**Performing an educational supervisor report pack**

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***To get an overview of the trainees log do the following or skip to start review.***

***Go to log:***

* Is the trainee adding entries regularly?
* Are they entering 2-5 per week on average- if not quality must be good
* Check how many entered since last review.
* Check each type seeing whether there are entries in each and numbers e.g. professional conversation, audit etc. At least a third should be based in clinical practice.
* Is there a good spread across types?
* Have a look in some to see how reflective they are keep details of good examples.
* Are they filling all the boxes/ making them bottom heavy?

***Go to evidence:***

* You will not be able to release MSF or PSQs until review date set. You will not be able to see the competency cumulative tables without doing either. Add a review if not already done this.
* Check they have fulfilled all that they need to eg numbers of COTs, CbD etc there should be no red numbers. See Appendix 1.
* Look at COTs/ Mini-cex plot grades in chart. Appendix 2/ 3
* Look at CbDs plot grades in graph. Appendix 4
* Look at MSF- comment on and release to trainee,
  + Make note of comments that support each competency area e.g. “ great communications skills”- communication, “excellent team member” – teams
  + Check scores against peers.
  + Check lowest grade achieved.
* Look at PSQ- comment on and release to trainee
* Look at CSR- print or keep open in another window. Think which bits relate to which competencies e.g. “ takes history and examines systematically- data gathering. Appendix 5

***Go to review preparation:***

***Start review:***

* Set date as expected date of completing review.
* Check post correct.
* Check right review recorded ST1/2/3 and either 1 or 2 etc.
* Save
* Continue

***Curriculum coverage comments;***

*How has the curriculum coverage developed since the last review?*

* New format shows entries since last review, in last year and over all so easy to see what done since last review. Is there evidence in each competency area?
* Top box has all entries since August 13, as new curriculum started then, look at numbers have all been achieved? Which ones have not? If doing ST3 important to cover all several times.
* Click on Expand curriculum statement headings 2010 to see all entered against old curriculum if training started before August 2013.
* Look at ones not achieved or low in numbers in new curriculum and see if they have been achieved in old, very few trainees
* Does the sum come to more than 5 for each area?
* If not is the quality of those entered good enough to stand alone ie theoretical learning and practical application ideally?
* Ideally should have revisited all areas in ST3 year in each review period but at least within year.

*Comment on curriculum coverage in relation to the stage of training and current post.*

* Are the numbers good enough for stage of training?
* Have they covered the expected areas for the job they have just done?

*On which areas of the curriculum does the trainee need to focus their attention before their next review?*

* Which areas over all do they need to focus on?
* Which areas are likely to be possible to achieve in next post?

***CEPS Clinical Examination and Procedural Skills replacing DOPS: Mandatory from Aug 2015- this section will move to the end of the review in new reviews.***

These are reviewed as all the competencies are. In additional there are specific questions relating to them in the ESR mandated by the GMC.

*1. Are there any concerns about the trainee’s clinical examination or procedural skills?*

If the answer is, “yes” please expand on the concerns and give an outline of a plan to rectify the issues.

* You need to assess if sufficient evidence has been provided that allows confidence in their ability to exam appropriately. Look at words pictures to help.

*2. What evidence of progress is there in the conduct of genital and other intimate examinations (at this stage of training)?*

Please refer to specific evidence since the last review including Learning Log entries, COTs and CBDs etc.

* They need to have demonstrated competence at activities that include rectal, prostate, genital, pelvic, breast exams.
* Is this level appropriate for their likely career path?
* Can they deal with any emergency situation that arises that would involve such procedures?

*3. What does the trainee now need to do to improve their clinical examination and procedural skills?*

* What would you like to see before next review to improve confidence in their competence in Clinical Examination and Procedural Skills?

For trainees that had ARCP as ST3s on or before 5th August 2015 the mandatory DOPs alone was the minimum evidence needed for CCT. Anyone after this will need to provide sufficient evidence as CEPS as for the other competencies using a variety of evidence in addition to providing robust evidence for each of the mandatory intimate CEPS. Robust evidence is classed at observed CEPs by ST4 or above but could also be the log if uploaded hospital letter supporting their clinical finding for example.

Trainees need to have evidence for the competency CEPS in addition to the mandatory intimate ones, just having evidence for the intimate CEPS will not be sufficient alone.

Evidence should be sort in CEPS, DOPS, the competency CEPS showing evidence in all log types and specific log CEPS.

***Review of PDP:***

*Comment on the quality of the PDP*

* Is it SMART; Specific, measureable, achievable, realistic, time measured.
* Have they put entries in since last review?
* Have they linked to or from log entries?
* How many entries have they made?
* Are they appropriate for the job they have been doing?

*Comment on the progress made towards objectives*

* How many have they achieved?
* If not achieved have they partially?
* Should they have achieved them within the time scale set and the job they have been doing?

*What objectives remain outstanding?-This is now removed but worth discussing with the trainee.*

New changes to PDP

* The trainee will have be asked to create a new PDP entry as part of self assessment, if they have not created any in this review
* All PDPs created in this review will appear for you to discuss with the trainee and comment upon
* You should help the trainee edit this to ensure that it is SMART if necessary
* You should ensure they have PDP entries related to their next post or post CCT appraisal in addition
* Trainee should still be entering PDPS throughout their post not just pre ESR

***Trainee self assessment against competencies:***

* Read and see what rating they gave themselves and what evidence they supported this with.
* Check evidence provided is valid and supports their comment and rating. With new system easier as they are only able to link evidence that has been validated, but are they good bits of evidence? And do they support the rating.
* Read trainees actions
* It is often easier to keep the self-assessment window open as a separate tab, to refer back to, whilst continuing below.

***Competence areas- ES rating and recommendations.***

* For each competency area make decision on grade, using trainee evidence and assessment and other info from CbDs, COT, MSF, PSQ, CSR etc.
* Does the ES agree that the evidence the trainee has provided demonstrates sufficient progression in the current review period?
* Do you agree with trainees grade and have they provided enough evidence on which to make an assessment?
  + Yes evidence is good- no more essential but good practice is to write a summary showing you have read and agree.
  + Yes but other evidence would support even better -link up to 3 additional pieces and ideally state what these show.
  + No-link evidence and describe what grade this supports, either lower or higher or if insufficient evidence to assess state this.

***Actions***

* Instead of needing to write actions for all 13 competences the trainee will be asked to write just 3 focusing on their main learning needs
* As ES you can add 2 further actions
* For a struggling trainee, or one who you have graded below expectations, additional action plans would be expected focusing on particular learning needs
* Read trainees 3 actions for what they need to do before next review or post CCT appraisal
* Do you agree with these?
* Are they the main areas the trainee needs to focus on?
* Are they detailed enough and likely to achieve the required grade?
* Create a further 2 actions to meet any areas not covered by the trainee that should be focused on before next review

**Review of previous ‘agreed actions’**

* You will be asked “have the action plans from the previous review been achieved?”
* If Not you mark no and a comment box appears to be filled with any relevant detail.
* If they have at this point nothing else is needed

***Quality of evidence presented:***

*Comment on range and quality of evidence presented by the trainee.*

Comment on :

* The spread of log entries professional conversation, SEA etc- should have a third based in clinical practice.
* Quality of log in general .
* Numbers of log entries.
* Quality of evidence used in self rating.

Citing how each could be improved.

*Comment on degree of meaningful reflection shown in learning log and PDP entries.*

* Comment on reflection from entries reviewed, citing good examples if they have them.
* Comment on PDP reflection, how they are progressing and what they have achieved and linked to learning logs.

*How can trainee improve quality of evidence before next review?*

* Give feedback and advice on reflection. See table re quality of reflection.
* Detail all would like improved before next review, type of entry, length etc.

***Revalidation:***

* Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incident/Significant Event Investigation or named in any complaint? Y/N
  + Have they had any complaints made if yes state Yes if No state No.
* If yes, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about this trainee's fitness to practice or conduct? Y/N
  + Have these been fully resolved with no concerns, if yes state Yes if ongoing concerns state No
* If there are any unresolved causes of concern, please provide a brief summary:
  + If No then give details in the box.
* You are providing information not making a judgment.

***Recommendation of Educational supervisor:***

For ST3:

* Satisfactory progress
* Unsatisfactory progress
* Panel opinion requested.
* Competent for licensing
* Excellent
* For ST3 final review if ANY NFD then advise PD and discuss if panel opinion required. All final ST3 trainees need to be competent for licensing or excellent, if they are not this level they should be NFD – below expectations as the expected level is competent for licensing at this stage.

For ST1/2:

* Needs further development-above expectation
* Needs further development-meets expectation
* Needs further development- below expectation
* Any NFD- below expectation discuss with PDs, they will discuss as an educational team including the AD and advice re whether panel opinion is required.

***Comments/ concerns:***

* Enter a summary or reason for panel opinion requested etc.
* Ensure any mitigating circumstances are clearly recorded in educator notes.
* Let Barbara and Vicky know via email any trainee referred to panel.

***CPR, Safe Guarding Children and Out of Hours:***

*Holds valid CPR and AED certificate-*

* Final review only
* Have they evidence to support this? Is the certificate attached?
* Is it in date ? and will it still be in date for CCT date, ALS is usually 3 years but BLS is only 1 year?

*Has met Out of Hours requirement?*

* Final review only formally asked, but need to review for all in GP post.
* Have they log entries for all OOHs? Do they reflect on OOHs care and how it differs from in hours care?
* Count sessions pre Aug 13 and hours post- 1 session/6 hours
* Have they done the required number of hours, as per new requirements?
* Now all trainees should be working in hours with 36 in ST1/2 and 72 in ST3. All extensions should have additional hours at the rate of 6 hours per month full time or its equivalent.
* Have you seen proof that they have attended, signed sheets from supervisor? Have they been scanned in?
* If not need to refer to panel even if in ST1 or 2. They will get an outcome 5 for insufficient evidence. If sessions booked for within review period but not done, add educator note to this effect or get the trainee to add a log entry to finish later, they are only allowed 2 ie 12 hours outstanding but booked.
* Need to check after that these have been completed and log entries recorded. This is the ES responsibility.

*Safe Guarding Children*

* Do they show evidence of level 3 child safeguarding, including attached certificate?
* Have they log entries that show reflection on involvement with Child safe guarding cases and team involvement?
* Ideal should be multi team, over time, involvement with cases and theory teaching at level 3.

**For final review all of these need to be marked as fulfilled otherwise the ARCP cannot be completed. If they have not ensure the trainee fulfils before submission or refer to panel. If they have up to 12 hour OOHs sessions booked OOHs should be marked as fulfilled.**

*I confirm accurate description period from:*

* Start of job or last review date, to date of present review.

At this stage the ESR will be released for all to see and will no longer be dependent on the trainee releasing it.

They will be asked instead if they agree with it and if not to write a comment explaining why.

**Set up next review**

**Appendix 1: WPBA requirement for each stage of training summary table**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **COT or Mini-cex** | **CbD** | **MSF** | **PSQ** | **CEPS** | **CSR** |
| **ST1** | 3+3 | 3+3 | 1+1  5 Clinical+ 5 Non Clinical (if in GP) | 1 if in GP post | Some evidence for intimate and non | 2-3 |
| **ST2** | 3+3 | 3+3 | Nil  But ideally do | 1 if in GP post | Some evidence for intimate and non | 2-3 |
| **ST3** | 6+6 | 6+6 | 1+1  5 clinical  5 non clinical | 1 or 2 if none down in ST1/2 | Enough for competency and GMC 5 intimate all observed | Not needed but useful |

**Appendix 2: COT mapping**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPETENCY/ DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Encourages the patient’s contribution |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Responds to cues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Places complaint in appropriate psychosocial contexts |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Explores patient’s health understanding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Includes or excludes likely relevant significant condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate physical or mental state examination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Makes an appropriate working diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Explains the problem in appropriate language |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Seeks to confirm patient’s understanding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Appropriate management plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Patient is given the opportunity to be involved in significant management decisions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Makes effective use of resources |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Conditions and interval for follow up are specified |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Case descriptor: M/F, age, MH, HV/Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OVERALL SCORE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix 3: MIN-CEX mapping**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  |  |
| **Assessment area** | Grades: | Grades: | Grades: | Grades: | Grades: | Grades: |
| **History Taking** |  |  |  |  |  |  |
| **Physical Examination** |  |  |  |  |  |  |
| **Communication Skills** |  |  |  |  |  |  |
| **Clinical judgment** |  |  |  |  |  |  |
| **Professionalism** |  |  |  |  |  |  |
| **Organisation/Efficiency** |  |  |  |  |  |  |
| **Overall clinical care** |  |  |  |  |  |  |

**Appendix 4: CBD Mapping**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |  |  |  |  |
| **2. Practising holistically** |  |  |  |  |  |  |  |  |  |  |
| **3. Data gathering** |  |  |  |  |  |  |  |  |  |  |
| **4. Diagnosis/ decision** |  |  |  |  |  |  |  |  |  |  |
| **5. Clinical management** |  |  |  |  |  |  |  |  |  |  |
| **6. Medical complexity** |  |  |  |  |  |  |  |  |  |  |
| **7. Organisation Management and Leadership** |  |  |  |  |  |  |  |  |  |  |
| **8. Teams/ colleagues** |  |  |  |  |  |  |  |  |  |  |
| **9. Community orientation** |  |  |  |  |  |  |  |  |  |  |
| **11. Ethical approach** |  |  |  |  |  |  |  |  |  |  |
| **12. Fitness to practice** |  |  |  |  |  |  |  |  |  |  |
| **Overall Assessment** |  |  |  |  |  |  |  |  |  |  |
| **Type case: age, sex** |  |  |  |  |  |  |  |  |  |  |
| **Setting: home visit, surgery** |  |  |  |  |  |  |  |  |  |  |

**Appendix 5: Competency information from CSR**

|  |  |
| --- | --- |
|  | **COMPETENCY** |
| **Relationship** |  |
| **Explores patient’s agenda (their Ideas, Concerns and Expectations** | 1. Communication |
| **Works in partnership to negotiate a plan** | 1. Communication  5. Clinical management |
| **Recognises the impact of the problem on the patient’s life** | 2. Holistic care |
| **Works co-operatively with team members, using their skills appropriately** | 8. Teams and colleagues |
| **Diagnostics** |  |
| **Takes a history, examines and investigates systematically & appropriately** | 3. Data gathering  13. CEPS |
| **Elicits important clinical signs & interprets information appropriately** | 3. Data gathering  13. CEPS |
| **Suggests an appropriate differential diagnosis** | 4. Diagnosis/ decisions |
| **Recommends appropriate management plans and follow-up arrangements** | 5. Clinical management |
| **Refers appropriately and co-ordinates care with other professionals** | 5. Clinical management  8. Teams |
| **Management** |  |
| |  |  | | --- | --- | | **Keeps good medical records** |  | | 7. Organisation management and leadership |
| **Uses resources cost effectively** | 9. Community orientation |
| **Keeps up-to-date and shows commitment to addressing learning needs** | 10. Maintaining performance |
| **Professionalism** |  |
| **Identifies and discusses ethical conflicts** | 11. Ethical approach |
| **Shows respect for others** | 8. Teams  11.Ethical approach |
| **Is organised, efficient and takes appropriate responsibility** | 10. Maintaining performance |
| **Deals appropriately with stress** | 12. Fitness to practice |

**WPBA requirement for ARCP submission form Gateway review**

**ST1/2**

**ST1 or ST2 please state**: ST1/ST2 (Delete as appropriate)

**Have you done a GP post in this year?** YES/NO (Delete as appropriate)

**Are you an Academic trainee?** YES/NO (Delete as appropriate)

**Are you less than full time (LTFT)?** YES/NO (Delete as appropriate) Requirements will be pro rata for each review period. (Gateway looks at all evidence in whole of ST training period).

**If LTFT** **What percentage LTFT are you?**

If used for a non gateway review (from ST1 to 2 or 2 to 3 or final) what is the review period in months and with dates?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COT or Mini-cex** | **CbD** | **MSF** | **PSQ** | **CEPS** | **CSR/ACR** | **OOHs** | **Form R** | **Tick if all**  **complete** |
| **ST1**  **Minimum Number required** | Minimum  3 in each six months  total 6 | Minimum  3 in each six months  total 6 | 1 in each 6 month post total 2  5 Clinical in each | 1 for GP post if had in year | CEPS sufficient to show progression including intimate exam | CSR 2-3  (One for each post in the year)  ACR 1 | 36 hours  if GP post in year  in log incl any  booked | 2 weeks  before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |
| **ST2**  **Minimum Number required** | Minimum  3 in each six months  total 6 | Minimum  3 in each six months  total 6 | 1 in each 6 month post recommended but not required. | 1 for GP post if had in year | CEPS sufficient to show progression  including intimate exam | CSR 2-3  (One for each post in the year)  ACR 1 | 36 hours  if GP post in year in log incl any  booked | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |

CSR-Clinical supervisor report

ESR- Educational supervisor report

ACR- Academic report for academic trainees only

**WPBA requirement for ARCP submission form ST3 final review or ST3/4 Gateway review**

CSR-Clinical supervisor report

ESR- Educational supervisor report

ACR- Academic report for academic trainees only

State where evidence can be found for CPR, child safeguarding etc.

**ST3 or ST4 please state**: ST3/ST4 (Delete as appropriate)

**Are you an Academic trainee?** YES/NO (Delete as appropriate)

**Are you less than full time (LTFT)?** YES/NO (Delete as appropriate)

Requirements will be pro rata for each review period. (Gateway looks at all evidence in whole of ST training period).

**If LTFT** **What percentage LTFT are you?**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COT or Mini-cex** | **CbD** | **MSF** | **PSQ** | **CEPS** | **CSR/ACR** | **CPR/**  **AED** | **Child Safeguarding** | **OOHs** | **Form R** | **Tick if all**  **Complete** |
| **ST3**  **Minimum Number required** | Minimum  6 in each six months  total 12 | Minimum  6 in each six months  total 12 | Minimum  1 in each 6 month post total 2  5 clinical  5 non clinical in each | 2 required in 3 year training  one in ST1/2 and 1 in ST3 | CEPS sufficient to show competence across all years  Essential evidence of GMC 5 intimate exams observed | CSR Optional  ACR 1 per year | Within last 3 years | Level 3 shown in log with cert and reflection | 72 hours in log incl any  booked | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |  |  |
| **Academic**  **ST3**  **Minimum Number required** | Minimum  3 in each six months  total 6 | Minimum  3 in each six months  total 6 | 1  5 clinical  5 non clinical | 1 either ST3 or ST4 | CEPS sufficient to show progression | CSR Optional  ACR 1 per year | Within last 3 years | Level 3 shown in log with cert and reflection | 36  hours  in log incl any  booked | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |  |  |
| **Minimum Number required**  **Academic**  **ST4** | Minimum  3 in each six  months  total 6 | Minimum  3 in each six months  total 6 | 1  5 clinical  5 non clinical | 1 if not done in ST3 | CEPS sufficient to show competence across all years  Essential evidence of GMC 5 intimate exams observed | CSR Optional  ACR 1 per year | Within last 3 years | Level 3 shown in log with cert and reflection | 36 hours  in log incl any  booked | 2 weeks before ARCP |  |
| **Numbers/Date** |  |  |  |  |  |  |  |  |  |  |  |

If used for a non gateway review (from ST1 to 2 or 2 to 3 or final) what is the review period in months and with dates?