WPBA newsletter - Summer 2016

Welcome to the latest WPBA newsletter, in which we outline the latest developments. These changes are planned to occur in the autumn of 2016, so will not affect the completion of the end-of-year Educational Supervisors’ reviews or the summer ARCP panels.

Word descriptors

The WPBA group has reviewed all the paragraphs that make up the word descriptors for each competency (also called ‘word pictures’ by some). The objective of this work has been to ensure that the 3 assessment grades are as clear as possible, for example by removing words that are unnecessarily academic or specialist. The review has also been focussed on producing a more consistent standard across the grades. So, ‘Needs Further Development’ will broadly be consistent with the performance that might be expected of a normal F2 (i.e. focussing on the immediate clinical issues but not much more). ‘Competent’ remains the broad descriptor for behaviours that might be expected of a trainee at the end of training (or a newly qualified, CCT-holding GP) and so demonstrating a broader perspective which includes family or other considerations. ‘Excellent’ represents the standard that might be expected of an expert GP.

The new Word descriptors are available on the RCGP website and should be introduced to the ePortfolio in the autumn.

ESR report and PDP

The WPBA and the AIT groups have been keen to improve the Trainee’s PDP, and take it back to being a Personal Development Plan, created by themselves but supported by their ES, rather than generated by the ES at the ESR. The group is keen that, where appropriate, the ePortfolio should have processes which mirror the appraisal of post-CCT GPs. It is also important, when producing a PDP, to encourage reflection on a broad range of learning needs, rather than merely focusing on the competency ones alone.

The ESR is changing in three ways.

All the actions generated by the trainee in ‘suggested actions’ and all the trainer ‘agreed actions’ will be summarised in a single table against the competency headings, producing a succinct plan for the trainee to use.

The ES process and meeting will mirror the process used for post-CCT GPs, and trainees will be expected to propose PDP areas for their next 6 months (or year if they are approaching CCT and will have an appraisal as a qualified GP next) with the ES helping to improve, make SMART and finalise the suggested PDP areas.

In addition, it is still expected that the trainee will produce other entries to reflect their learning needs throughout their training.
Finally, for all who have access to the portfolio, the ESR will be released to view after the ES has completed it rather than when the trainee accepts it. If they don’t accept it, trainees will have the option to comment on it, but this will not delay its release.

For guidance on these changes follow the links below:

- Link to Trainer guidance
- Link to Trainee guidance
- Link to power-point presentation (in PDF format)
- Video link at http://sho.co/17H0G

Guidance on writing action plans can be found at www.bradfordvts.co.uk/educational-supervision/action-points-for-competency-rating-scales/

It will help to ensure that the updated process is used if educators do NOT create a NEW ESR as soon as they complete the summer 2016 one, so that the new process is loaded when the update is carried out.

Audio-COT

General Practice has evolved, and more and more consultations are being carried out by phone. Different skills are needed to carry out a consultation safely and appropriately on the phone from those needed for face-to-face consultation.

The Audio-COT form that has been developed would be expected to be used for at least one COT in ST3, and further ones would be encouraged. A total of 3 Audio-COTs can contribute towards the overall total of COTs required in ST3. The formal regulations will be changed to reflect this. Audio-COT would not be expected as part of the minimum numbers of COTS in ST1, but if the trainee wished to complete an Audio-COT this could count towards one of the total COTs / MIniCEXs required in ST1 and also in ST2.

The detailed trainer notes on Audio-COT and assessment form are below. In addition to these a series of podcasts looking at the tool will soon be available on the WPBA section of the RCGP website. The tool will only be added to the ePortfolio from August.

- Audio-COT guidance
- Audio-COT assessment form

Leadership MSF

The GMC (and others) place an increasing emphasis on Leadership. The WPBA group has developed a Leadership MSF, and the expectation is that this will be incorporated as part of the ePortfolio after a final trial being carried out this summer. The lead GP School for the trial is East of England. Following the results of this pilot, GMC approval will be sought.
The Future

The WPBA group is currently reviewing all of the assessments required during GP training, as these have not been reviewed since their initiation. This review will attempt to ensure greater continuity between the different LETBS / Deaneries, to adapt to the changing needs in General Practice in terms of helping trainees better prepare for the future, to fit in better with the new version of the Gold Guide, and to comply with the GMC’s requirements.

The RCGP curriculum

The curriculum is not managed by the WPBA group, but it seems helpful to include here a reminder that changes to the curriculum were made in February 2016. These changes were much smaller than those made last year (no competencies have been renamed!).

Further details on the RCGP Curriculum changes can be found at: www.rcgp.org.uk/training-exams/gp-curriculum-overview/gp-curriculum-changes.aspx.

RCGP WPBA Core Group

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