An Introduction to the MRCGP and the 14fish eportfolio

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Training Programme Director

Introduce

Plan for this afternoon

Apologies

Questions

R

C

The RCGP Curriculum

Being a General Practitioner

G

P

Royal College of General Practitioners

#BeingaGP

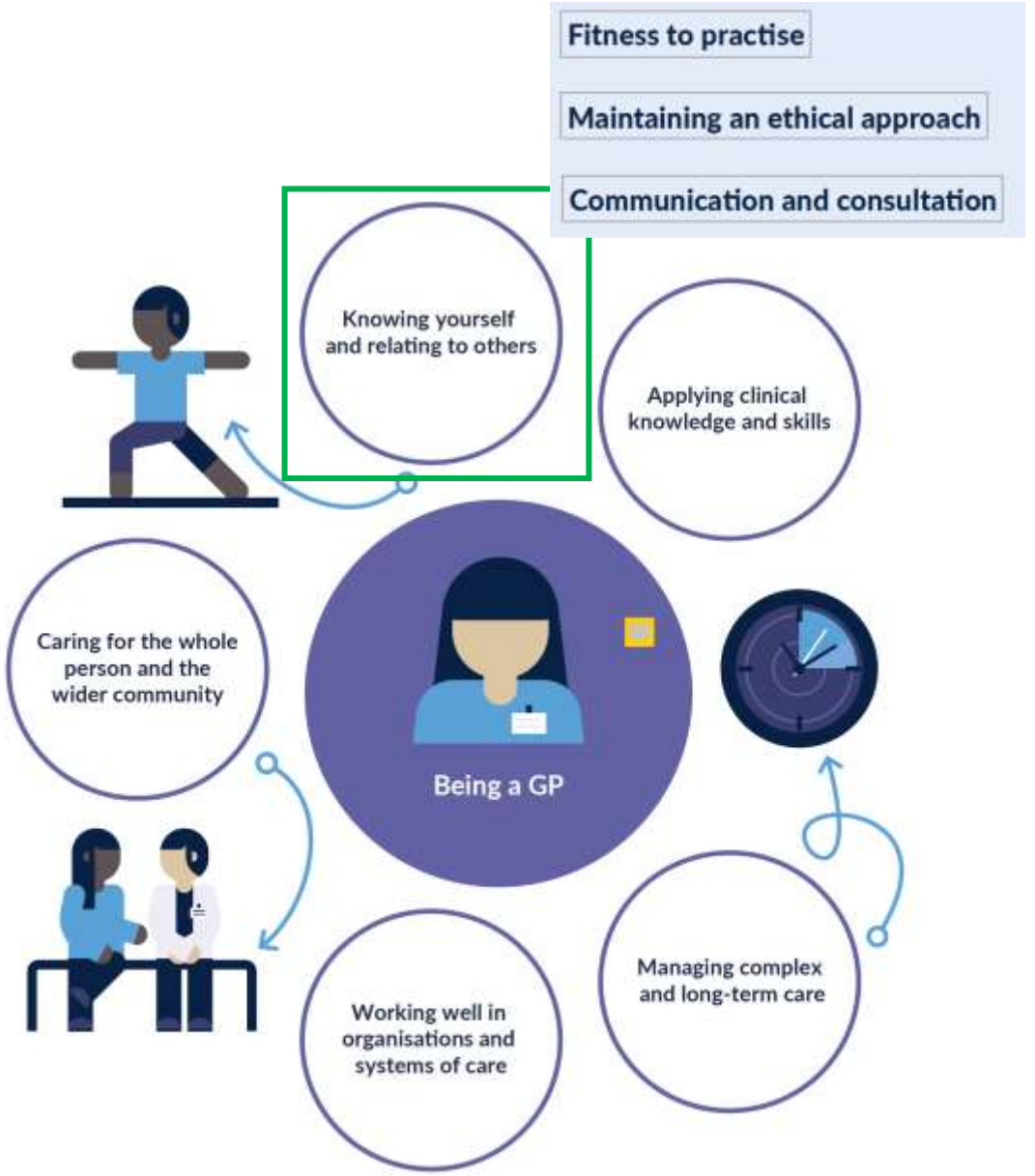
Being a GP

The core curriculum structure:

Five **‘Areas of Capability’** form the basis of the curriculum.

Being a GP
Specific Capabilities

Within the Areas of capability we have described the 13 '**specific capabilities'** that are core to General Practice.

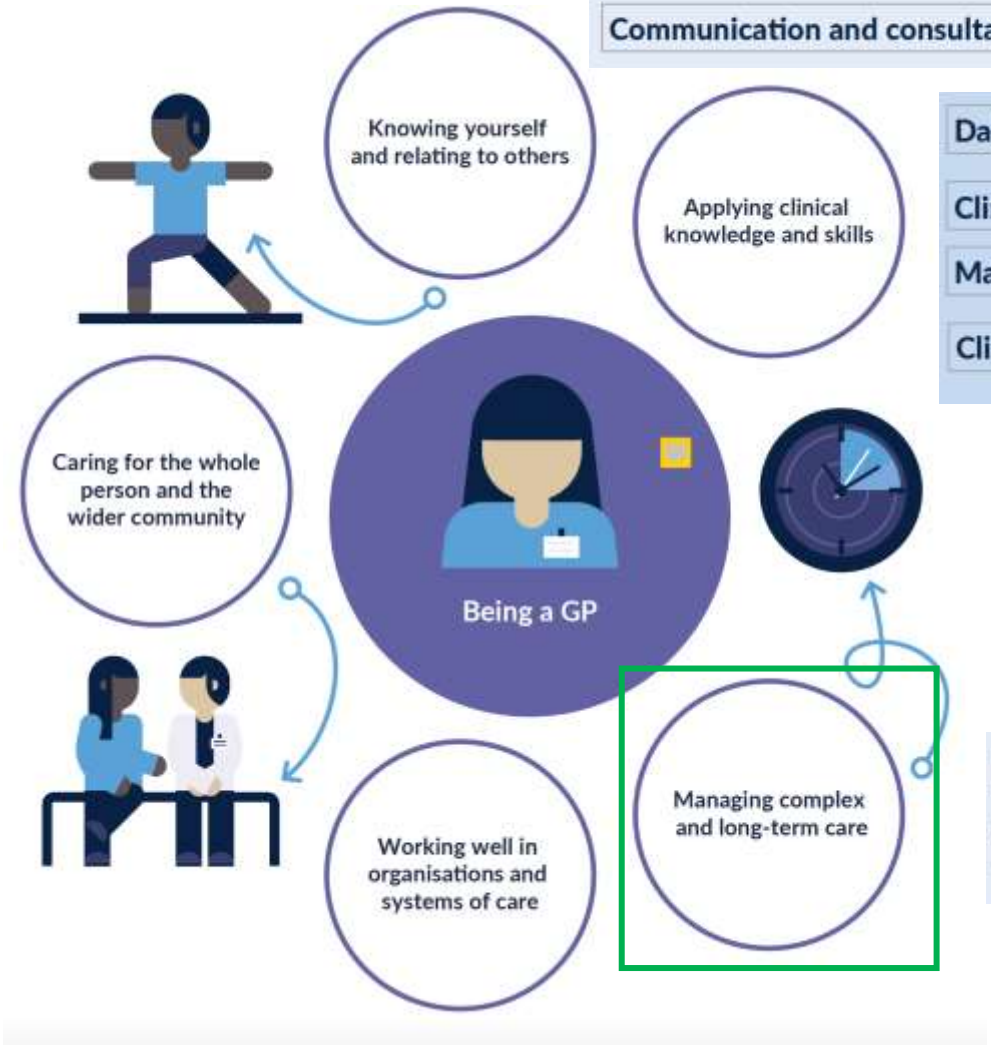


Being a GP
Core Capabilities

- Fitness to practise
- Maintaining an ethical approach
- Communication and consultation

- Data gathering and interpretation
- Clinical examination and procedural skills
- Making decisions
- Clinical management

Being a GP
Core Capabilities



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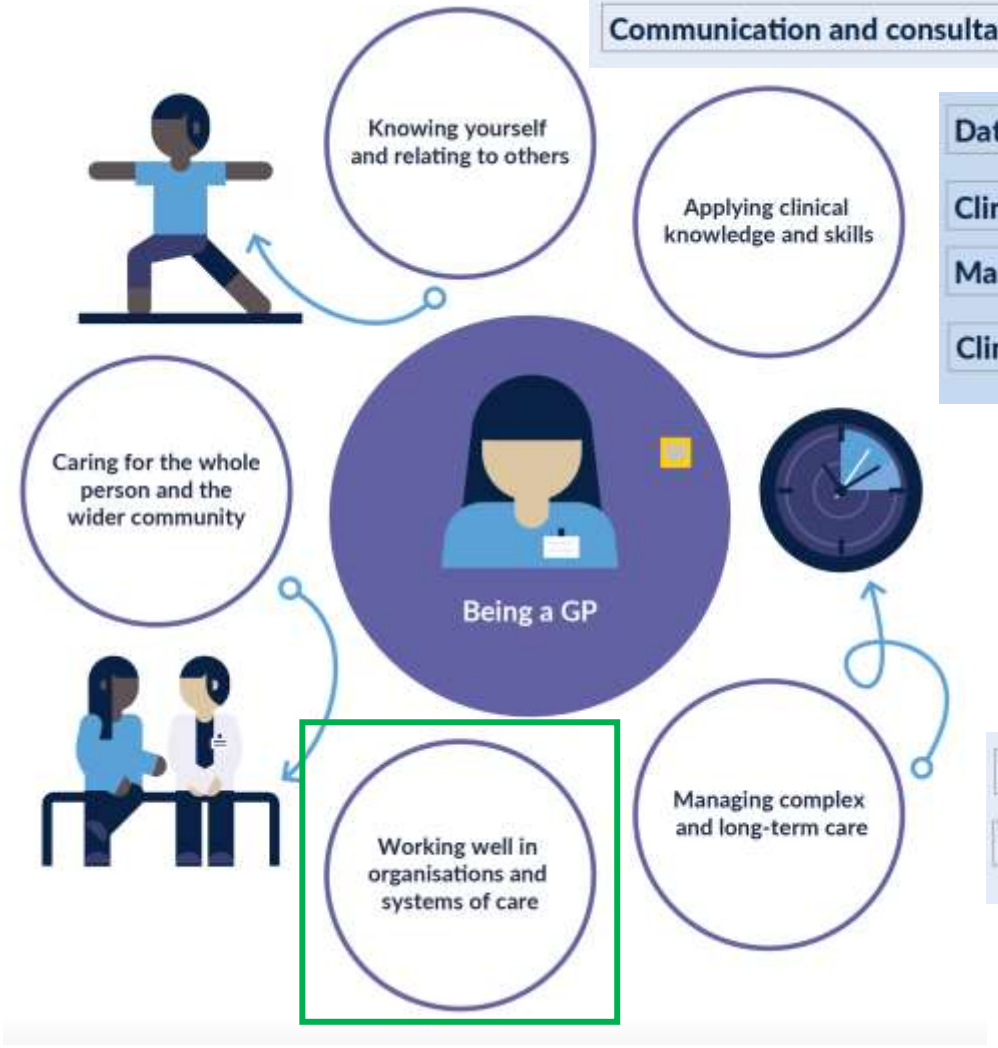
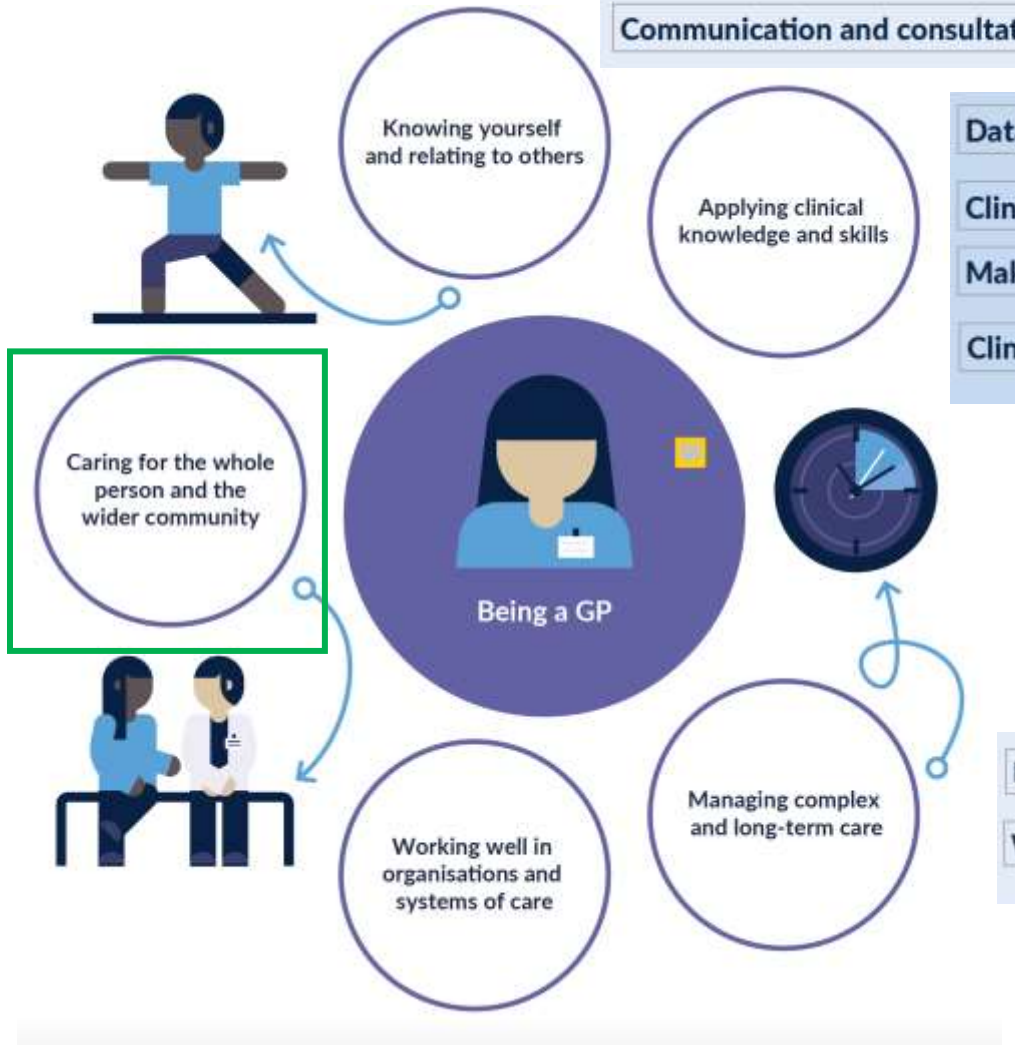
- Managing medical complexity
- Working with colleagues and in teams

Being a GP
Core Capabilities



- Fitness to practise
- Maintaining an ethical approach
- Communication and consultation
- Data gathering and interpretation
- Clinical examination and procedural skills
- Making decisions
- Clinical management
- Improving performance, learning and teaching
- Organisational management and leadership
- Managing medical complexity
- Working with colleagues and in teams

Being a GP
Core Capabilities



- Fitness to practise
- Maintaining an ethical approach
- Communication and consultation
- Data gathering and interpretation
- Clinical examination and procedural skills
- Making decisions
- Clinical management
- Practising holistically, promoting health and safeguarding
- Community orientation
- Improving performance, learning and teaching
- Organisational management and leadership
- Managing medical complexity
- Working with colleagues and in teams


Expert
Performance in practice
Direct observation, workplace-based assessments
DOES
Demonstration
Simulations, OSCEs
SHOWS
Interpretation and application
Case presentations, essays
KNOWS HOW
Fact recall
MCQ assessments
KNOWS
Knowledge | Skills | Attitudes
Novice

MRCGP is a 3 part assessment

AKT (Applied Knowledge Test)

- "Knows/Knows How"
- Tests knowledge and applied knowledge

SCA (Simulated consultation assessment)

- "Shows"
- Demonstrate skills in structured setting

WPBA (Workplace-Based Assessment)

- "Does"
- Performance in practice over multiple settings and scenarios and over time

AKT

- Candidates have 3 hours and 10 minutes to answer 200 questions. The questions are approximately:
- 80% on clinical knowledge
- 10% on evidence-based practice
- 10% on primary care organisation and management issues

- Can sit exam once you start ST2 - usually best to have done primary care placement first
- Do not underestimate the standard of this exam – it needs good preparation!
- If you need specific adjustments (eg due to dyslexia), then contact the exams department at the earliest opportunity to understand what adjustments can be made (eg. more time)

SCA

- This is replacing the RCA (Remote Consultation Assessment) and is sat in ST3
- 12 cases are delivered via an online platform, with candidates sitting the exam in a local practice. Some cases are on video link, others will simulate a consultation by telephone.
- The cases are performed by role players who are trained, calibrated and standardised.
- The cases will most commonly be patients, or in some instances a carer/parent or other healthcare worker, to reflect the various situations a GP may be presented with in everyday practice.

Workplace-Based Assessment (WPBA)

Workplace Based Assessment evaluates your progress in areas of professional practice best tested in the workplace and looks at your performance and evidence of learning from real experience.

	ST1	ST2	ST3	Current review	Total
Clinical Case Review	37 / 36	42 / 36	0 / 36	**0 / 15**	**79 / 108**
Mini-CEX / COT / Audio-COT	6 / 4	5 / 4	0 / 7	**0 / 3**	**11 / 15**
CbD / CAT	6 / 4	5 / 4	0 / 5	**0 / 2**	**11 / 13**
Colleague Feedback	1 / 1	1 / 1	0 / 1	**0 / 1**	**2 / 3**
Colleague Feedback: Leadership	0	0	0 / 1	**0 / 1**	**0 / 1**
CSR	3 / 1 per post	2 / 1 per post	0 / 1 per post	**0 / 1 per post**	**5 / 3**
Patient Feedback	0	0	0 / 1	**0 / 1**	**0 / 1**
QIP	0 / 1	1	0	**0**	**1 / 1**
QIA	1 / 1	1 / 1	0 / 1	**0 / 1**	**2 / 3**
	All trainees must demonstrate involvement in Quality Improvement at least once a year.				
Placement Planning Meeting	2 / 1 per post	2 / 1 per post	0 / 1 per post	**0 / 1 per post**	**4 / 3**
Learning Event Analysis (LEA)	1 / 1	2 / 1	0 / 1	**0 / 1**	**3 / 3**
Prescribing Assessment	0	0	0 / 1	**0 / 1**	**0 / 1**
Leadership	1	2	0 / 1	**0 / 1**	**3 / 1**

CSR to be completed in a Primary care post if any of the following apply:

- the Clinical Supervisor in practice is a different person from the Educational Supervisor
- the evidence in the ePortfolio does not give a full enough picture of the trainee and information in the CSR would provide this missing information
- either the trainee or supervisor feel it is appropriate

QIP to be done in ST2 in a Primary care placement if not done in ST1.

Placement Planning Meeting

- At the beginning of every placement, you must meet with your clinical supervisor to discuss your learning plan and goals during that placement
- You must document this meeting in your learning log
- This is for all placements including primary care placements in ST1, 2 and 3

Mini CEX & COT

Both are an assessment of your performance in a consultation with a patient

- Mini CEX = Mini Consultation Evaluation eXercise
  - In hospital setting only by appropriate assessor (ST4 or above)
  - Your Clinical Supervisor needs to complete at least one
- COT = Consultation Observation tool
  - In primary care settings only
  - Assessor needs to be a GP – and trained in using the tool
  - Can be face to face or audio consultation

CBD & CAT

- CBD = Case Based Discussion
  - Structured discussion to assess your management of a case
  - You should have managed the case independently
  - Before discussion, you should map the case to up to 3 capabilities that you wish to cover

- CAT = Clinical Assessment Tool
  - Only in primary care setting where discussions can include:
    - Random case review
    - Referrals review
    - Prescribing assessment follow-up

MSF = Multi-Source Feedback

- You must complete one in ST1, 2 and 3
- You need to get at least 10 responses – or which at least 5 should be from clinical staff
- In ST3 you also need to do an additional “leadership MSF”
- Once your MSF is complete you will be notified, but your supervisor needs to ”release” the results to you

PSQ = Patient Satisfaction Questionnaire

- Needs to be completed once during training within ST3
- Can be administered either as a paper questionnaire or via an online link that can be sent with a text
- Need a minimum of 34 responses
- Data from paper questionnaires can be uploaded by practice administrator

QIA = Quality Improvement Activity

- A QIA allows you to evaluate the quality of your work - either something personal to you or activities within your workplace. The aim is to both promote and consider change where appropriate
- You must complete a QIA in each ST year – for one year this will be a formally assessed Quality Improvement Project (QIP) - ie 2 QIAs and one QIP are needed during training
- A QIA can cover a range of activities as below:
  - a referrals review
  - small scale data searches which could include reviewing prescribing
  - writing or revising a practice policy
  - monitoring and evaluation e.g. patients on DMARDS or warfarin
  - departmental audit

Quality Improvement Project = QIP

- A QIP is a type of QIA.
- Your QIP should usually be done during your primary care placement in ST1 or ST2.
- It is not necessary to do an additional QIA in the year that you have submitted a QIP
- Your QIP needs to be assessed and marked against criteria of best practice by your supervisor.
- If you are “below expectations” then you might be asked to repeat some or all of your QIP
- There are a lot of resources and guidance regarding QIPs on the RCGP website:
  - https://www.rcgp.org.uk/gp-training-and-exams/training/workplace-based-assessment-wpba/assessments.aspx

Clinical Examination and Procedural Skills (CEPS)

- During your training you must complete 6 mandatory CEPS:
  - Breast
  - Male genital
  - Female genital – Bimanual
  - Female genital - Speculum
  - Rectal
  - Prostate
- As from August 2023, there are a further 7 recommended CEPS:
  - Respiratory system
  - Ear Nose and Throat
  - Abdominal system
  - Cardiovascular system
  - Musculoskeletal system
  - Neurological examination
  - Child 1-5 years
- It is best to ask your supervisor to sign off CEPS at every available opportunity

Clinical Examination and Procedural Skills

Prostate examination			0
Rectal examination	✓	05/01/2022	1
Female Genital - bimanual	✓	07/05/2022	1
Female Genital - speculum	✓	11/03/2022	1
Breast examination			0
Male genital examination			0

Why are my CEPS not listed?

Clinical Examination and Procedural Skills	0 entries
CEPS reflections	0 entries

Learning Event Analysis (LEA) & Significant Event Analysis (SEA)

- If something has not gone right in your clinical work then write an LEA or SEA
- You need to complete at least one in each training year
- Reflect on what happened, why it happened, and what you might do to prevent it happening again
- If there has been a serious event – then this needs to be entered as an SEA
  - SEAs normally involve a departmental or practice investigation and involve serious harm or near miss of serious harm relating to a patient
  - All SEAs (but not LEAs) need to be entered on to your Form R before the ARCP panel (see below) with an associated log entry

Prescribing Assessment

- This has to be completed in ST3
- Doctor in training looks at 50 retrospective prescriptions (usually obtained by automated search)
- Doctor self-assesses all prescriptions against some quality criteria
- ES (or a clinical pharmacist) looks at sample of 20
- Trainer gives feedback and assesses whether doctor in training is a safe prescriber

Leadership Activity

- This activity is done during ST3 and should be based on leadership work within your GP practice
- Examples of projects are as below:
    - Chairing a meeting
    - Wellbeing Project
    - ‘Green’ initiaves in a practice
    - Clinical protocol review/creation
    - Practice website design review

Clinical Case Reviews (CCR)

- 36 Clinical Case Reviews need to be completed in each ST year – approximately one per week taking into account annual and study leave
- These should be a reflection on an interaction and subsequent learning related to an individual patient
- It is best to add a suitable descriptive title eg “ 15 year old requesting contraceptive pill”
- Entries should cover the range of Clinical Experience groups
- Do not add other log entries into this category that do not relate to individual patient encounters (otherwise the ARCP panel may require you to do more)

- Log entries should be reflective, demonstrating personal insight into performance and learning from everyday experience.

- A good reflective entry will show evidence of critical thinking and analysis, self awareness and openness and honesty about performance. Along with consideration of feelings, it describes what needs to be learned, why, and how.

Clinical experience groups

The 8 clinical experience groups are as follows:

1. Infants, children and young people under the age of 19
2. People with mental health needs (including addictions)
3. People with long-term conditions and disability
4. Frail and/or elderly people (including multiple morbidity and care of the dying)
5. Gender health (Women's, Men's and LGBTQ health)
6. People requiring urgent and unscheduled care
7. People with health disadvantages and vulnerabilities (for example veterans, mental capacity difficulties, safeguarding issues, and those with communication difficulties)
8. Health promotion and people with non-acute and/or non-chronic health problems

Title: Type 1 diabetes management in alzheimers dementia

Date: 19/07/2023

Setting of Case Review:

- ○ GP Surgery
- ○ Telephone triage
- ○ Remote (video consult etc)
- ○ Home visit
- ○ Out of hours GP setting
- ◉ Hospital
- ○ Other

Brief description:

Working on inpatient psychiatry ward - a patient was admitted with behavioural and psychological symptoms of dementia from a care home. She had poorly controlled type 1 diabetes, with a unusual insulin regime due to the availability of district nurses in the community. I reviewed her notes from diabetes clinic and could see that she had a long history of hyperglycaemic baseline with regular hypoglycaemic episodes.
After reviewing her notes, I contacted her regular diabetes team; and alongside our medical team we started to titrate her insulin up.
One of the main issues in psychiatry with complex physical health issues is the different training of registered mental health nurses - I made a step by step guide for managing both high and low blood sugar levels, and printed this for the nurses as well as putting on the electronic record.

Clinical experience groups

Select an Option

Mental health (including addiction, alcohol and substance misuse) ×

People with long term conditions including cancer, multi-morbidity and disability ×

Capabilities that this entry provides evidence for (max 3)

Capability: Working with colleagues and in teams

Justification: Liased with the diabetic specialist nurses regarding what insulin regime they might recommend for this patient.
Aware that the registered mental health nurses have strengths in how to care for the majority of our patients day by day, however they are uncomfortable with type 1 diabetes as it is unusual in older age psychiatry. Discussed it with the nurses and made a summary sheet to put on the wall of the office, and ensured that it was understandable.

Add Capability | Clear

Reflection and Learning needs

Reflection: What will I maintain, improve or stop?:

There is a difference between what can be offered in the community in different settings - eg in a residential home or at home twice daily insulin regimes would be required, compared to a specialist nursing home or a hospital where staff are available 24/7. This also impacts the level of risk that we are willing to take in terms of having hypoglycaemic episodes - if there is no one on sight able to administer IM glucagon then the risk of having a hypo would be much higher.
This will be an interesting consideration as I start visits to care homes in ST3 across a range of different conditions that require care, and how to assess the risks and benefits.

Learning needs identified from this event:

I realised I needed to recap the different types of insulin available - which I did when this patient was admitted.

Working with colleagues and in teams

Supporting Documentation

- This category is where to enter everything in your learning log that does not fit into the above categories
- For example:
  - Reflections on Wednesday afternoon teaching sessions
  - Reflections on tutorials
  - Learning from reading
  - Other personal reflections on training (which is not related to specific feedback)

Supporting Documentation/CPD (1)

What is Supporting Documentation? | Portfolio overview | All entries | Training map

New Supporting Documentation

Title	Date	Review status		
Contraception update SET course	28/06/2023	*Requested*		View

Entries from other review periods (74)

Title	Date	Review status		
Care of the elderly teaching: Comprehensive geriatric assessment...	13/08/2021	Reviewed	✓	View
Care of Elderly teaching: Constipation	26/08/2021	Reviewed	✓	View
HDRC Urgent and unscheduled care	15/09/2021	Reviewed	✓	View
GPST1 induction day	15/09/2021	Reviewed	✓	View
Care of the elderly teaching: RESPECT	17/09/2021	Reviewed	✓	View
HDRC Opthalmology top tips	17/10/2021	Reviewed	✓	View
Care of the elderly teaching: Postural hypotension	17/10/2021	Reviewed	✓	View
Care of elderly teaching: COVID update	17/10/2021	Reviewed	✓	View
HDRC Consultation models	27/10/2021	Reviewed	✓	View

CSR = Clinical Supervisors Report

- You need to ask your Clinical Supervisor to complete a report on your performance at the end of each clinical placement
- The supervisor should have completed at least one CBD or Mini-CEX during the placement

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ARCP = Annual Review of Competence Progression

- Occurs usually every 12 months
- Assesses progress in each of the 13 capabilities
- Is informed by Educational Supervisor's Report and other evidence
- Checks that mandatory evidence is present as required
- Fulfils function of appraisal for the purposes of revalidation
- Looks at Form R – see below

Form R

- This documents:
  - All professional work you have been doing
  - Details regarding your training programme, including time out of training
  - Any professional concerns such as complaints, or serious significant events or investigations

  It is mandatory to complete this before each ARCP panel as a GMC requirement for revalidation

Safeguarding

- It is a professional requirement to complete adult and child safeguarding if you are having patient contact
- The RCGP expects all doctors in training to complete formal certificated training at level 3 standard in both adult and child safeguarding within the first 3 months of their first post. This may be online training.
- The certificate needs to be an uploaded to the Fourteen Fish ePortfolio mandatory training section
- IN ADDITION it is a requirement to add at least two learning log Clinical Case Reviews per training year (one for child and one for adult), regarding patients that you have encountered that are examples of applying safeguarding learning.
- These reflections should be linked to the safeguarding mandatory training sections, and it is best to put “safeguarding” in the case review title

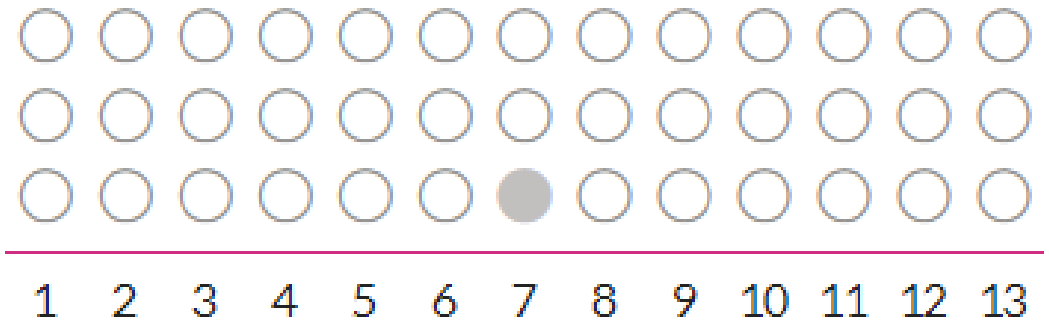
Educational Supervisor's Report = ESR

- Your ES is a GP and will usually be the same person throughout training.
- You should have regular contact with your ES
- You are responsible for arranging to meet up at least once every 6 months for a review (ESR) that is documented on ePortfolio
- You need to complete a self-rating of progress against each of the 13 capabilities based on evidence within your ePortfolio – this should be done at least 2 weeks before your ESR meeting
- At the meeting, your ES will review your progress and add their own rating of your progress

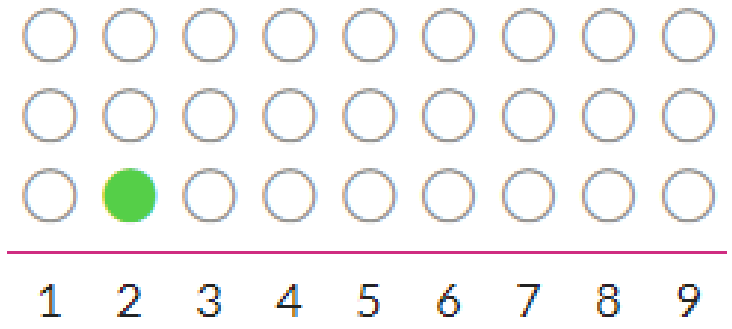
ESR preparation

Requirements Prepare

Capabilities



Clinical experience groups



Action plans: 0 plans

New PDP entries: 0 entries

Clinical experience coverage: *Not entered*

Educational assessment progress: *Not entered*

Health: Sign declaration

Probity: Sign declaration

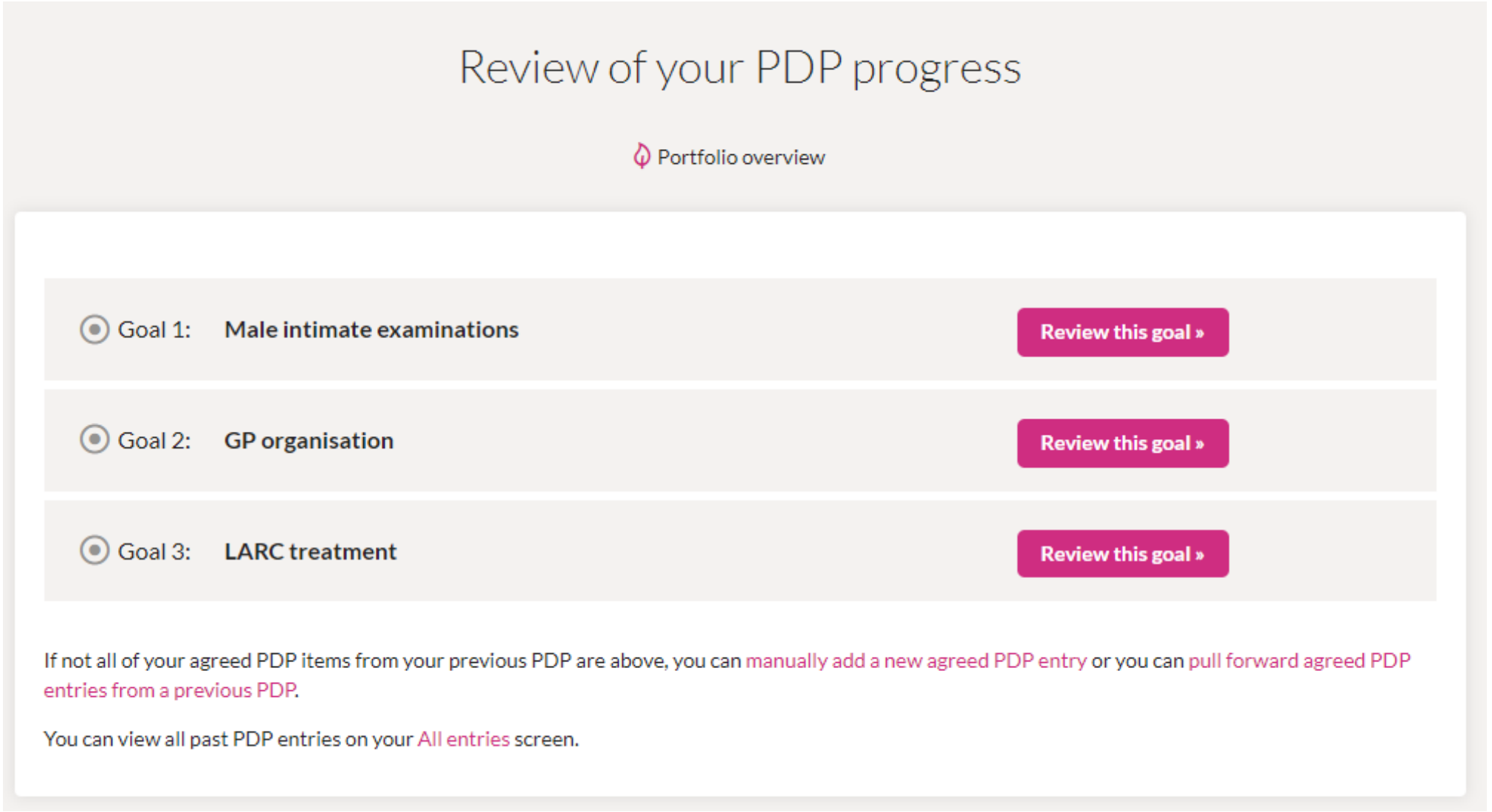
ESR sign off process: Sign declaration

Time out of training: Sign declaration

Personal Development Plan = PDP

- It is a requirement to update your PDP at at each ESR
- You can submit PDP ideas which you then discuss with your ES who will convert them to PDP objectives
- These need to be Specific, Measurable, Achievable, Realistic, and Time-bound (SMART)

Personal development plans



ARCP Outcomes

1. Achieving Progress and competencies at the expected rate
2. Development of specific competencies required – additional training time not required
3. Inadequate progress by the trainee – additional training time required
4. Released from training programme with or without specific competencies
5. Incomplete evidence presented – additional training time may be required
6. Gained all required competencies for the programme

Meeting with ARCP Panel

- If non-standard outcome (eg 2, 3 or 4) then the doctor in training will meet with the ARCP Panel
- The aim of the meeting is to be supportive, explain the outcome, identify mitigating circumstances and explain the appeal process
- The panel ensures that the doctor is aware of available support including the Professional Support and Wellbeing unit (PSW), Occupational Health, Practitioner Support and SPEX (Support for Performance and Exams)

Thankyou very much for listening