Summary Points from the RCGP Meetings for Deanery Assessment Leads and RCGP External Advisors 2012, “Making Judgements in WPBA – Achieving Congruence”.

28 and 29 November 2012

Introduction

For the fourth year in a row, the RCGP has organised two days of workshops for Deanery Assessment Leads (DALs) and RCGP External Advisors (EAs) to meet. The aim of these workshops is to gather representatives from across the Deaneries in order to discuss solutions, good ideas, and best practice in workplace based assessment and ARCP Panels, and to facilitate a concordant approach to workplace based assessment across the UK.

The following is a summary of the learning and discussion points that arose, building on the guidance produced in the previous years’ workshops.

It should be noted that this summary only constitutes guidance regarding good practice and is not COGPED or RCGP policy or regulation.
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The evidence base within the ePortfolio

There is no expectation that Deaneries should ‘chase’ trainees for missing or late evidence in advance of an ARCP Panel. Provision of the required evidence is the trainee’s responsibility and timely provision is a good sign of professionalism. The Gold Guide makes it clear that the onus is on the trainee to provide the relevant information in preparation for an ARCP Panel:

7.40 Deaneries will make local arrangements to receive the necessary documentation from trainees and will give them and their trainers at least six weeks notice of the date by which it is required so that trainees can obtain structured reports from their educational supervisors. Documentation must be received at least 2 weeks before the date of the ARCP. Trainees will not be “chased” to provide the documentation by the required date but should be aware that failure to do so will result in the panel failing to consider their progress. As a consequence, the trainee will not be able to document attained competences or progress in the specialty for the period under review. Failure to comply with the requirement to present evidence is dealt with in para 7.43. …

7.43 Where the documentary evidence submitted is incomplete or otherwise inadequate so that a panel cannot reach a judgement, no decision should be taken about the performance or progress of the trainee. The failure to produce timely, adequate evidence for the panel will result in an Incomplete outcome (Outcome 5) and will require the trainee to explain to the panel and Deanery in writing the reasons for the deficiencies in the documentation. The fact that outcome 5 has occurred will remain as a part of the trainee’s record but once the relevant evidence has been submitted then a new outcome will be added according to the evidence evaluated by the assessment panel.

Personal Development Plan (PDP)

The PDP should be a personal, reflective, living document for trainees. It is a useful tool for the trainee to clarify and prioritise their learning, and gives the trainee an opportunity to demonstrate and document self-direction, insight and initiative. It should be assessed by educational supervisors and ARCP Panels. A good PDP will show evidence of the trainee planning their learning based on needs identified through reflection on their clinical practice. The PDP should incorporate the learning objectives agreed with the educational supervisor, with reference to the professional competences and coverage of the GP curriculum.

The RCGP QM team identify the PDP as a ‘living document’ by the presence of at least one appropriate PDP entry in the six months prior to an Educational Supervisor’s Review/ARCP Panel (regardless of whether or not the PDP entries were ‘completed’).

Trainees approaching the end of training should record objectives relating to independent practice and the transition to this post-CCT. Educational supervisors and ARCP Panels must encourage this, as the PDP will be mandatory for appraisal and revalidation.
NB. Active PDP entries (i.e. those which haven’t been ticked as completed) in the Trainee ePortfolio will be transferred over to RCGP Revalidation ePortfolio as part of the planned interoperability between the two ePortfolios, due for implementation in August 2013.

Log entries
Educational supervisors should be encouraged to read and comment on Learning Log entries as this motivates trainees and provides useful feedback. Educational supervisors and Panels should be aware that entries can be backdated and are advised to check the ‘Date shared’ field on the log entry. This will help identify entries that have been added at the last minute.

The Learning Log is a key educational tool and a lack of entries may indicate a lack of progression towards Competence 10: Maintaining performance, learning and teaching.

Links from the Learning Log to the curriculum
To satisfactorily complete Workplace Based Assessment at the end of ST3 all curriculum areas should be evidenced by linkage to relevant entries in the Learning Log.

Trainees should have evidence illustrating coverage of the whole curriculum by the end of training. Low numbers of linkages will be an indicator of poor coverage but should have been picked up long before this stage. As a rule there should be coverage of all Curriculum areas by the end of ST3 i.e. no ‘0s’ in the Curriculum Statement coverage summary table.

ePortfolio tip: the trainee can view a summary of their curriculum coverage via the Review Preparation section of their ePortfolio.

Linkage of Log entries must be to appropriate curriculum and competence areas. It is good practice for educational supervisors to review linkage and amend this appropriately. The educational supervisor is encouraged to unlink inappropriate links to the curriculum which the trainee has put in.

Appropriate curriculum links focus on the learning point of the Log entry and the heart of the curriculum statement, as opposed to the circumstances of the occurrence the Log entry relates to. A curriculum link is not a statement on the trainee’s overall knowledge. Such linking will usually translate into a relatively small number of curriculum linkages for any given Log entry, which will also enable a more meaningful picture of the trainee’s curriculum coverage to emerge.

Links from the Learning Log to the professional competences (validation)
To satisfactorily complete Workplace Based Assessment at the end of ST3, the trainee must be rated by their educational supervisor as ‘Competent for Licensing’ in all 12 competence areas with appropriate evidence from the Learning Log linked to each area. If there are ‘0s’ in the NoE summary table then the panel needs to take a holistic view as well as give feedback to the ES. ‘0s’ do not mean automatic ‘unsatisfactory’ but mean
that it is harder for a trainee to show evidence of adequate professional development. The Panel should take a balanced view of all the evidence in the ePortfolio.

There must be a sufficient number and quality of linked Log entries to confirm competence at the end of training, and progression towards competence in ST1 and ST2. It is good practice for the educational supervisor to write a comment justifying/explaining their linkage.

Linking a Log entry to a competence is not a summative judgement that the trainee is fully competent in this area – the ARCP Panel, not the ES, makes summative judgements. A linkage is simply an indication that in the view of the educational supervisor the identified Log entry provides evidence that the trainee is progressing towards competence in the specified area.

*ePortfolio tip: Trainees can view their competence linkages via the Self-rating section of their ePortfolio.*

**Rating the competences**

- **By trainees**
  In preparation for their educational review, trainees must rate their progression across the twelve areas of competence, *making detailed reference to the evidence in their ePortfolio*. This will both aid their reflection skills and point the educational supervisor to pieces of evidence they may wish to consider when they complete their part of the review. It may indeed be to the trainee’s advantage to highlight pieces of evidence in this way that they feel are particularly strong in demonstrating certain competences. Including the relevant dates makes these pieces of evidence more easily identifiable and eye-catching to the ES and the ARCP Panel.

  Poor trainee self-ratings may be commented on by the educational supervisor or the Panel, and could be legitimate grounds for an Outcome 5 in ST1 or ST2, where the skills of reflection are primarily honed, or an Outcome 2 if there is no evidence of improvement. Insight is a key element of all the reflective components of the ePortfolio.

- **By educational supervisors**
  The educational supervisor updates the competence ratings for each review. The educational supervisor’s rating of the competences should be backed up by evidence from the ePortfolio. For example, “See CbDs” is not considered to be adequate evidence. The ES’s competence ratings should be of a high quality for all trainees, including those performing at a level above expectation, and in all stages of training.

  It is good practice for the educational supervisor in writing their competence ratings to draw upon evidence from a variety of sources within the ePortfolio, for triangulation of evidence, to increase the robustness of the judgements, and because evidence of different competences will best be found in different areas.

  It is good practice for the evidence cited to be specific, dated, and accompanied by a narrative interpretation of the evidence by the ES, outlining what the evidence is, why it
is significant, and the next steps. The ES should check any evidence flagged by the trainee in their self-rating. Contemporaneous Educators’ Notes are legitimate sources of evidence to be drawn upon by the educational supervisor and the ARCP Panel.

Three essential questions an ES must ask at time of writing an ESR:

1. Where is the evidence?
2. What does the evidence say?
3. Where do we go from here (i.e., what do we need to do to develop further)?

*During the College’s twice-yearly external scrutiny of ePortfolios, External Advisors are advised to sample pieces of the evidence mentioned by the ES in their ratings, to verify whether the ESR can be considered evidence-based (erroneous dates etc are sometimes entered), and whether the judgements made are justifiable.*

The rating selected should match the comments given. The overall rating given at the end of the report (Out of Post, Satisfactory Progress, Unsatisfactory Progress, or Panel Opinion Requested) can still be ‘Satisfactory Progress’ even if some of the individual competences have been rated ‘NFD – Below Expectations’ (except at the end of training - a trainee being recommended for CCT should be rated ‘Competent for Licensing’ in all areas or be given an overall rating of ‘Unsatisfactory Progress’ or ‘Panel Opinion Requested’). The ES’s judgement made at the end of the report should be holistic and take the whole of the ePortfolio into account. Whilst the ePortfolio may be of variable quality, the ES should do their best to reconcile and explain for the Panel any discrepancies in their judgements.

The Panel’s function is to make summative decisions, and if educational supervisors have concerns they should feel able to request the Panel’s opinion. Whilst there are criteria for the foundation competences and CCT competence, trainees progress at varying rates and therefore ST1 and ST2 minimum competences are not currently defined. However, it is expected that trainees make continuous and sustained progress over the whole course of the training programme, with constant development of the professional competences and coverage of the curriculum. A lack of development will result in an unsatisfactory ARCP outcome, which may entail an extension to training during any ST year.

**Actions for Development**

Feedback to the trainee is essential to inform their development, and therefore ideas or recommendations for future development (‘Actions’ in the competence rating pro forma) must be included in all ESRs, for all trainees, including those at the end of training and those performing at a level above expectation. The ES should encourage the continuation of learning, as this does not stop at end of training and is even more important in the new paradigm of Revalidation and Appraisal.

_The last two ESRs will be carried over into the RCGP Revalidation ePortfolio from the Trainee ePortfolio, so it is important that these are as complete and robust as earlier ESRs, as they will form part of the evidence for Revalidation._
The ESR is a document is written for both the ARCP Panel and Trainee. Feedback including competence ratings should be personal and written in the 2nd person (ie, directly to the trainee).

In addition, it should be noted that poor quality feedback to the Trainee and apparent poor quality educational supervision is more likely to ensure that a trainee is successful at Appeal.

**WPBA minimums**
A trainee cannot proceed to CCT if they have not completed all of the mandatory WPBA assessments – these are a compulsory requirement for licensing. i.e. an Outcome 6 should not be given if any of the mandatory WPBA evidence is missing. If an ARCP Panel finds that assessments have been missed earlier in training, these can be completed at another point during training.

While it is appropriate for Deaneries to look for evidence to support specific workplace based competence areas, it is not permissible to require additional criteria or assessments to be completed over and above those measured in the Trainee ePortfolio.

- **In relation to extensions**
  Extensions to specialty training should include a minimum number of appropriate workplace based assessments so that at the final ARCP Panel there can be satisfactory, current evidence of competence which can justify progression to licensing. For trainees undertaking an extension through previous failure to demonstrate competence the minimum number of workplace based assessments will be determined by their Deanery and may be more than the standard minimum. Deaneries should ensure the minimum number of assessments required is communicated to the trainee; it is good practice to record this at the start of the extension in the Educators’ Notes and/or on the ARCP form.

**Direct Observation of Procedural Skills (DOPS)**
Direct Observation of Procedural Skills (DOPS) must be undertaken by senior clinicians. Guidance can be found on the RCGP Website:

_In addition to the named clinical or educational supervisor, the observer could be a staff grade doctor, nurse practitioner, clinical nurse specialist, experienced specialty registrar (ST4 or above) or consultant. The observer should not be a peer - a fellow GP trainee or specialty trainee at a similar stage in training._

Additionally, DOPS cannot be based on retrospective evidence and cannot be completed in a skills lab. The assessor must ensure a good quality of patient care, and this will sometimes entail the subsequent re-examination of the patient by the assessor.
Quality Improvement Activity

Following the introduction of Appraisal and Revalidation for Trainees, there is a shift of emphasis towards personal participation in Quality Improvement Projects demonstrating improvement in a trainee’s professional practice. GMC guidance (2012) states:

“Quality improvement activities should be robust, systematic and relevant to your work. They should include an element of evaluation and action, and where possible, demonstrate an outcome or change.

Quality improvement activities could take many forms [...]. Examples of quality improvement activities include:

. (i) **Clinical audit** – evidence of effective participation in clinical audit or an equivalent quality improvement exercise that measures the care with which an individual doctor has been directly involved

. (ii) **Review of clinical outcomes** – where robust, attributable and validated data are available. This could include morbidity and mortality statistics or complication rates where these are routinely recorded for local or national reports

. (iii) **Case review or discussion** – a documented account of interesting or challenging cases that a doctor has discussed with a peer, another specialist or within a multi-disciplinary team

. (iv) **Audit and monitor** the effectiveness of a teaching programme

. (v) **Evaluate the impact** and effectiveness of a piece of health policy or management practice”

For full details please go to:

[http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf](http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf)

Audit

Audit is just one example of Quality Improvement Activity and the curriculum does require trainees to have skills in auditing the quality of care (Being a General Practitioner, learning outcome 1.5.2: [http://www.rcgp.org.uk/gp-training-and-exams/~/media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-1-Being-a-GP.ashx](http://www.rcgp.org.uk/gp-training-and-exams/~/media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-1-Being-a-GP.ashx))

Skills in audit are also listed as an example of excellence in the detailed discriptor of Competence 7: Primary care administration and information management and technology, and are discussed in Competence 10: Maintaining performance, learning and teaching (below):-
<table>
<thead>
<tr>
<th>Insufficient Evidence</th>
<th>Needs Further Development</th>
<th>Competent</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of audit and significant event analysis. Recognises situations, e.g. through risk assessment, where patient safety could be compromised.</td>
<td>Participates in audit where appropriate and uses audit activity to evaluate and suggest improvements in personal and practice performance. Engages in significant event reviews and learns from them as a team-based exercise.</td>
<td>By involving the team and the locality, encourages and facilitates wider participation and application of clinical governance activities.</td>
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ARCP Panels should check for evidence of involvement in and understanding of audit/quality improvement by the end of ST3. Data collection alone is rarely sufficient evidence of this. An eight-point or full-cycle audit is not mandatory, however it is the ‘gold standard’ in terms of demonstrating quality improvement.

**Significant Event Analysis (SEA)**

SEAs can provide excellent evidence of a trainee’s ability to be self-critical and self-analytical. SEAs are referred to in Competence 10: Maintaining performance, learning and teaching (above).

SEAs should include details of the improvements made to personal and practice performance. It is the expectation of the GMC that trainees record and reflect on all significant events:

page 3: [http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf](http://www.gmc-uk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf)

ARCP Panels should check for evidence that the trainee has engaged in significant event reviews and learnt from them as a team-based exercise. Trainees have a responsibility to ensure that they identify SEAs clearly. SEAs form another form of evidence for Quality Improvement Activity.
Child protection
It is a professional obligation for both those training in primary care and for GP principals to be trained to level 3 in child protection, (the ‘Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate document September 2010’ can be viewed here: http://fflm.ac.uk/upload/documents/1290784237.pdf

There are different ways this can be achieved - Deaneries can strongly recommend methods of achieving it but it is not appropriate to stipulate this too closely or make certain avenues mandatory. It is the trainee’s responsibility to highlight where such evidence can be found.

Out of hours training
Out of Hours care is a contractual issue but also an educational one relating to curriculum statement 7: Care of acutely ill people and Competence 12: Fitness to practise.

The BMA model contract for trainees stipulates a minimum of 72 OOH hours are required in ST3. Trainees are thus paid to provide OOH care at a rate of 1 session per month whilst in General Practice posts, each session lasting 4-6 hours according to the COGPEd guidance (available at http://www.cogped.org.uk/page.php?id=199). For Trainees with 18 months in GP, this means a minimum of 18 OOH sessions. OOH requirements are calculated pro rata for less than full time trainees.

Trainees with OOH sessions missing from ST1 or ST2 should ensure they are completed before the end of training.

Deaneries who accept sessions which have been booked but not completed at the end of training should have mechanisms to ensure these sessions are completed.

The educational supervisor should check that the correct number of OOH sessions have been completed. It is best practice for trainees to upload into their ePortfolio scanned copies of all of their OOH record sheets, signed by their session supervisor, for each session they complete.

Trainees should not write more than one OOH Learning Log type entry per session otherwise this can be misleading regarding the number of sessions completed. It is good practice for the title of the log entry to include the number of OOH hours completed, for clarity. OOH Learning Log entries in ST3 should only cover OOH done in Primary Care posts and should be reflective.

CPR and AED update training
All ePortfolios at completion of ST3 should include certificated evidence of current CPR training. It is good practice for trainees to scan and upload their CPR certificates. CPR and AED update training is valid for three years and the training session must be carried out during a GP Training post. Full details are available at:
Clinical Supervisors Reports

The minimum requirement is one CSR for each six month review period that the trainee has not been clinically supervised by their educational supervisor. However, it is best practice for the trainee to provide a CSR for each post they do supervised by someone other than their educational supervisor, which may result in more than 1 CSR in a 6 month period if their posts are shorter than 6 months, or are integrated training posts. This is especially important for short posts to show external validation of learning.

The RCGP has produced a CSR e-learning module which is available online: http://cs1.e-learningforhealthcare.org.uk/content/GPS_03_07_002/d/GPS_Session/1928/session.html
The ARCP process

Disciplinary issues
The Gold Guide presents ARCP Panels as having an educational as opposed to a disciplinary function. Disciplinary issues should be dealt with separately but in parallel with the ARCP process. It may be helpful for ARCP Panels to be privy to the conclusion of such issues, and perhaps for the conclusions to be recorded in the ePortfolio too, e.g. a brief summary of any issues in the Educators’ Notes section. In certain circumstances it may be appropriate to award an Outcome 1 or an Outcome 6 at the same time as ongoing disciplinary procedures are being carried out. ARCP outcomes are holistic decisions.

Professionalism issues are related to a number of the professional competences. As such, inappropriate behaviour at work (e.g. lateness, rudeness) recorded contemporaneously in Educators’ Notes may be used as evidence to justify an unsatisfactory outcome, including Outcome 4.

ESR timing
All ESRs must be completed within two months prior to an ARCP so that the ARCP Panel has access to up to date information on the trainee’s progress.

ARCP Panel timing
An ARCP outcome must be given as a minimum at each of the following junctures:

- for each 12 calendar months (regardless of whether or not the trainee has been in post for a whole 12 months full time equivalent or not). Each ARCP form must not cover more than 12 calendar months. All training time must be assessed and covered by ARCP forms.
- when there is a significant change in the trainee’s circumstances, for example if the trainee moves between ST years, or from one Deanery to another.

For full-time trainees who do not take any time out of programme, these two conditions will be met at the same time, meaning the trainee would only expect 3 ARCPs to cover their training programme. However, for a trainee who has been out of programme for a period, these two conditions may fall out of sync. For example, on return from being out of programme the trainee may have an ARCP assessment earlier than the previous annual date if they are due to progress to the next ST year, i.e., have completed a year of in-programme time without an ARCP Panel. The next ARCP Panel should then be 12 calendar months from this new date, or at the next significant change.

All ARCP Panel outcomes should be preceded by an ESR.

As a document which may take on legal significance, full advantage should be made of the freetext boxes on the ARCP form to provide a clear, robust explanation for the outcome awarded.
Academic trainees
If the trainee has progressed satisfactorily or unsatisfactorily in both the Academic and Clinical aspects of a post, the relevant Academic ARCP outcome radio button should be used. If the trainee has progressed unevenly between their Academic and Clinical component, the Certification Unit should be contacted for advice.

Out of programme ARCP Panels
Any trainee who is out of programme should as a minimum continue to have annual ARCP Panel assessments. When out of programme either an ESR can be done by the educational supervisor at the beginning of the period of leave, making comment on any substantial evidence submitted in that review period, recording progress, and setting out the development plan to be followed on return to the programme. Alternatively an ESR giving an OOP outcome can be created by a Deanery administrator when the trainee is out of programme so that the ARCP Panel can record the exact dates the trainee is out of programme and give an Out of Programme ARCP outcome (Outcome 8). A further ESR should be undertaken when the trainee returns to the programme to ensure the personal development plan is appropriate.

COGPED has recently issued guidance relating to trainees returning to training after extended periods of leave, which is on the COGPED website: http://www.cogped.org.uk/page.php?id=199

It outlines that if a trainee is out of programme for more than 12 months, they need to have their competences reassessed in training once back from leave. Thus it is recommended that they have an extension, usually lasting 3 months, but to be determined by the Deanery on a case by case basis.

If very little training time (less than 6 weeks) remains after the trainee returns from planned leave then the penultimate ESR and ARCP (in the Additional Comments section of the ARCP form) should state that the trainee is fully competent and the ES/Panel is happy to recommend them for CCT once the remainder of their training time is completed. Reference to the penultimate ARCP should then also be made in the final ARCP (Additional Comments section).

If an Outcome 6 has already been awarded by a Panel and the CCT application is in progress, and new evidence comes to light suggesting the trainee should not receive a CCT (e.g. if the trainee fails to complete the rest of their training time, or if problems are identified once back in practice), the RCGP Certification Unit should be contacted asap (preferably by phone – 020 3188 7656) as the certificates are issued one week before the end of training so may be able to be halted. Once the certificate is printed and sent out it is far harder to retract it.

Good ARCP Panel practice
- ARCP Panels should look at the whole picture presented by the ePortfolio and make holistic judgments and recommendations based on it.
- For ST1/2 and ST2/3 ARCPs, leaving the Panel as late as possible means giving maximal time for as much evidence to arrive as possible, and a more complete picture of the trainee to be formed.
• When doing a final **end of programme ARCP**, the Panel should remember that the trainee still has 2 months in post, and that assessments etc may still be completed in that period. The Deanery must make checks to ensure that any outstanding assessments or OOH sessions are completed before the end of training – if they aren’t then the CCT application must be halted.

• Panels should always consult the previous ARCP Panel report(s).

• The final Panel has an obligation to check that all assessments have been completed over the course of the programme before an Outcome 6 can be awarded. Failure to complete the minimum number of WPBA assessments are valid grounds for giving unsatisfactory progress, and have proven defensible at Appeal.

• If the Panel discovers that training time has been missed in an ST year, the missed time can be slotted in at any point in the programme, though this may result in queries from the Certification Unit at a later stage. No ARCP should cover more than 12 calendar months.

• If the final Panel disagrees with a previous ARCP outcome, they should contact their Head of School.

• Outcome 3 and Outcome 2 are most appropriate where the trainee has been given constructive feedback which they have subsequently ignored.

• Whilst the ESR is of significant value to a Panel, a trainee should not be penalised for any shortcomings in their educational supervisor. For example, the most appropriate outcome for a trainee who has provided acceptable ePortfolio evidence, yet their educational supervisor has provided a poorly written ESR, may be Outcome 1 with a comment.

• It is the Panel’s responsibility to feedback to the ES (via the Deanery) any concerns they may have about apparent poor educational supervision as evidenced in the ePortfolio, eg, lack of actions, copy and pasting statements, inappropriate comments, few competence linkages, ‘failing to fail’, lack of narrative in ES report, etc.

• Panels should also feedback to Deaneries on any inappropriate or poorly completed CSRs.

**Resignations**

An **Outcome 4 will not usually be given** unless preceded by an Outcome 3 or 5 at a previous ARCP Panel and an extension given, as is stated in the *Gold Guide* definition of Outcome 4:

> “The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress, despite having had additional training to address concerns over progress.” (p.69)

Therefore, in most instances when a trainee resigns they will be given an outcome **1, 2 or 5** depending on whether or not they have been making adequate progress up to the point of resignation. A comment should be made on the ARCP form explaining that the trainee has resigned and providing the date when the trainee left the programme.

New guidance from the NRO and COGPED, states that only trainees who have received an Outcome 1 will be able to re-apply to GP training after resignation. Any other
Outcome will mean trainees will not be able to re-apply, which emphasises the importance of the correct Outcome for the trainee’s progress being awarded at the point of resignation. Outcome 4 is not an appropriate outcome for a trainee who resigns.

**Short posts**

The CCT guidance recommends that posts are a minimum of 3 months in duration. However maternity leave etc is making shortened posts increasingly common.

Posts of less than three month’s duration will be allowed if there is adequate evidence of learning, which should include a mixture of:

- Relevant Learning Log Entries,
- PDP entries,
- An appropriate number of Assessments to the length of post
- CSR.

It is essential to have external validation of a trainee’s development and learning. Therefore in borderline cases the most important thing is whether there is a CSR.

Panels are recommended to check for evidence of learning during **all posts** but especially the shorter ones, via the Learning Log/PDP/CSR.

**Deanery Specific Requirements**

Deaneries are advised not to set their own mandatory requirements. Educational Supervisors, Clinical Supervisors and ARCP Panels should be aware of the distinction between actions which are to be encouraged as best practice, and those which are mandatory for completion of CCT. References to areas being expected when this is not a mandatory RCGP/contractual requirement may cause issues at Appeal.

**Disabled Trainees**

Adjustment for trainees with disabilities is something that could well affect Educational Supervisors and ARCP panels. The GMC states that all mandatory requirements of WPBA, including the assessments, really are mandatory so if a trainee has a disability which means they cannot satisfy all minimum mandatory requirements then this needs to be discussed with Certification unit.

**Training resources**

Learning Log stimulus material (‘How to produce a good Learning Log Entry’) was developed by the WPBA Group in June 2010 and can be found on the following webpage: [http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/learning-log.aspx](http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/learning-log.aspx)

*A dummy ePortfolio account can be created for Deaneries to populate with training materials. If you would like such an account created please contact Jamie Meecham, the Trainee ePortfolio Manager ([jmeecham@rcgp.org.uk](mailto:jmeecham@rcgp.org.uk)).*

The RCGP reflectivity guidance has been found useful as reflection skills cannot be assumed in trainees and often have to be taught early in training. A copy of the reflectivity guidance is included below.
The detailed feedback that the College provides after the detailed scrutiny of ePortfolios twice a year can be useful for training within Deaneries. Deaneries should anonymise information from Trainee ePortfolios when creating training materials, and can only use live ePortfolios with the trainee’s consent.

*ePortfolio tip: An ES can monitor their own performance by logging in to the ePortfolio as an ES, going to Downloads, and downloading all of the ESRs they’ve previously submitted. If any are missing please contact the ePortfolio helpdesk.*

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RCGP Medical Director of Quality Management and Training Standards

December 2012
Hallmarks of good practice in information recording in the ePortfolio
*(courtesy of the RCGP WPBA Standards Group)*

A log entry should ideally show:
- some evidence of critical thinking and analysis, describing the trainee’s own thought processes
- some self-awareness demonstrating openness and honesty about performance and some consideration of feelings generated
- some evidence of learning, appropriately describing what needs to be learned, why and how
- appropriate linkage to the curriculum
- demonstration of *behaviour* that allows linkage to one or more competence areas.

The following table provides a framework for assessing reflection in the ePortfolio:

<table>
<thead>
<tr>
<th></th>
<th>Not Acceptable</th>
<th>Acceptable</th>
<th>Excellent (in addition to acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information Provided</strong></td>
<td>Entirely descriptive e.g. lists of learning events/ certificates of attendance with no evidence of reflection.</td>
<td>Limited use of other sources of information to put the event into context.</td>
<td>Uses a range of sources to clarify thoughts and feelings. Demonstrates well-developed analysis and critical thinking e.g. using the evidence base to justify or change behaviour.</td>
</tr>
<tr>
<td><strong>Critical Analysis</strong></td>
<td>No evidence of analysis (i.e. an attempt to make sense of thoughts, perceptions and emotions).</td>
<td>Some evidence of critical thinking and analysis, describing own thought processes.</td>
<td>Shows insight, seeing performance in relation to what might be expected of doctors.</td>
</tr>
<tr>
<td><strong>Self-Awareness</strong></td>
<td>No self-awareness.</td>
<td>Some self-awareness, demonstrating openness and honesty about performance and some consideration of feelings generated.</td>
<td>Consideration of the thoughts and feelings of others as well as him/herself.</td>
</tr>
<tr>
<td><strong>Evidence of Learning</strong></td>
<td>No evidence of learning (i.e. clarification of what needs to be learned and why).</td>
<td>Some evidence of learning, appropriately describing what needs to be learned, why and how.</td>
<td>Good evidence of learning, with critical assessment, prioritisation and planning of learning.</td>
</tr>
</tbody>
</table>