**Severn Deanery School of Primary Care**

**RCGP ePortfolio Assessment Process and Panel Criteria**

**Updated April 2013**

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| Activity | Criterion | Assessment | Action |
| Note stage of training, posts done and if LTFT | Subsequent entries should be appropriate to experience | Log entries, curriculum coverage and DOPs | N/A |
| Look at Educator notes(LH Picking list) | No ongoing supervisor concerns | Look at notes since last ARCP date | If any significant concerns noted, then trainee will need to be assessed at central panel |
| Look at Evidence(LH Picking list) | Mandatory assessments (COTs, CBDs, PSQ, MSF) all need to be completed [[1]](#footnote-1) (Note that LTFTTs need only complete a pro-rata number of assessments) | If numbers all turned green, then that is easy and fine.If not, then consider if LTFT? Scrutinize all assessments done for each WPBA by looking at “all reviews” and possibly “all years” | If minimum assessments not done, then indicate on spreadsheet and TPD contact trainee by email to say which assessments need to be done before the central Panel meets. |
| Evidence - MSF | There should be 10 respondents (5 in ST1/2) | It is usually worth looking at the most recent MSF summary results. NB you can only do this if you open it when choosing the correct training period and then click on the graph icon. Occasionally, MSF concerns are not reflected in the ESR | If one MSF raises concerns, look at another and highlight the concerns on the spreadsheet |
| Evidence - CSR | There should be a CSR for each clinical attachment (an ST3 ES may also do a CSR for an ST3 attachment) | It is usually worth looking at the CSRs directly, as they give useful triangulation of the ESR. One can also then judge if the ES has referred to it appropriately | If a CSR is missing, contact the trainee to obtain it prior to the central panel meeting.If a CSR shows concerns (ie any Bordeline grades) then highlight |
| Revalidation Form R is present | Form R should be present in the learning log under XXXXXXX | Open it up to see if any concerns have been raised | If concerns, then indicate on spreadsheet |
| Assess PDP (LH Picking list) | There should be at least one relevant entry every 6 months which should be reasonably SMART | It is best to click “view all” to get a complete picture of the PDP. A reasonable number should have been completed, but it is OK if they have not all been | If PDP seems unsatisfactory, indicate on spreadsheet with your reasons |
| Learning Log (LH picking list) | There should be regular entries in the learning log, which demonstrate adequate reflection and learning | The deanery has recommendations for a minimum number of entries (pro rata if LTFT). If these are not met fully, but other entries are high quality, then that is fine.  | If learning log is significantly sparse or non-reflective then indicate on the spreadsheet with reasons |
| Learning Log – filter for Audit/project or SEA | There is evidence of engaging in audit and SEAs | There should be evidence of SEA reflection every 6 months. Although three are expected, fewer will be acceptable if high quality By the ST3 final review, there should be evidence of engagement in and learning from audit or a quality improvement activity (QIA) | If inadequate SEAs then note on the spreadsheet with commentsIf no audit or QIA is evident for an ST3 final review, then note it |
| Learning Log – filter for OOH | There should be 36 hours of OOH in the ST1/2 GP attachment and 72 hours in the ST3 attachment | Entries should have number of hours in the title section with the supervisor form as an attachment.If there are not enough hours done, then make a note to check the final page of the ESR to see if this is referred to |  |
| Check Recent ESR done | There should be an ESR covering the relevant period covered by the ARCP | Click on Reviews and then on the magnifying glass to the right of the relevant Review. If it is not there, you may see that a review has been started but not submitted if it is listed under “review dates” | If a relevant ESR has not been done/not submitted, then contact the trainee and ES and note on the spreadsheet.**No further portfolio assessment is possible at this point if there is no submitted ESR.** |
| Trainees self-assessment | The trainees self-assessment should be reflective and cite relevant evidence | This is on the first page of the ESR.  | If the self assessment is markedly inadequate, then  |
| ES competency assessment | All assessments should be “NFD meets expectations” or above, or “competent for licensing” if final ST3 | NB “Excellent” is acceptable for a Final ST3 assessment as it is considered above “fit for licensing” | If any assessment is “NFD – below expectations”, then highlight |
| ESR quality assessment | ESR should be based on specific dated evidence. The evidence should be relevant, and constructive suggestions for trainee development should be made | By this stage, having looked at the MSF and CSR and some of the learning log, you should be able to make this assessment quite quickly by scanning the ESR | If the ESR is low quality, then indicate which of the areas is below expectations. (NB this will be highlighted to the local APD who will give the ES direct feedback) |
| Curriculum coverage | This should be appropriate and adequate | By the end of ST3 all areas should be covered – quality rather than quantity is preferred!NB coverage prior to 8/2012 needs to viewed by clicking on “Expand curriculum Headings 2010” | If there are areas with wholly inadequate or missing coverage then highlight on spreadsheet. It may be appropriate to contact the trainee before the central panel |
| DOPs | All mandatory DOPS should be completed satisfactorily by the end of ST3 and completed by appropriate assessors | It is prudent to look at a random DOP (eg an intimate exam one) to check that the assessor is appropriate | If a DOP is missing for a final ST3, then contact the trainee prior to the central Panel meeting |
| CSA/AKT  | These should be achieved at the final review |  | Indicate if not achieved by the final review |
| CPR/AED | These should be achieved at the final review | It is acceptable for these to be done at any stage during the GP training programme | Indicate if box not ticked by final review |
| OOH  | The OOH box should be ticked by the ES by the final review | There may be an indication of OOH sessions still to do – which is acceptable | Indicate if box not ticked by final review |
| Revalidation concerns | There should be no ES revalidation concerns | There is a relevant tick box on page 4 of the ESR | If any concerns, then highlight on the spreadsheet |
| ES global judgment | Judgment should be satisfactory |  | If not satisfactory or “needs panel opinion”, then highlight on the spreadsheet |

If the Panel assessors find that any of the criteria are not met, then the relevant box needs to be completed on the Panel spreadsheet together with a free text explanation clarifying the concerns. The e Portfolio will then be scrutinized in more detail by the central panel.

1. ST1s and ST2s, should have completed at least 3 COTs/Mini CEXs and 3 CBDs in each of the previous 6 month periods (but 6 of each during ST3), they only need to have done a PSQ if in a GP placement, and a MSF if during ST1. [↑](#footnote-ref-1)