

**DERBY GP SPECIALTY TRAINING  
PROGRAMME**

**EDUCATIONAL  
SUPERVISOR'S  
GUIDE  
to the  
nMRCGP**

*Apr 08*

## **CONTENTS**

	<b>Page(s)</b>
Introduction	<b>3</b>
GP Core Curriculum Statements	<b>4</b>
Deanery Guide for Educational Supervisors	<b>5-7</b>
Educational Supervisor's Checklist	<b>8 - 9</b>
Setting the Review Period	<b>10 - 11</b>
Certificate of Completion of Training and New Membership Assessment	<b>12</b>
Assessment Tools Table and Acronyms	<b>13</b>
Work-place Based Assessments	<b>14 - 17</b>
Mini Clinical Evaluation Exercise (mini-CEX)	<b>18</b>
Consultation Observation Tool (COT)	<b>19 - 20</b>
Direct Observation of Procedural Skills (DOPS)	<b>21</b>
Multi-Source Feedback (MSF)	<b>22 - 25</b>
Case-Based Discussion (CBD)	<b>26 – 30</b>
Patient Satisfaction Questionnaire (PSQ)	<b>31 - 32</b>
e-Portfolio & Plan	<b>33 – 34</b>
e-Portfolio Assessment Forms Guide	<b>35 - 37</b>

## INTRODUCTION

This booklet has been compiled as an initial guide for the Educational Supervision of a doctor 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](http://www.rcgp.org.uk)

**Postgraduate Medical Education Training Board (PMETB)**

[www.pmetb.org.uk](http://www.pmetb.org.uk)

All the information contained in this guide has been extracted from the Royal College of General Practitioners website and information received from the East Midlands Deanery (North) and compiled by Derby VTS.

Our thanks to Nottingham VTS for the Educational Supervisor Checklist document ( page 8).

# 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

## EAST MIDLANDS DEANERY GUIDE

### THE EDUCATIONAL SUPERVISOR ROLE AND GP SPECIALTY TRAINING

There are clear responsibilities for the Educational Supervisor (ES) defined in the Gold Guide; these are identified in paragraph 4.22 and expanded throughout the document. This can be found at [www.mmc.nhs.uk/download/Gold\\_Guide290607.doc](http://www.mmc.nhs.uk/download/Gold_Guide290607.doc).

Remember that the vast majority of GPStR will go through their training programmes without any problems and you will find being an Educational Supervisor a rewarding experience. Also, the GPStR will find having an ES to support them through their training programme a valuable experience and one they will probably value for the rest of their professional career.

**The role of the Educational Supervisor is not to chase the GPStR to achieve and complete various assessments but to act as a resource and a guide.**

This simple summary highlights particular aspects of your role.

The Educational Supervisor will:

- Be adequately prepared for the role and have an understanding of educational theory and practical educational techniques as well being trained to offer educational supervision and undertake appraisal and feedback.  
*Much of this will have been achieved through educational activities for trainers.*
- Be trained in equality and diversity.  
*If you feel there are particular issues arising because of cultural or diversity issues it is sensible to seek advice early.*
- Develop a learning agreement and educational objectives with the GPStR which is mutually agreed and is the point of reference for future appraisal.  
*This has been very much part of the work as a trainer.*
- Be responsible for ensuring that GPStRs whom they supervise maintain and develop their specialty learning portfolio and participate in the specialty assessment process
- *Although you should not have to constantly chase GPStRs you will need to check that they are progressing satisfactorily and make them aware when they are not.*

- Provide regular feedback to the GPStR on their progress *See flow chart*
- Ensure that the structured report which is a detailed review and synopsis of the trainee's learning portfolio is returned within the necessary timescales.  
*This is probably one of the most important deadlines for the ES.*
- Contact the CO/PD should the level of performance of a GPStR gives rise for concern.  
*The CO/PD will work with the ES and GPStR to ensure appropriate action is taken and the appropriate people/bodies are made aware of the situation.*
- Be responsible for their educational role to the training programme director and locally to the employer's lead for postgraduate medical education.

The mandatory face to face contacts with a GPStR are a

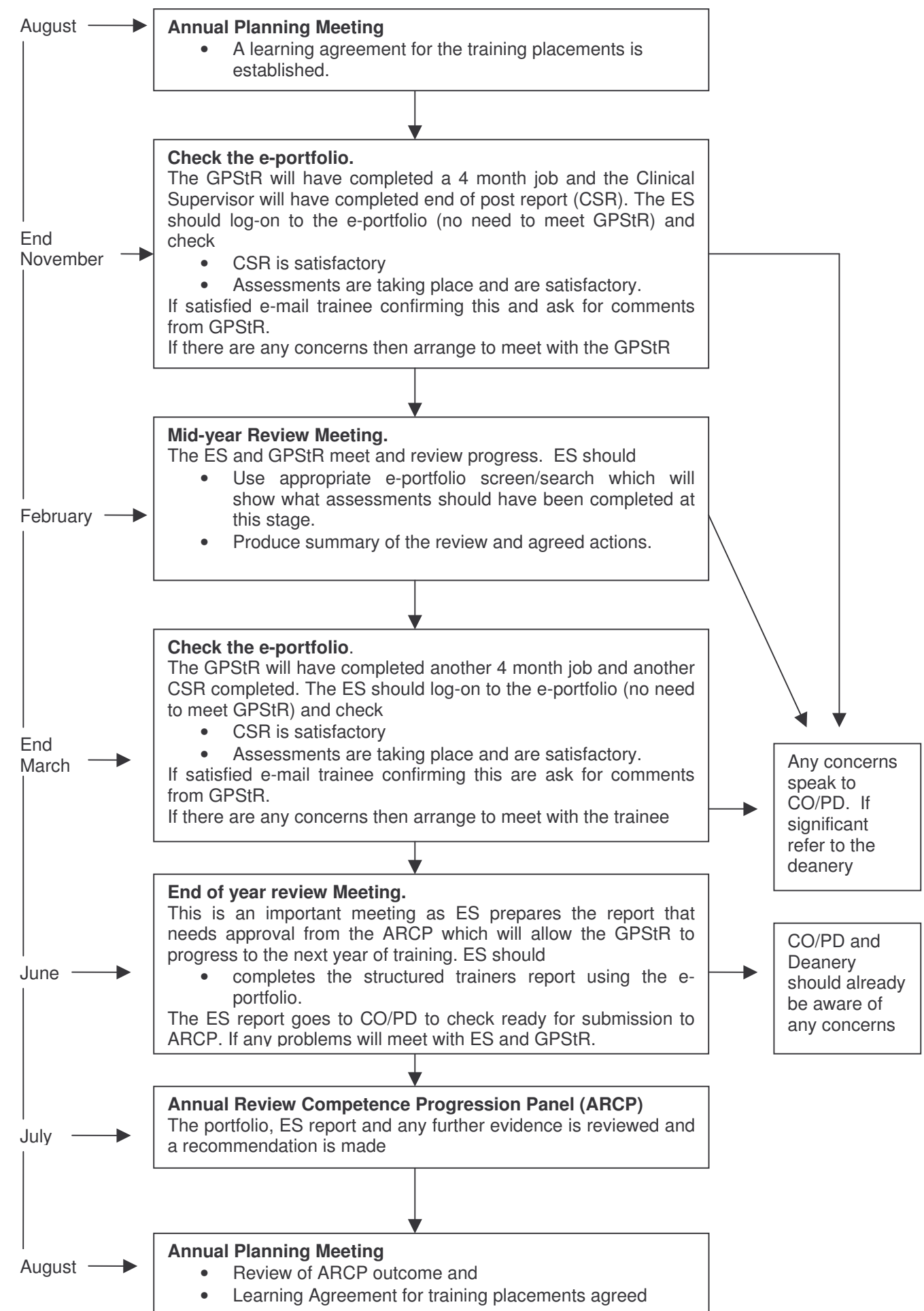
**The Annual Planning meeting.** A formal meeting at the beginning of each year of the Training Programme and reviews the outcome of the ARCP.

**The Mid point review meeting.** This at the mid-point of the training year and reviews the GPStR progress is satisfactory. It might be at this point there are significant issues which the ES should discuss with the CO/PD.

**End of year review meeting.** This is to prepare an Educational Supervisor's report at the end of the year. In the East Midlands HWD this will also be reviewed and countersigned by the Program Director to demonstrate local Quality Control of the process.

The ES should check the GPStR progress via the e-portfolio at the end of each post. If progress has not been satisfactory this *should* lead to a meeting with the GPStR.

It is recognised that it is a 2-way relationship between the trainee and the ES who is a bridge between the trainee and the Program Director, the Employer and the Deanery. The employer of the ES (or Partners if a GP Trainer) should be aware of this role and take account of it in any workforce or workload planning.



## EDUCATIONAL SUPERVISORS CHECK LIST

### Weekly/fortnightly

- Unread shared log entries: make comments. Agree competencies. Mark as read
- Check for messages

### **AUGUST: 1<sup>st</sup> Review**

Beginning the year – preparing the ground.

- Agree a PDP which the GP Registrar will then write up in their portfolio
- Check declarations

### **END NOVEMBER**

Finishing appointment. Email review

- CSR review. Any concerns?

### **FEBRUARY 2<sup>ND</sup> Review**

Preparation before meeting

- Check curriculum coverage – the GP Registrars Personal Log showing coverage of the curriculum
- Check competence coverage and their competency self assessment
- Check shared log
  - VTS attendance
  - OOH attendance
- Check Skills Log coverage (DOPS). Ensure mandatory skills have been covered and encourage optional skills
- Check whether PDP objectives are being met
- Look at the Evidence folder – what assessments have been made? Have they satisfied the required minimum? Do you think they need more evidence than they have supplied?

Face to face meeting

- Go thru the PDP – how are they getting on?
- View any certificates (esp CPR)
- Feedback on impression of e-portfolio to date
- Agree date of next review
- Produce summary of the review using the interim option and agreed actions. Use the SAVE button

### **END MARCH**

Finishing appointment. Email review

- CSR review. Any concerns?



## **JUNE (END OF) 2<sup>ND</sup> Review**

The major review of the year. (Early for ST3, later for ST1 and ST2)

Preparation before meeting

- Check curriculum coverage – GP Registrars Personal Log showing coverage of the curriculum
- Check competence coverage and their competency self assessment
- Check shared log
  - VTS attendance
  - OOH attendance
- Check Skills Log coverage (DOPS). Ensure the Mandatory skills have been covered and encourage optional skills
- Check whether PDP objectives are being met
- Look at the Evidence folder – what assessments have been made. Have they satisfied the required minimum. Do you think they need more evidence than they have supplied.

Face to face meeting

- Go thru the PDP – how are they getting on.
- View any certificates (esp CPR)
- Feedback on impression of e-portfolio to date
- Agree date of next review
- Produce summary of the review and agreed actions
- **Complete the Final structured trainers report using the e-portfolio for the ARCP panel. Use the SEND button**

## **END JULY**

Finishing appointment.

Email review (in preparation for the next year for those in ST1 and ST2)

CSR review. Any concerns?

## **SETTING THE REVIEW PERIOD**

The Educational Supervisor sets the review date.

Reviews are required at months – 6, 12, 18, 24, 30 & 34

The review date is set as the last date of the review period eg. If a trainee started in August 07, their first review date would be 5<sup>th</sup> February 2008. You can then put the actual date of the review within the text.

If you happen to create a duplicate review, these unfortunately can't be deleted. In this instance you can amend the date in the incorrect record and create the next review by setting the date to the last date of the next review period.

**NB. At the current time can you not use the Additional Paperwork Section as it is a work in progress.**

### **Before the Review**

Once logged onto the E-portfolio you should follow the process below:

1. Select your Trainee.
2. Click on Reviews on the left hand menu.
3. Scroll down to the bottom of the page
4. Click on Record the Date for the Next Review.
5. In when, put the last date of the current 6 month period
6. In type of Review, select the current 6 month period that they are in.
7. Save.

### **After the Review**

After the review you will need to return to the entry and complete the form and provide a recommendation.

1. Select your Trainee
2. Click on Reviews on the left hand menu.
3. Scroll to the bottom of the page and click on the review date you wish to view/amend
4. Click on Edit Review Details
5. Edit details and make a recommendation to the Deanery
6. Save

### **Reasons for the review date to be set:**

The MSF and PSQ results cannot be released by the ES until the correct review date has been set.

The E-portfolio cannot allocate the trainee's evidence to the correct review period unless a review date is set.

The E-portfolio does not automatically recognise what period of training the GPStR is in until the review date has been set. Therefore can you please make sure you select the correct review period. Eg. If a trainee started the E-portfolio during their ST2 year then their first review will be the 24 month review.

The Educational Supervisors report (currently paper based) only applies to those going through the ARCP process, ie. At the end of their ST1, ST2 or ST3 year, not those doing mid year reviews.

All Trainees will need to have a review set, even those who have just been through the ARCP panel process and have completed the Educational Supervisors Report. Ideally the review would have happened before the panel and therefore the info could have been copied direct from the E-portfolio

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

From August 2007 there is 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 (GPStR).

# 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 or in ST2			x 1 or in ST1		← x 1 →		
DOPS	<b>UNTIL MANDATORY SECTION OF LOG COMPLETE</b>								
CSR	<b>SUMMARY OF PROGRESS. DUTY TO ALERT PROGRAMME DIRECTORS IF PROGRESS IF NOT SATISFACTORY.</b>								
AKT	<b>ANY TIME BUT RECOMMEND IN FINAL YEAR AT DESIGNATED COMPUTER EQUIPPED TEST CENTRES</b>								
CSA	<b>TO BE HELD 3 TIMES A YEAR AT RCGP CENTRE IN CROYDON (February, May &amp; October)</b>								
WPBA	<b>COMPETENCY- BASED TRAINING RECORDED OVER THE THREE YEARS</b>								
e-PORTFOLIO	<b>TO BE USED TO RECORD ALL OF THE ABOVE</b>								
Abbreviation		What it stands for ...							
AKT		Applied Knowledge Test							
CBD		Case Based Discussions							
COT **		Consultation Observation Tool <b>(Primary Care only)</b>							
CSA		Clinical Skills Assessment							
CSR		Clinical Supervisors Report							
DOPS		Direct Observation of Procedural Skills							
e-Portfolio		Electronic Portfolio							
Mini CEX *		Mini Clinical Evaluation Exercise <b>(Secondary Care only)</b>							
MSF		Multi-source Feedback <i>(Web based)</i>							
PSQ		Patient Satisfaction Questionnaire <b>(Primary Care only)</b>							
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)**

*(Secondary care only)*

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).

## **CONSULTATION OBSERVATION TOOL (COT)**

*(Primary Care only)*

This tool has been designed to be used by trainers as an evidence-collecting instrument to support the more holistic judgements made about GP trainees at the interim and final reviews during GP settings. The mini-CEX tool will be used for this purpose in a hospital setting.

The starting point for this assessment is either a video recorded consultation or a consultation directly observed by the trainer. In either case the observation should generate discussion and feedback for the GP trainee.

### **What to do**

The GP trainee records a number of consultations on video and selects one for assessment and discussion, or the trainee and the trainer agree one prospective patient encounter which will be the subject of direct observation. In either case the trainee must ensure that the patient has given consent as per the Guidelines for consenting patients.

- Time is set aside for both GP trainee and trainer to view the consultation together during which time the trainer grades on the form each of the items as **I** (*insufficient evidence*) **N** (*needs further development*) **C** (*competent*) or **E** (*excellent*). A detailed guide to these performance criteria can be found in *COT: Detailed Guide to Performance Criteria*.
- The trainer then formulates a global judgement for the overall consultation and offers formal feedback on the assessment conducted with recommendations for further work and development by the trainee.

### **How many consultations should be viewed?**

One consultation should be viewed for in-training assessment purposes at each “sitting.” Prior to an interim review at 6 months, six such assessments should be made, thus allowing the exploration of a minimum total of 12 cases over a training year spent in general practice.

### **Assessors**

While the trainer may well conduct the majority of these assessments, it is recommended that in order to improve reliability of this tool at least one other assessor (another trainer or course organiser or programme director) is involved in rating a few of the cases.

## **Consultation selection**

Consultations should be selected across a range of patient contexts and over the entire period of training spent in general practice and should include at least one case from each of the following categories:

- Children (a child aged 10 or under)
- Older adults (an adult aged more than 75 years old)
- Mental health

It is likely that more evidence will be generated from consultations with greater complexity.

## **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 | 5. Male genital examination  |
| 2. Breast Examination             | 6. Rectal examination        |
| 3. Female genital examination     | 7. Cervical cytology         |
| 4. Prostate examination           | 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](http://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\*



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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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](mailto:douglas.murphy@nes.scot.nhs.uk) or David Bruce [david.bruce@nes.scot.nhs.uk](mailto: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**

	<b>Proposed questions</b>	<b>Evidence obtained</b>
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
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<b>Clinical setting:</b> Name of organization:	Hospital	General Practice
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<i>Please tick, referring to the competency area descriptors in the e-portfolio</i>	<b>Insufficient evidence or not assessed</b>	<b>Needs further development</b>	<b>Competent</b>	<b>Excellent</b>
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				

<b>Overall assessment: Please tick</b>			<b>Feedback and recommendations for further development:</b>
<b>Needs further</b>	<b>Competent</b>	<b>Excellent</b>	

**Agreed action:**

Assessor's signature:	Date
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Assessors name	Time taken for discussion
	Time taken for feedback

# THE PATIENT SATISFACTION QUESTIONNAIRE

The Patient Satisfaction Questionnaire (PSQ) provides feedback to GPStRs by providing a measure of the patient's opinion of the doctor's relationship and empathy during a consultation. The evidence provided is useful in helping trainer and GPStR to address needs and facilitate educational development during the training period.

## How to Use the Patient Satisfaction Questionnaire

### A. Obtaining Feedback

The GPStR and trainer should agree a date for the PSQ and a date for the feedback interview. The questionnaires and letters of explanation should be handed to consecutive patients (irrespective of their likelihood of responding) by the receptionist. The receptionist and trainer should complete the declaration form and return to the Deanery.

Patients complete the questionnaire and hand them back to the receptionist. This should continue until 40 completed forms have been returned. This may take a number of days.

The results should be entered into the GPStR's ePortfolio. Each deanery will decide who will do this. ( Within the The East Midlands Deanery, the forms will be collated by the training practice staff and forwarded to the local VTS Office for data entry.

### B. Using Feedback

Once analysed, the results are sent to the Educational Supervisor. Results will be anonymous and will include mean, median and range for each question. The Educational Supervisor should familiarise him/herself with the feedback prior to the feedback interview and assimilate the numerical scores within the context of the GPStR's overall performance. The Educational Supervisor can authorise the results to be transmitted to the GPStR's ePortfolio at any time. The GP trainer will then have access too.

The feedback interview should be conducted in protected time with no interruptions. It will require excellent skills of giving feedback on the part of the interviewer. 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. The interviewer should ensure that the trainee understands the background and purpose of the PSQ. Discussion should centre around the GPStR's expectations in relation to the mean, median and range for each question.

The Professional Conversation log in the Education Section of the ePortfolio may be used to record the interview and any action plan arising from it.

### **How many? How often?**

The PSQ should be used once during months 31 to 34 (ST3, if in primary care). PSQ can take place in ST1 or ST2, if the GPStR is in primary care. In other words the PSQ will be used only once if the GPStR is in general practice for 12 months but twice if they have more than 12 months in general practice.

### **Resources**

A copy of the PSQ can be downloaded from the RCGP nMRCGP website:

[http://www.rcgp.org.uk/Docs/nMRCGP\\_all%20six%20assessment%20forms.doc](http://www.rcgp.org.uk/Docs/nMRCGP_all%20six%20assessment%20forms.doc)



## 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 (use the *switch role* button on the navigation menu when necessary). 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](http://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

# RCGP e-PORTFOLIO ASSESSMENT FORM GUIDE

[www.eportfolioforms.com](http://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](http://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 the entire 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 this 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.