested areas for development in performance*

Acknowledgements: This two question Multi-Source Feedback (MSF) was developed by Drs Douglas Murphy, David Bruce and Kevin Eva on behalf of NHS Education Scotland (2005-2006). The measure is available for use free of charge for staff of the NHS and for research purposes, but cannot be used for commercial purposes. Anyone wishing to use the measure should contact and register with either Douglas Murphy douglas.murphy@nes.scot.nhs.uk or David Bruce david.bruce@nes.scot.nhs.uk .

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CASE BASED DISCUSSION (CBD)

Case-based discussion (CBD) is a structured interview designed to explore professional judgement exercised in clinical cases which have been selected by the GP trainee and presented for evaluation. Evidence collected through CBD interviews (called 'Discussions' below) will support the judgements made about trainees at the interim and final reviews throughout the entire programme of GP training. The CBD tool has been designed to be used in both hospital and GP settings.

Professional judgement may be considered as the ability to make holistic, balanced and justifiable decisions in situations of complexity and uncertainty. It may include the ability to make rational decisions in the absence of complete information or evidence, and to take action or even do nothing in such situations. It requires a selection of attributes: recognising uncertainty/complexity, application or use of medical knowledge, application or use of ethical and legal frameworks, ability to prioritise options, consider implications and justify decisions.

How to start

- The GP trainee is responsible for selecting cases, organising the Discussion and ensuring the paperwork is properly completed.
- The trainee should ensure that a balance of cases are represented including those involving children, mental health, cancer/palliative care and older adults, across varying contexts i.e. surgery, home visits and out-of-hours contacts.

How many cases should be discussed?

Years ST1 and ST2

- For each Discussion the trainee will select two cases and present copies of the clinical entries and relevant records to the assessor one week before the discussion.
- The assessor selects one of the cases for discussion.

Prior to each interim review, discussions of a minimum of 3 cases should have taken place, discussing 3 out of 6 cases. There will be 2 reviews each year, and therefore a minimum of 6 cases each year.

Planning and conducting the CBD interview

- One of two cases should be selected for the Discussions in years ST1 and ST2.
Two out of four cases should be selected for Discussions in year ST3.
- There are descriptors of what constitutes *insufficient evidence*, *needs further development*, *competent* and *excellent* for each competency area in the e-portfolio and it is important that the assessor takes time to develop a clear understanding of what specific evidence will indicate each level of performance.
- The structured question guidance should be used to develop appropriate questions which will seek this evidence. It is helpful to record planned questions for easy reference throughout the interview.
- It is important to ensure that the GP trainee has enough time to review the records and refresh their memory before the Discussion. The starting point for the interview should be the written records and an assessment of the quality of these records should be made and recorded.
- Using pre-prepared questions, explore the professional judgement demonstrated by the trainee paying particular attention to situations in which uncertainty has arisen, or where a conflict of decision-making has arisen. 20 minutes should be allowed per case.
- It is important for the progress of the trainee, that the interview is used to guide further development by offering structured feedback. The Discussions in years ST1 and ST2 should take no longer than 30 minutes, which allows about 10 minutes for feedback together with any recommendations for change.
- Throughout the Discussion, it is helpful to record evidence elicited on the notes sheet. This information can then be used to inform the judgement on the level of performance of the trainee against each competency area. At the end of **each case**, a judgement of the level of performance demonstrated by the registrar should be recorded on the marking grid along with recommendations for further development.

The RCGP gratefully acknowledges the help of the Oral Core Group of the MRCGP examination in developing this CBD tool

CBD Structured Question Guidance

Defines the problem

What are the issues raised in this case?
What conflicts are you trying to resolve?
Why did you find it difficult/challenging?

Integrates information

What relevant information had you available?
Why was this relevant?
How did the data/information/evidence you had available help you to make your decision?
How did you use the data/information/evidence available to you in this case?
What other information could have been useful?

Prioritises options

What were your options? Which did you choose?
Why did you choose this one?
What are the advantages/disadvantages of your decision?
How do you balance them?

Considers implications

What are the implications of your decision?
For whom? (e.g. patient/relatives/doctor/practice/society)
How might they feel about your choice?
How does this influence your decision?

Justifies decision

How do you justify your decision?
What evidence/information have you to support your choice?
Can you give me an example?
Are you aware of any model or framework that helps you to justify your decision?
How does it help you? Can you apply it to this case?
Some people might argue, how would you convince them of your point of view?
Why did you do this?

Practises ethically

What ethical framework did you refer to in this case? How did you apply it?
How did it help you decide what to do?
How did you establish the patient's point of view?
What are their rights? How did this influence your handling of the case?

Works in a team

Which colleagues did you involve in this case? Why?
How did you ensure you had effective communication with them?
Who could you have involved? What might they have been able to offer?
What is your role in this sort of situation?

Upholds duties of a doctor

What are your responsibilities/duties? How do they apply to this case?
How did you make sure you observed them? Why are they important?

CBD Notes Sheet

	Proposed questions	Evidence obtained
Practising holistically		
Data gathering and interpretation		
Making diagnoses /decisions		
Clinical management		
Managing medical complexity		
Primary Care Administration and IMT		
Working with colleagues and in teams		
Community orientation		
Maintaining an ethical approach to practice		
Fitness to practise		

CBD Form

Doctor's Surname	Forename	GMC Number
------------------	----------	------------

Clinical setting: Name of organization:	Hospital	General Practice
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<i>Please tick, referring to the competency area descriptors in the e-portfolio</i>	Insufficient evidence or not assessed	Needs further development	Competent	Excellent
Practising holistically				
Data gathering and interpretation				
Making diagnoses/decisions				
Clinical management				
Managing medical complexity				
Primary care administration/IMT				
Working with colleagues and in teams				
Community orientation				
Maintaining an ethical approach				
Fitness to practise				

Overall assessment: Please tick			Feedback and recommendations for further development:
Needs further	Competent	Excellent	
Agreed action:			
Assessor's signature:		Date	
Assessors name		Time taken for discussion	
		Time taken for feedback	

CLINICAL SUPERVISOR'S REPORT

Clinical Supervisor's Report (General Practice Specialty Training)

The appearance of the form will be slightly different on the internet. It will conform to the RCGP style.

The purpose of this report is to inform the regular reviews that are conducted of a GP specialty registrar's progress through structured training. The report should reflect your experience of the trainee's performance during their clinical placement and should be discussed with the trainee before submitting.

The report relates to three main areas:

- Knowledge (relevant to the placement)
- Practical skills
- Professional competencies

The Trainee	Full name	GMC Number
	Date of Birth	National training number
	Address	

The Post or Placement	Hospital/Institution	Specialty	
	Address		
	Months	From	To
	day.....month.....yearday.....month.....year
	<ul style="list-style-type: none"> • The training was full-time <i>Please delete as appropriate</i> • The training was part-time and the ratio of part-time to full-time was..... 		

1. Knowledge-base relevant to the placement

Insufficient Evidence	Needs Further Development	Competent	Excellent
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Feedback on areas for further development

2. Practical Skills relevant to the placement

Insufficient Evidence	Needs Further Development	Competent	Excellent
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Feedback on areas for further development

3. Professional Competencies

	Insufficient Evidence	Needs further development	Competent	Excellent
1. Communication and consultation skills ⁱ				
2. Practising holistically ⁱⁱ				
3. Data gathering and interpretation ⁱⁱⁱ				
4. Making diagnosis/ making decisions ^{iv}				
5. Clinical Management ^v				
6. Managing medical complexity ^{vi}				
7. Primary care administration and IMT ^{vii}				
8. Working with colleagues and in teams ^{viii}				
9. Community orientation ^{ix}				
10. Maintaining performance, learning and teaching ^x				
11. Maintaining an ethical approach to practise ^{xi}				
12. Fitness to practise ^{xii}				

Feedback on areas for further development

Endorsement	Endorsement by Clinical Supervisor		
	I confirm that the above is based on my own observations and the results of workplace-based assessments and has been discussed with the trainee concerned		
	Name	Signed	Date

-
- ⁱ This competency is about communication with patients and the use of recognised consultation techniques. Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient's understanding, tailoring communication to the patient's needs.
- ⁱⁱ This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts. Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient's family/carers
- ⁱⁱⁱ This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, makes appropriate inferences from the findings and results.
- ^{iv} This competency is about a deliberate, structured approach to decision-making. Behaviours you may wish to consider: clarifying the decision that is required, integrating information to aid pattern recognition, using probability to decide what is likely, revising hypotheses in the light of further information, thinking flexibly around the problem
- ^v This competency is about the recognition and management of medical conditions. Behaviours you may wish to consider: recognising common presentations, utilising the natural history in management decisions, using simple measures when appropriate, varying management options when required, prescribing appropriately, referring appropriately and coordinating care with other colleagues, responding quickly and skilfully in emergencies.
- ^{vi} This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty, risk and thinking about health rather than just illness. Behaviours you may wish to consider: simultaneously managing the patients health problems both acute and chronic, tolerating uncertainty where this is unavoidable, explaining risks associated with management to the patients, encouraging patients to have a positive approach to their health.
- ^{vii} This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)
- ^{viii} This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.
- ^{ix} This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing.
- ^x This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues
- ^{xi} This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.
- ^{xii} This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue

THE e-PORTFOLIO

The evidence for WPBA will be recorded in a web-based e-portfolio. The e-portfolio is much more than an electronic record of specialist training, updated and accessible through the internet, it records details of achievement in the [Applied Knowledge Test](#) and Clinical Skills Assessment, and documents all stages of training, records evidence of WPBA, reviews with educational supervisors and the subsequent development as a General Practitioner.

A record of personal development and experience is becoming mandatory for all doctors. It provides evidence that training has taken place and allows the GP trainee to reflect on a range of learning opportunities. The WPBA is defined as the evaluation of a doctor's progress in their performance over time, in those areas of professional practice best tested in the workplace.

Workplace-based assessment brings together teaching, learning and assessment. Trainees will know what is expected of them and will have the opportunity to demonstrate attainment over time in a variety of contexts. The assessment recorded in the e-Portfolio will be drawn from performance and evaluation taking place in the real situations in which doctors work. It also allows competency in areas such as team-working to be appraised in a manner which cannot be done by the AKT and the CSA.

Many tools will be completed on-line without the contributor having to enter the e-Portfolio. Writing to many parts of the e-Portfolio will be limited to the trainer or educational supervisor. The personal section of the e-Portfolio will be hidden to all except the GP trainee.

The AKT and CSA must be passed before the e-Portfolio can be signed off as a complete record of GP training and a recommendation of certification (CCT), inclusion in the General Medical Council's GP Register and applying for membership of the Royal College of General Practitioners.

www.rcgp.org.uk

click on home page link to e-portfolio

PLAN OF THE e-PORTFOLIO

EDUCATION LOG

Learning Log Entries

Clinical encounters, tutorials, reading, lectures, seminars, professional conversations and more.

Personal Development Plan

A dynamic record of training needs

EVIDENCE

Progress to Certification

Information on CCT, chart summarizing progress, declarations and more.

Applied Knowledge Test (AKT)

Information on AKT, how to book a test and record of result.

Clinical Skills Assessment (CSA)

Information on CSA, online application and record of result.

Workplace-based Assessment (WPBA)

Information on WPBA, professional competencies, DOPS, CbD, MSF, PSQ, CSR, mini-CEX, COT.

REVIEWS

6 month, 12m, 18m, 24m, 30m and final review, Deanery Panel Reviews.

SKILLS LOG

Record of skills

RESOURCES

Curriculum

'Being a GP' linked to RCGP curriculum.

Resources

RCGP resources, ITI, external resources, e-learning links, podcasts and library resources.

Courses

National and local courses from RCGP.

Personal Library

Record of literature and sources used, including search facility.

MAIL BOX

SMS, Email and reminders

e-PORTFOLIO ASSESSMENT FORM GUIDE

www.eportfolioforms.com

To perform an assessment for a trainee you do not need to have an e-Portfolio account and you or the trainee you are assessing do not need to be logged in.

To complete an assessment simply go to www.eportfolioforms.com and complete the initial forms as described here. There is also link to the assessments form on the e-Portfolio log in page.

1. Enter your own details

First enter your email address.

This is asked for in case we need to contact you regarding any problems. In addition, should you perform another assessment then you will not need to enter your addition details (i.e. name, designation, location) again as these details will have been saved from the first time.

If you do not have an email address then enter “unknown” into this box.

If this is the first time you have completed an assessment form then enter your name, designation (e.g. SpR, Nurse), location (e.g. Ward and hospital), and GMC or NMC number (if you have one – his is not required).

2. Enter the trainee’s details

Now enter in the trainee’s name and GMC number.

If you are completing an assessment for a trainee who has since moved onto a different post (and hence you doing an assessment for that trainee’s previous post rather than their current post) then select “Previous post” from the drop down box.

Now press the “Continue” button.

3. Confirm your own and the trainee’s details

You must now confirm that your details are correct. If anything is not correct then make the changes here.

Likewise it is essential you confirm the name of the trainee you are assessing appears in the “Name” box. If it is incorrect then check the GMC number has been entered correctly.

If you are satisfied that the details are correct then select the type of assessment you wish to complete.

Now press “Continue to form” button.

4. Confirm the assessment type

Now confirm you are about to complete the intended assessment form. Press “Click to Continue to ... form” button.

5. Complete the assessment

The appropriate form can now be completed.

You still have to opportunity to confirm your own and your trainees details.

If these are incorrect you can still press the “back” button on your web browser and make appropriate corrections – nothing has been saved for the trainee as yet.

Make sure you complete all the required question. For forms a “U/C” option is available where you are unable to give an answer/score

6. Submit and save the completed assessment

Once you have completed the necessary items on the assessment for you should then submit the form. This will then save the form.

Note that the form must be submitted only when completed. Partly completed forms, once submitted and saved cannot be returned to for editing for finishing at a later date or time.

Pressing “Submit form” button will save the form details in the e-Portfolio database.

(the “Reset” button will clear the form)

7. The assessment is now saved

Once the assessment has been saved successfully you should see the below page. At times when your local network is running slowly, this page might take a while to appear. Do not be tempted to press the “Reload” or “Refresh”, or the “back” button on your browser as the may have the effect of submitting the form more than once.

We would advise that you confirm with the trainee that the completed assessment is now present within their e-Portfolio account.

If not then the trainee can contact e-Portfolio via the e-Portfolio Enquiries.