Membership by Assessment of Performance (MAP)

Handbook

February 2015
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<th>Criterion</th>
<th>Age of evidence</th>
</tr>
</thead>
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<td><strong>Section One: Good Clinical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Prescribing</td>
<td>The candidate prescribes appropriately, cost-effectively and safely</td>
<td>1 year</td>
</tr>
<tr>
<td>2. Quality improvement programmes</td>
<td>The candidate uses audits or other tools to improve his/her personal care of patients</td>
<td>5 years</td>
</tr>
<tr>
<td>3. Significant Event Analysis (SEA)</td>
<td>The candidate undertakes significant event reviews in the course of his/her professional work</td>
<td>5 years</td>
</tr>
<tr>
<td>4. Managing Acute illnesses</td>
<td>The candidate makes rational and competent decisions regarding the diagnosis and management of patients with a range of acute presentations</td>
<td>1 year</td>
</tr>
<tr>
<td>5. Urgent referrals to secondary care</td>
<td>The candidate’s management of patients requiring an urgent secondary care opinion is competent</td>
<td>1 year</td>
</tr>
<tr>
<td>6. Care of patients with long-term conditions</td>
<td>The candidate can use a care plan to enable long term care (in terms of physical, psychological, socio-economic and cultural dimensions) of a patient</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Section Two: Maintaining Good Medical Practice</strong></td>
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<tr>
<td>7. Reflection on educational activities</td>
<td>The candidate provides evidence that they are maintaining good medical practice</td>
<td>1 year</td>
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<td><strong>Section Three: Relationship With Patients</strong></td>
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<tr>
<td>8. Feedback from patients</td>
<td>The candidate provides evidence of competent communication skills</td>
<td>5 years</td>
</tr>
<tr>
<td>9. Complaints and compliments</td>
<td>The candidate is aware of how to appropriately respond to a complaint or dissatisfaction from a patient, relative, or carer. In the case of a compliment there is evidence of learning that can be generally applied to improve patient care</td>
<td>5 years</td>
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<tr>
<td><strong>Section Four: Working With Colleagues and in Teams</strong></td>
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<tr>
<td>10. Feedback from colleagues</td>
<td>The candidate effectively reflects on feedback on their performance from other members of the Primary Care Team</td>
<td>5 years</td>
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<tr>
<td>11. Referrals</td>
<td>The candidate surveys the information s/he provides when making a referral as well as a critical evaluation of the referral and its outcome</td>
<td>1 year</td>
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<tr>
<td>12. Good medical records</td>
<td>The candidate makes understandable and appropriate records.</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Section Five: Probity</strong></td>
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<tr>
<td>13. Ethical principles</td>
<td>The candidate demonstrates the application of ethical principles in management of day to day clinical problems which they have encountered</td>
<td>1 year</td>
</tr>
</tbody>
</table>
Section One:
Good Clinical Care
1. Prescribing

CRITERION

The candidate prescribes appropriately, cost-effectively and safely.

GUIDELINES

A list of 100 consecutively prescribed drugs will be submitted. It is assumed you will have taken responsibility for the prescription (although you may not have initiated the drug) and you will be able to justify the drug's prescription. The list should be analysed by asking the following questions and reflecting on the answers:

- What are the four most frequently prescribed drugs?
- The **clinical effectiveness** of the four most frequently prescribed drugs you use – i.e. is your choice of drugs based on evidence? Guidelines, local prescribing patterns and the BNF could influence your choice. It is appreciated that for many conditions treated in primary care there may not be an evidence base.
- The **cost effectiveness** of the four most frequently prescribed drugs – i.e. could less expensive drugs be used without detriment to the care of your patients?
- Possible important **safety issues** of the four most frequently prescribed drugs. Are there any particular hazards or problems that both you, the prescriber, and the patient should be aware of? Safety issues can be taken as drugs that require monitoring (e.g. blood tests) or have significant interactions with other drugs.

When completing the portfolio template please be aware that the four boxes following the ‘List of four most frequently prescribed drugs used’ relate to those four drugs only, and not the remaining 100 drugs in the section.

The three boxes beneath the table with the words ‘**Justification of [...]**’ relate to the remaining 100 items listed, not the four most frequently prescribed items. You should use these boxes to comment on any individual drug (which is not in the top four) in terms of clinical effectiveness, cost effectiveness, and / or safety.

**WHAT THE CRITERION WILL BE ASSESSED ON**

You should reflect on all the drugs you prescribe in terms of

- Clinical effectiveness
- Cost effectiveness
- Safety aspects or possible hazards of a drug
- A justification if there is a departure from cost/ clinical effectiveness

There should be reference to the evidence or guidelines where appropriate.
1. Prescribing

EVIDENCE/PROFORMA

Please list the 100 items prescribed which were recorded for this survey below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Drug preparation and strength</th>
<th>Cost effective (Y/N)</th>
<th>Evidence based (Y/N)</th>
<th>Significant Safety Issues (Y/N)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</table>

Justification of all departures from cost effectiveness for any of the 100 items prescribed

Justification of each departure from clinical effectiveness for any of the 100 items prescribed

Justification of any significant safety issues for any of the 100 items prescribed

List of four most frequently prescribed drugs used

<table>
<thead>
<tr>
<th>Number of times drug was prescribed</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
</tr>
</tbody>
</table>

Comment on the cost effectiveness of the four most frequently used drugs

Comment on the clinical effectiveness of the four most frequently used drugs

Comment on possible safety issues of the four most frequently prescribed drugs

Learning points or discussion points identified

Where appropriate, any changes made or action taken

Assessor Comments

Pass Resubmit Type Major/Minor Score
2. Quality Improvement Programmes

CRITERION

The candidate uses recognised methods to improve his/her personal care of patients.

GUIDELINES

Essential Components

This criterion seeks to encourage you to critically evaluate your own personal working practices by use of one of the five methods described below. The working practices evaluated could be in clinical, educational or management roles.

The methods available are:

- Case review or discussion
- Clinical Audit
- Evaluation of the impact of a health initiative
- Review of clinical outcomes
- Review of the effectiveness of a teaching programme

You should choose only ONE of these methods for this criterion. Further guidance on each method is given below.

Additional Guidance

Whilst it is recognised that much activity in general practice is carried out by teams, this criterion should aim to reflect your own performance. To complete this section you should choose one of the methods listed above to demonstrate that you can reflect on an area of your practice, with the aim of identifying areas in which the quality of your work can be improved.

You should choose the method that best reflects an aspect of your performance that might be improved. It is not appropriate to choose something that is either not relevant to your work or that you believe has no potential to change; for example you should not choose an audit criterion where you already know that your performance cannot be improved.

See Appendix 1 for example topics for each method.

There are further examples in the ‘Additional Resources for Appraisal and Revalidation’ section of the RCGP website:


These include examples of quality improvement activities undertaken by an educationalist, a sessional GP, and a GP with special interest.
Option 1: Case Review or Discussion

Essential Components

This is an account of a series of interesting or challenging cases with a linked theme that you have discussed with a peer or colleague or within a multi-disciplinary team. The number of cases need not be large - though a minimum of three is required - up to five might be appropriate.

These cases should not be referrals or admissions, which are assessed elsewhere.

Additional Guidance

It is best to look at cases of a particular type within a limited time-frame. You can use a variety of types of cases – for example, cancer diagnoses, other clinical conditions or cases that caused you some concern. You should briefly describe each case and then reflect on your discussions. It is essential that your reflection should help you identify areas of Good Medical Practice and those areas where the quality of care provided could be improved.

If you choose this method you will need to demonstrate that you can use a peer or peers to help you identify potential changes in your performance, by means of a discussion on a series of linked clinical cases. The key to this method is that you are able to describe the process and outcome of the discussion.

The changes that you identify might be minor; they should however be specific, measurable and achievable. If the discussion identifies that you have learning needs involving specific knowledge, skills or attitudes, you should describe what these needs are, how you will address them and how you will maintain your improvement.

- Briefly describe the cases including the linked theme
- Why did you choose these cases and with whom did you discuss them?
- Describe the areas of good practice that you identified
- Describe the areas for improvement
- What learning or developmental needs did you identify?
- What changes have you made to your practice as a result of this review or discussion?
- How will you ensure that the changes are maintained?

Option 2: Clinical Audit

Essential Components

You may undertake an audit in the place that you work. The audit will include two sets of data with an intervening change (an eight criteria audit).

If an audit is chosen it should not be covered by the Quality and Outcomes Framework or any Primary Care Organisation initiatives (such as Local or Directed Enhanced Services/LESs or DESs).
It is essential that you demonstrate a clear understanding of the difference between Criteria and Standards. The criterion or criteria should be referenced where possible and standards should reflect local circumstances and should be expressed as a percentage. Where there is no evidence for your choice of criteria and/or standards, you will be expected to provide reasonable justification for your choices.

Please include the dates of data collection in the audit.

Additional Guidance

Small highly focussed audits often lead to a better chance of meaningful change in practice. It is best to keep the audit short, simple and easily manageable. It is important to clearly define the criterion, or criteria, and make sure that you demonstrate that you understand the audit cycle. It is often useful to seek the advice of a colleague who is familiar with audit, another doctor or a member of your Primary Care Organisation, if you are unsure of the process.

You should avoid simply doing a target driven audit, as stated in the guidance for this criterion.

The number of patients in the audit does not have to be large but the audit does have to consider important aspects of your care. The audit can look at either a clinical or a non-clinical aspect of care and can be carried out in a variety of settings: for example if you work in more than one location you could choose to audit your own practice across locations. This might include benchmarking your performance against guidelines. You should reasonably expect your employers to help you with the collection and processing of data.

It is recommended that the final results of your audit be presented in a tabular format showing Criteria, Standards and the two sets of Achievements expressed as percentages.

<table>
<thead>
<tr>
<th>Title</th>
</tr>
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<tbody>
<tr>
<td>Justification of subject</td>
</tr>
<tr>
<td>Criterion / criteria</td>
</tr>
<tr>
<td>Standards with justification</td>
</tr>
<tr>
<td>Preparation and planning</td>
</tr>
<tr>
<td>First data collection, comparison with standards set, analysis of data</td>
</tr>
<tr>
<td>Proposals for changes and actions taken</td>
</tr>
<tr>
<td>Second data collection, comparison with first data collection and standards set, analysis of data</td>
</tr>
<tr>
<td>Discussion of results</td>
</tr>
<tr>
<td>Final conclusions</td>
</tr>
</tbody>
</table>

Option 3: Evaluation of the impact of a health initiative

Essential Components

This is the review and evaluation of a change to health policy or management practice, with which you have been directly involved, arising from the implementation of a national or local initiative. This might be a change within your practice or in the wider community. It should be a change that impacts on the care of your patients. The maximum timescale for this evaluation is one year.
Additional Guidance

This method requires you to demonstrate that you can reflect on, and evaluate, the impact of a change, related to health, made by the practice.

There are a very wide range of initiatives that are potentially suitable and the way that each can be evaluated is also very broad. Your evaluation does not have to cover every possible impact of the initiative and it is best to choose one or two key outcomes.

- Describe the health initiative and how this initiative was evaluated
- Describe why this initiative was chosen and its relevance to your work
- Describe your analysis of the outcome of this initiative
- Describe any barriers to successful implementation of the initiative and effects on patient care
- Describe any changes that you made as a result of this evaluation
- What have you learned about managing change as a result of this exercise?

Option 4: Review of clinical outcomes

Essential Components

This is the review and evaluation of clinical outcomes where robust and attributable data is available. Your submission should be in an area that is integrated into your own practice and should include a reflection on how it might impact on the care of your patients: an example might be to reflect on your own referral rates.

Additional Guidance

This method can be chosen if you have robust and reliable data about clinical outcomes in a particular area. You need to demonstrate that you are able to reflect on the data and can identify specific, measurable and achievable changes that might impact positively on patient care.

- Describe the data that you reviewed
- Describe why you chose to evaluate this data and its relevance to your work
- Describe and reflect on the results of your evaluation
- What steps have you identified that would help to improve outcomes?
- What change(s) have you made to your practice as a result of this review?
- How will you ensure that the changes are maintained?

Option 5: Review of the effectiveness of a teaching activity

Essential Components

This is the review and evaluation of the effectiveness of a teaching programme that you have delivered. This might be within your practice or externally, but should be one that you have either delivered or have developed. There should be emphasis on improvement in the quality of your performance as a teacher.
Additional Guidance

You might choose this method if you deliver or develop educational programmes as part of your professional role.

It is important that you are directly involved with education rather than just reflecting on how your organisation delivers it. An example of this might be to review how you mentored and taught a nursing or medical colleague.

You should describe how you evaluated the teaching and what developmental needs you identified. The evaluation does not need to be extensive, and does not have to cover all possible areas, but it needs to look at justifiable aspects and provide enough detail to draw conclusions, for example by use of feedback forms after a specific session or programme.

You need to be able to reflect on what went well and how things could be improved.

- Describe the identified needs of learners
- Describe teaching activity or programme
- Describe the evaluation or assessment of teaching activity
- Provide the feedback from learners or other teachers
- What changes have you made to your teaching activity as a result?

WHAT THE CRITERION WILL BE ASSESSED ON

You should:

- Clearly and systematically describe the activity with a focus on what was done, why it was done and the relevance to your own work as a doctor
- Identify and reflect on the learning points that arise
- Demonstrate changes that could improve the quality of your performance
- Identify future activities to maintain/improve performance
2. Quality Improvement Programmes

EVIDENCE/PROFORMA

Use only ONE proforma (those not used should be deleted)

2.1) Case Review or Discussion

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the cases that you discussed (including dates and the linked theme)</td>
</tr>
<tr>
<td>Why did you choose to discuss these cases and who did you discuss them with?</td>
</tr>
<tr>
<td>Describe the areas of good practice that you identified</td>
</tr>
<tr>
<td>Describe areas for improvement</td>
</tr>
<tr>
<td>What learning or developmental needs did you identify?</td>
</tr>
<tr>
<td>What changes have you made to your practice as a result of this review or discussion?</td>
</tr>
<tr>
<td>How will you ensure that the changes are maintained?</td>
</tr>
</tbody>
</table>

2.2) Clinical Audit

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Justification of subject</td>
</tr>
<tr>
<td>Criterion/criteria</td>
</tr>
<tr>
<td>Standards with justification</td>
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<tr>
<td>Preparation and planning</td>
</tr>
<tr>
<td>First data collection, including dates, comparison with standards set, analysis of data</td>
</tr>
<tr>
<td>Proposals for changes and actions taken</td>
</tr>
<tr>
<td>Second data collection, including dates, comparison with first data collection and standards set, analysis of data</td>
</tr>
<tr>
<td>Discussion of results</td>
</tr>
<tr>
<td>Final conclusions</td>
</tr>
</tbody>
</table>
2.3) Evaluation of the impact of a health initiative

| Describe the health initiative, including dates, and how it was evaluated |
| Describe why you chose this initiative and its relevance to your work |
| Describe your analysis of the outcome of the initiative |
| Describe any barriers to successful implementation of the initiative and effects on patient care |
| Describe any changes that you made as a result of this evaluation |
| What have you learned about managing change as a result of this evaluation? |

2.4) Review of clinical outcomes

| Describe the data that you reviewed, including dates, and outline how it reflects on your own practice |
| Describe why you chose to evaluate this data and its relevance to your work |
| Describe and reflect on the results of your evaluation |
| Describe the steps you identified that may help to improve outcomes |
| What change(s) have you made to your practice as a result of this review? |
| How will you ensure that the changes are maintained? |

2.5) Review of the effectiveness of a teaching activity

| Describe identified needs of learners |
| Describe teaching activity or programme, including dates |
| Describe the evaluation or assessment of teaching activity |
| Provide the feedback from learners or other teachers |
| What changes have you made to your teaching activity as a result? |

Assessor Comments

Pass | Resubmit | Type | Major/Minor | Score |
3. Significant Event Analysis (SEA)

CRITERION

The candidate undertakes significant event reviews in the course of his/her professional work.

GUIDELINES

Essential Components

It is essential that the significant event you choose to present involved you, the candidate although you do not have to have been at the centre of the initial incident. It is not enough to have sat in an SEA meeting unless you are directly involved in suggesting and implementing change.

The event might be one which affected your own practice or your area of responsibility such as practice staff, trainees or salaried doctors. If you are a locum or a salaried doctor it is more likely that it will need to be about your own clinical practice unless you played a major role in the plan which is put into place.

The first step is to find out what actually happened by talking to everyone involved.

Then look at what went wrong and at which stages of the event problems arose.

Then make a plan to put things right. You might also consider who is responsible for implementing the plan and monitoring or reviewing the success of the audit in future. You should include reflection of what went well and what went less well.

The event must have occurred within five years (timeframe will match current revalidation requirements) at the date of your submission for assessment.

Additional Guidance

In significant event analysis, doctors analyse individual cases in which there has been a significant occurrence (not necessarily involving an undesirable outcome for the patient) in a systematic and detailed way to ascertain what can be learnt about the overall quality of care and to indicate changes that might lead to future improvements. SEA is an invaluable tool for looking at the process of what happened and improving quality of care, not looking for scapegoats.

If possible tell the assessors how your plan has worked since you put it into place. Follow the seven headings in the evidence proforma, which ask for what has changed in the practice but also what has changed in your personal practice as a result of the exercise.

Candidates should be aware of the guidance on the National Patient Safety Agency website on SEA (http://www.nrls.npsa.nhs.uk/resources/?entryid45=61500). In particular the NPSA publication Significant Event Audit (1 October 2008) will be of value.
WHAT THE CRITERION WILL BE ASSESSED ON

The following must be included:

- What happened, including your role
- Why it happened
- Who was involved in the discussion of the event
- What went well and what went less well
- What was learned
- What have you changed in the Practice as a result of the review, or justifications for why no change has taken place
- What have you changed in your personal practice as a result of the review?
### 3. Significant Events Analysis (SEA)

**EVIDENCE/PROFORMA**

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
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<tbody>
<tr>
<td>Date of significant event:</td>
</tr>
<tr>
<td>Date of significant event meeting:</td>
</tr>
<tr>
<td>Date report compiled:</td>
</tr>
</tbody>
</table>

**What happened, including your role?**

**Why did it happen?**

**Who was involved in the discussion of the event?**

**What have you learned?**

**What have you changed in the Practice as a result of the review or why have no changes taken place?**

**What went well and what went less well?**

**What have you changed in your personal practice as a result of the review?**

**Assessor Comments**

<table>
<thead>
<tr>
<th>Pass</th>
<th>Resubmit</th>
<th>Type</th>
<th>Major/Minor</th>
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4. Managing Acute Illnesses

CRITERION

The candidate makes rational and competent decisions regarding the diagnosis and management of patients with a range of acute illnesses or other new presentations.

GUIDELINES

This criterion is an assessment of your ability to manage day to day clinical problems. You need to enter enough detail to describe your decisions and to justify the action that you took for each of these cases. You will need to record 20 consecutive patients with **new presentations**. There must only be one new acute presentation per patient. You should not include other problems which could be ongoing chronic problems. These patients do not have to be seen in a single surgery but could be a mix of patients seen in a number of different settings. It is unlikely that you would see 20 patients in a row which meet these requirements. Those patients who do not fit the requirements should be excluded from this criterion.

If there is a gap in dates between patients please make it clear why this has happened in the box provided, for example if you are less than full-time you may not see patients for a certain number of days.

Your 20 consecutive cases may include up to a maximum of five telephone triage cases.

You may need to bring anonymised medical records of these consultations if you are invited to an Evaluation Panel (face to face review). You should NOT attempt to bring the whole patient record to the Panel but just those entries that are pertinent to the episode of acute illness that you have included in your log.

*Appendix 2* gives guidance on anonymising medical records.

WHAT THE CRITERION WILL BE ASSESSED ON

The following must be included:

- Patient information including age, sex and when seen
- Problem or Working Diagnosis
- Brief description of presenting history and examination findings
- Management/outcome
- Full details of a prescription if issued
- Brief comment justifying action taken
- Comments on any learning points
- Provide more information if you are aware that guidelines are not being followed or there are specific reasons for adopting a different approach
### 4. Managing Acute Illnesses

#### EVIDENCE/PROFORMA

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Age</th>
<th>Sex</th>
<th>Problem &amp; working diagnosis</th>
<th>Brief presenting history and examination findings</th>
<th>Management/outcome including prescription issued if any</th>
<th>Justify actions taken and comment on any learning points identified</th>
<th>Please tick if telephone triage</th>
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If there are gaps between the dates of the cases above, please briefly explain the reason for the gaps

**Assessor Comments**

Pass [ ] Resubmit [ ] Type [ ] Major/Minor [ ] Score [ ]
5. Urgent Referrals to Secondary Care

CRITERION

The candidate’s management of patients requiring an urgent (to be seen within 24 hours) secondary care opinion is competent.

GUIDELINES

Essential Components

This criterion requires details of five cases where you have seen a patient, assessed them, and arranged for urgent assessment by secondary care colleagues. These can include a maximum of two telephone triage cases. Admission to hospital is not necessarily always the outcome (e.g. a patient may be urgently referred as having a possible DVT, undergo an ultrasound scan and subsequently be discharged without admission). Carefully read the guidelines and fill in all the boxes with appropriate details in the proformae.

You need to include a copy of the patient record, which is the entry you make into the patient’s medical record, for each case. Scan or retype this into the appropriate box on the proforma. You should not include a copy of the referral letter to the hospital.

You should tell us clearly in your own words about your patients. The cases do not need to be consecutive and we suggest you select five referrals that have been seen within the last year, thoroughly and competently assessed by yourself, and referred appropriately with a known outcome.

You may be required to bring anonymised medical records of these consultations if invited to attend an Evaluation Panel. You should NOT attempt to bring the whole patient record; just those entries that are relevant to each patient’s emergency admission.

Additional Guidance

You should provide the assessors with a clear idea of the patient complaint, findings on examination (detail clearly ALL findings including general impressions and specific records appropriate for the patient complaint), and the exact reasons you decided to refer then and there to secondary care. Remember to tell assessors about the patient’s social circumstances, and how you communicated with relatives or carers. You need to provide the outcome of the referral, so if you include a patient seen in an out-of-hours setting, you will also need to find out the outcome.

You should reflect on the referrals and consider any learning points and whether you would do anything differently in future. For example, you may decide that an admission could have been avoided if urgent investigations or treatment could have been carried out in the community through an alternative pathway.

Appendix 2 gives guidance on anonymising medical records.
WHAT THE CRITERION WILL BE ASSESSED ON

- Including the record of age and sex of the patient
- Providing details of time of call, mode of communication, time patient assessed, seen or visited by doctor
- Providing a full history (including psychological and social factors) and examination
- Providing the reason for admission or urgent opinion sought
- Detailing if other agencies were involved; the submission must include evidence of appropriate communication with patient, carers and hospital
- Copy of the medical records for the event (anonymised)
- Outcome information, including the final diagnosis and reflection
5. Urgent Referrals to Secondary Care

**EVIDENCE/PROFORMA**

<table>
<thead>
<tr>
<th>Number:</th>
<th>1 (of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Date / time patient contacted surgery</td>
<td></td>
</tr>
<tr>
<td>Mode of communication</td>
<td></td>
</tr>
<tr>
<td>Date / time assessed by doctor</td>
<td></td>
</tr>
<tr>
<td>History (including psychological and social factors) and examination</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for seeking urgent secondary care opinion**

**Other agencies involved including appropriate communication with patient, carers and hospital**

**Full text of dated medical record for the event**

**Outcome, including the final diagnosis and reflection**

One box for each of the 5 required cases is provided.

**Assessor Comments**

<table>
<thead>
<tr>
<th>Pass</th>
<th>Resubmit</th>
<th>Type</th>
<th>Major/Minor</th>
<th>Score</th>
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</thead>
</table>

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Registered charity number: 223106
6. Care of Patients with Long-term Conditions

CRITERION

The candidate can show how they developed a care plan to enable long term care of a patient, in terms of physical, psychological, socio-economic and cultural dimensions.

GUIDELINES

Essential Components

You will need to describe how you, as part of a team, have looked after a patient with a long term illness. This may be a terminal illness in which you describe the illness and the final stages and death, or it may be an on-going long term condition.

You need to provide evidence of holistic care for a patient rather than merely demonstrating long term care for an individual patient. To do this you need to satisfy the following five components:

<table>
<thead>
<tr>
<th>Description of the Case</th>
<th>Including clinical details and diagnosis, and proposed care plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate medication / symptom control</td>
<td>Describe this in detail with indications for prescribing and dosage details</td>
</tr>
<tr>
<td>Provision of psychosocial support for the patient and carers</td>
<td>Something we often take for granted, but are we doing it?</td>
</tr>
<tr>
<td>Involvement with other health care workers</td>
<td>Nurses, community staff, twilight, counselling, faith leaders, partners. Everyone in fact.</td>
</tr>
<tr>
<td>How continuity of care was achieved</td>
<td>Describe your systems in detail</td>
</tr>
</tbody>
</table>

These five components may be demonstrated using different patients if the context of your practice requires this.

Cases must be unique to this criterion and not used elsewhere in the Portfolio.

There are two template options on the next pages, please choose ONE that works best for you. This section might be written like a diary (if you have had several contacts with the patient), describing an unfolding story about the patient. To help you use a diary format you may wish to use Proforma A, which has the areas of involvement across the top of the table, with the entries written in chronological order down the page.

Additional Guidance

It is essential that you were centrally involved with the care of this patient. The cases chosen by previous candidates have been very varied, with roughly 50% describing cancer, terminal care and death, and 50% describing chronic illness. These may be neurological diseases such as MND, severe Parkinson’s disease, stroke, rheumatic disease, cardiac disease or mental illness. When choosing it might be helpful to ask yourself whether the care of the patient you have in mind involved a holistic team approach with cooperation and input from others, and whether there was a social and psychological component of the patient’s problems for you to describe and take into consideration.

It is possible (but difficult!) to cover all the five components of this criterion with a single contact with a patient. However an example might be arranging to visit a patient at home.
following reception of a letter from a Psychiatrist outlining the diagnosis of significant dementia. Your role would be to explain the diagnosis to the patient and carers, implement any drug treatment, arrange input from Social Work, agree to liaise with District Nurse or Community Psychiatric Nurse for particular specialist nursing support and outline help for carers in terms of Benefits and Respite Care. You would need to show how you would make sure that appropriate information was handed over to others in the team, to ensure continuity of care. Consider how care is coordinated and whether provision is made for treatment outside normal working hours where appropriate. To complete the criterion you would also need to tell us about the clinical and social background of the patient. Most candidates, however, need to have several contacts with an individual patient to cover all the components of this criterion.

Each of the five components is important, so if you find that you write a lot about three of them and rather little about, say ‘providing psychosocial support’ then think carefully about that. Ask yourself whether you actually do provide that aspect of care, or whether someone else does, and whether that is telling you something about your style of medicine.

WHAT THE CRITERION WILL BE ASSESSED ON

The candidate’s description of:

- Description of case, including clinical details and diagnosis, and proposed care plan
- Appropriate medication/symptom control
- Involvement of other health and/or social care workers
- Provision of psychosocial support for patient and carers
- How continuity of care was achieved
- Outcome, as well as reflection on care provided and suggestions for improvements in practice
### 6. Care of Patients with Long-term Conditions

Use only one proforma (the other should be deleted)

**EVIDENCE/PROFORMA - A**

<table>
<thead>
<tr>
<th>Description of case including clinical details and diagnosis, and proposed care plan</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Appropriate medication &amp; symptom control</th>
<th>Involvement of other health / social care workers</th>
<th>Psychosocial support for patient and carers</th>
<th>How continuity of care was achieved</th>
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<td>Date</td>
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</tbody>
</table>

Continue as necessary, adding extra rows for each date and entry.

Outcome, with reflection on care provided and suggestions for improvements in practice.
EVIDENCE/PROFORMA - B

Please ensure that you include dates in the supporting evidence

<table>
<thead>
<tr>
<th>Description of case, including clinical details and diagnosis, and proposed care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe appropriate medication / symptom control</td>
</tr>
<tr>
<td>Involvement of other health / social care workers</td>
</tr>
<tr>
<td>Provision of psychosocial support for patient and carers</td>
</tr>
<tr>
<td>How continuity of care was achieved</td>
</tr>
<tr>
<td>Outcome, with reflection on care provided and suggestions for improvements in practice</td>
</tr>
</tbody>
</table>

Assessor Comments

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<th>Major/Minor</th>
<th>Score</th>
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</table>
Section Two:
Maintaining Good Medical Practice
7. Reflection on Educational Activities

CRITERION

The candidate provides evidence that they are maintaining good medical practice by updating their medical knowledge.

GUIDELINES

This criterion requires you to provide evidence that you are keeping up to date. Good medical practice requires that you ‘take part in educational activities that maintain and further develop your competence and performance’.

To demonstrate this for MAP you will need to undertake an approved learning exercise, select three topics from the exercise, and reflect on what you have learned and how it has/will change your practice. Please refer to Appendix 3 for guidance on how to access the learning exercises: you must use either Essential Knowledge Challenge or Personal Education Programme.

In addition you must identify and address a learning need that reflects an extended role. For example your learning need could be a particular area of clinical interest or the development of skills for a teaching or management role. You should then choose an educational activity to fulfil this need. There are no set tools or exercises for this ‘free choice’ activity, but you must provide detailed reflection on your learning.

The approved learning exercise certificate should be sent to the MAP office when the portfolio is submitted as a separate attachment in the email.

Complete three reflective learning templates on topics from the learning exercise (EKC/U or PEP) that have particularly captured your interest and also one for the educational activity addressing your own personally identified learning need.


WHAT THE CRITERION WILL BE ASSESSED ON

- Evidence of having undertaken one of the approved learning exercises (by providing the certificate for the EKC or PEP)
- One other activity of your own choice: reflection on why you selected each topic / how you identified your learning need and why you addressed it in this way
- Reflection on what you learnt from the exercises
- Reflection on what changes you have made to your personal practice as a direct result of your learning
- Identification of further learning needs and a plan to address them
7. Reflection on Educational Activities

**EVIDENCE/PROFORMA**

The certificate for the learning tool used should be sent to the MAP office when the portfolio is submitted as a separate attachment in the email. **Complete one proforma for each separate learning activity.**

<table>
<thead>
<tr>
<th>Name of learning tool and selected topic / learning need and date</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Reflection on why you chose this topic (for your own selected learning need please write a few sentences to put the need and how it arose into context)</th>
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<table>
<thead>
<tr>
<th>Reflection on what you learnt (for your own selected learning need please also explain why you addressed it in this way)</th>
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</table>

<table>
<thead>
<tr>
<th>Reflection on what changes you have made or will make to your personal practice as a direct result of your learning</th>
</tr>
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<tr>
<th>What further learning needs did you identify?</th>
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<table>
<thead>
<tr>
<th>How and when will you address these?</th>
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</table>

One box for each of the 4 required activities is provided.

**Assessor Comments**

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<th>Major/Minor</th>
<th>Score</th>
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Section Three:

Relationship With Patients
8. Feedback From Patients (Patient Satisfaction Questionnaire - PSQ)

CRITERION

The candidate provides evidence of competent communication skills.

GUIDELINES

You should use one of the approved Patient Satisfaction Questionnaires (PSQs) to provide evidence of competent communication skills. When undertaking this criterion the following points should be adhered to:

- Questionnaires must be handed out by another member of the team (e.g. reception staff) and not by the candidate.
- The candidate should not collect the completed questionnaires. This should be done by other members of the team.
- The candidate should not deal with the data handling of the questionnaire. Another member of the team must input the data.
- Arrangements should be made to ensure that completed questionnaires are anonymous.
- Those members of the team or the person supervising them (such as the practice manager) must sign a declaration that this has been carried out correctly. See Appendix 4. The candidate should post the signed declaration to the MAP office with the portfolio submission fee when they submit their portfolio for marking.
- You may find it useful to discuss your feedback with a colleague.

All colleague and patient questionnaires must be consistent with the principles, values and responsibilities set out in the GMC’s core guidance, Good Medical Practice, be piloted on the appropriate population, and demonstrate that they are reliable and valid. Whilst a number of questionnaires are likely to meet this criterion, we ask MAP candidates to use one of the tools which have been previously reviewed by the RCGP. See the MAP web page for details of these tools www.rcgp.org.uk/map.

WHAT THE CRITERION WILL BE ASSESSED ON

Please note that the assessment is on your analysis and reflection, not just the scores that you are given.

- What were the key points arising from the patient survey?
- With whom and when did you discuss the survey results – or if not, why not?
- What was the focus of the discussion?
- What changed as a result of the feedback - were there any outcomes/actions?
- Your key personal learning points
- How has the experience affected patient care in practice?
- Your next steps in this area
8. Feedback From Patients (Patient Satisfaction Questionnaire - PSQ)

EVIDENCE/PROFORMA (PSQ QUESTIONNAIRE)

Candidates should provide detailed self reflection on the results of the Patient Satisfaction Questionnaire (PSQ) using the following proforma. The feedback should be sent to the MAP office when the portfolio is submitted as a separate attachment to the email.

<table>
<thead>
<tr>
<th>What were the key points arising from the patient survey?</th>
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<table>
<thead>
<tr>
<th>With whom and when did you discuss the survey results?</th>
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<table>
<thead>
<tr>
<th>What was the focus of the discussion?</th>
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</table>

<table>
<thead>
<tr>
<th>What changed as result of the feedback? Were there any outcomes/actions?</th>
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<table>
<thead>
<tr>
<th>Record your key personal learning points</th>
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<table>
<thead>
<tr>
<th>How has the experience affected patient care in practice?</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Record your next steps in this area</th>
</tr>
</thead>
<tbody>
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<tr>
<th>Assessor Comments</th>
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<table>
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<tr>
<th>Pass</th>
<th>Resubmit</th>
<th>Type</th>
<th>Major/Minor</th>
<th>Score</th>
</tr>
</thead>
</table>
9. Complaints and Compliments

CRITERION

The candidate is aware of how to deal appropriately with a complaint, dissatisfaction, or compliment from a patient, relative, or carer.

GUIDELINES

EITHER

You should be able to deal with a complaint from a patient in an appropriate way within a reasonable timeframe. If you have not had any recent complaints then you should describe an incident where the patient was clearly dissatisfied with what had been done and how the situation was dealt with.

You will need to add a succinct description of the complaints policy in operation at the practice where the complaint or dissatisfaction occurred. The complaints policy itself is not part of the assessment but reflection on the strengths and weaknesses of the policy is. This is best considered by viewing the policy from a patient's point of view.

OR

You may choose to present a compliment or appreciative feedback you have received in relation to your clinical practice.

You should be able to describe the patient's view of your work but also be able to place it in perspective. For example, a patient might be especially appreciative of something you did as a matter of routine.

The compliment should refer to work you have done yourself. You should include reflection on it, in regard to the circumstances of the relevant event, and why you felt the compliment was especially welcome. You will need to describe how the compliment arose. You will need to include a justification for why you have included the compliment.

If you choose to submit a compliment, you must demonstrate resulting change in personal professional practice or that the compliment was received as a result of change in practice – you must also describe the change.

The criterion is about the way you appreciate and deal with feedback from patients. It is not marked on the worthiness of the complaint or compliment itself.

WHAT THE CRITERION WILL BE ASSESSED ON

- Reflection on the strengths and weaknesses of the complaints policy if applicable
- How the complaint / dissatisfaction / compliment was considered
- What response was made, including the final outcome
- Your personal involvement
- What you have learnt from the complaint / dissatisfaction / compliment
- Reflection on the background to the compliment, if applicable
- What changes were put in place either which led to the compliment or resulted from the complaint / compliment
9. Complaints and Compliments

**EVIDENCE/PROFORMA**
Use only one proforma (the other should be deleted)

### 9.1) Complaints

Please describe succinctly the complaints procedure at the practice where this complaint / dissatisfaction occurred and reflect on the strengths and weaknesses of the policy

Please describe a complaint / dissatisfaction that was reported at this practice, including how the complaint / dissatisfaction was considered and dates

What response was made, including the final outcome?

What changes were put in place?

Describe your personal involvement

What have you learnt from this complaint / dissatisfaction?

### 9.2) Compliments

Please describe a compliment / appreciative feedback including the context in which it was received, how it was considered, and dates

What response, if any, was made?

What have you learned from it?

Describe your personal involvement

Reflection on the background to the compliment

What was the change in practice which led to the compliment or what changes have you put in place as a result?

Assessor Comments

Pass  Resubmit  Type  Major/Minor  Score
Section Four:

Working With Colleagues
10. Feedback From Colleagues (Multi Source Feedback - MSF)

CRITERION

The candidate effectively reflects on feedback on their performance from other members of the Primary Care Team.

GUIDELINES

Multi Source Feedback (MSF) is the tool used to look at this area of practice. It is a collection of views from colleagues using a structured rating scale. These are then collated and the results are used to make a judgement about an individual’s performance. In order for this to be effective it is essential that those who assess the individual have both observed the behaviour they are assessing and that they are able to make a judgement about it. This might not be possible for some of the questions. Where this is the case, there is an “unable to comment” option. In addition to the specific questions, free text is encouraged.

You will need to nominate a number of colleagues (the number required will vary depending on the tool used) to complete the questionnaire about you. These need not be GPs themselves; colleagues such as nurses, receptionists and practice managers or colleagues in secondary care should also be included. You will complete the same questionnaire. The feedback from your colleagues as well as your self-analysis is amalgamated and a report is generated so that you can compare the differences.

All colleague and patient questionnaires must be consistent with the principles, values and responsibilities set out in the GMC’s core guidance, Good Medical Practice, be piloted on the appropriate population, and demonstrate that they are reliable and valid. Whilst a number of questionnaires are likely to meet this criterion, we ask MAP candidates to use one of the tools which have been previously reviewed by the RCGP. See the MAP web page for details of these tools www.rcgp.org.uk/map.

WHAT THE CRITERION WILL BE ASSESSED ON

Please note that the assessment is on your analysis and reflection, not only the scores that you are given.

- What were the key points arising from your colleagues’ survey?
- What areas of change you identified as a result of the feedback?
- Your personal key learning points
- How the experience has affected patient care in practice?
- Your next steps in this area
10. Feedback From Colleagues (Multi Source Feedback - MSF)

EVIDENCE/PROFORMA (MSF QUESTIONNAIRE)
Candidates should provide detailed self reflection on the results of the MSF questionnaire using the following proforma. The feedback should be sent to the MAP office when the portfolio is submitted as a separate attachment to the email.

<table>
<thead>
<tr>
<th>What were the key points arising from the survey from your colleagues?</th>
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</thead>
<tbody>
<tr>
<td>What changed as a result of the feedback?</td>
</tr>
<tr>
<td>Record your personal key learning points</td>
</tr>
<tr>
<td>How has the experience affected patient care in practice?</td>
</tr>
<tr>
<td>Record your next steps in this area</td>
</tr>
</tbody>
</table>

Assessor Comments

Pass    Resubmit    Type    Major/Minor    Score
11. Referrals

CRITERION

The candidate surveys the information they provide when making a referral and makes a critical evaluation of the referral and its outcome.

GUIDELINES

Essential Components

This Criterion looks at the quality of your referral letters as well as your reflection on the outcome of the referral. These letters need not be consecutive and therefore you are advised to submit “good” referrals to demonstrate what you can do. To demonstrate a variety of referrals, of your 15 referral letters, five must be to individuals other than hospital consultants (e.g. to physiotherapy). They should not include proformas which are simply referrals for a test (e.g. ultrasound, imaging etc).

Your referral should be clear and straightforward and issues such as past medical history should not be lost in a simple download of a computer generated problem list. Remember to anonymise these referrals. Appendix 2 gives guidance on anonymising your submission. The actual letter, including all the information that the recipient might see, needs to be “copied and pasted” for the Assessors to read and you should carry out the “tick box exercise” to identify the information that is present in each letter.

Additional Guidance

You may not want to choose these letters during the course of your work since referrals to some clinicians (and others!) take some time and you will have to know the outcome in order to provide reflection about the case. In other words, you need to know what happened as a consequence of referral. Was the patient helped by this referral? Or, on reflection, could you have managed or referred this patient differently now you know the outcome?

In carrying out this criterion, you may identify some learning points in how you have improved your referrals and that you wish to continue with your changed practice. In any case you need to justify each referral, reflect on the outcome and discuss any changes you may make to your referral behaviour, as well as how these particular referrals could have been improved. (Complete the boxes at the end of the referral letters for this purpose).

You should show awareness of appropriate use of resources in your role as a “gate keeper” to secondary care. For example you might consider whether a community based pathway could have provided very similar or better care more cost effectively.

WHAT THE CRITERION WILL BE ASSESSED ON

- Accurate analysis of the contents of the referral letters
- The referral letter should contain:
  - Date
  - Age and sex of patient
  - To whom the patient is being referred (e.g. job title)
  - Reason for referral, including referring doctor’s expectation
- Current medication and allergies
- Relevant past medical history (not simply a computer download of all recorded problems)
- Relevant examination findings
- Psychosocial context

- A justification for the referral, including both your and the patient’s expectations
- Some reflection on the referral and its outcome, and how, if possible, these could have been improved
11. Referrals

EVIDENCE/PROFORMA

Candidates should provide a sample of 15 referral letters and analyse their contents by placing Y or N in each of the boxes below to show whether they contain that information.

<table>
<thead>
<tr>
<th>Letter Number</th>
<th>Date</th>
<th>Age</th>
<th>Sex</th>
<th>Reason for referral</th>
<th>Referred to</th>
<th>Current medication and allergies</th>
<th>Relevant past medical history</th>
<th>Relevant examination findings</th>
<th>Psychosocial context</th>
<th>Outcome known*</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

* Essential

Copies of the anonymised letters should be inserted into the relevant boxes below and analysed as indicated:

1 (of 15)

Anonymised letter

Brief justification of referral

Additional reflection on whether the referral could have been managed differently considering the final outcome

One box for each of the 15 required cases is provided.

Assessor Comments

Pass  Resubmit  Type  Major/Minor  Score
12. Good Medical Records

CRITERION

The candidate makes understandable and appropriate records.

GUIDELINES

You should submit ten clinical entries from consecutive consultations with different patients which fit the requirements listed below. It may be unlikely that you would see 10 patients in a row which meet these requirements. Those patients who do not fit the requirements should be excluded from this criterion. Any significant gaps should be explained e.g. part-time working arrangements.

These should be single entries of the consultation and not the complete patient record. However, it may be necessary to include a single previous note entry for follow-up cases in order to provide relevant information that was recorded at a previous consultation. You should keep the information brief.

You should reflect on the records (in general and/or on specific entries), including reflection on how they might be changed or improved. Consultations that are limited to only medication reviews, repeat medication requests, or other essentially administrative tasks should be omitted. Records should be of significant issues that patients have presented with but it is best to avoid large record entries such as those with multiple pathology or several diagnoses.

The information may be retyped or extracted by copying and pasting into the portfolio proforma. All written/paper notes will need to be typed into the portfolio proforma. Each copy should be made completely anonymous so that it is not possible to identify the patient. Appendix 2 gives guidance on anonymising medical records. The age and sex of the patient should be given.

These clinical entries must not be of patients included elsewhere in the MAP portfolio.

You should self-assess your medical records using the following guide to the content of each entry:

- The consultation/visit is dated
- The whole entry is understandable in its entirety
- Record of history, examination and investigation (if applicable) included. This should include any significant negative findings
- Management plan included
- Problem definition/read code included

You should reflect on the records and consider any learning points and whether you have made any improvements or would benefit from making changes in your records. This reflection should be on the quality of the record, not the clinical care.
WHAT THE CRITERION WILL BE ASSESSED ON

- The surgery or visit consultation is dated
- The whole entry is easily understood
- The history, examination, investigation, problem definition, and management are recorded, if and when appropriate, including significant negative findings
- The assessor should be able to answer yes to the question, “If I were the next doctor to see the patient, would the record provide me with the information I need to continue the patient's care?”
- Some reflection on how, if possible, the records could be improved
12. Good Medical Records

EVIDENCE/PROFORMA

10 consecutive single note entries

<table>
<thead>
<tr>
<th>Clinical entry</th>
<th>1 (of 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

One box for each of the 10 required cases is provided.

Reflection on the above records and how, if possible, they might be improved

Assessor Comments

Pass    Resubmit    Type    Major/Minor    Score

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Section Five:
Probity
13. Ethical Principles

CRITERION

The candidate demonstrates the application of ethical principles in management of day to day clinical problems they have encountered.

GUIDELINES

You should describe the ethical issues of a case and then demonstrate that ethical principles and appropriate professional guidance have been used to resolve a clinical problem.

To do this you will need to describe, in a short and concise manner, a clinical situation in which you have been significantly involved. You should demonstrate that by applying ethical principles and, where appropriate, seeking professional advice you were able to develop a reasoned management plan. Careful consideration will show that many day to day clinical issues have an ethical dimension to them.

The clinical issue does not have to be a dilemma, however your submission must show that you are thinking about the issues within an ethical framework.

The four ethical principles are usually defined as: Autonomy (‘self-rule’), Beneficence (to do good), Nonmaleficence (to do no harm) and Justice (to act fairly)\(^1\). You may find it useful to use these to structure your submission. You can use an equivalent framework as an alternative, but these four principles are a recognised one and you will need to show familiarity with them.

In many cases referring to Good Medical Practice or Duties of a Doctor would be regarded as appropriate professional guidance, and you should be familiar with these. These publications can easily be referred to on the GMC website. However, further reading around the topic is encouraged. This is not an alternative to using an ethical framework, as described above.

The final outcome of the clinical problem might be unknown to you. However, you need to state how the situation was resolved as far as you know. In considering the overall reflection it will be of value to consider it both from your point of view and that of the patient.

WHAT THE CRITERION WILL BE ASSESSED ON

- Brief description of clinical situation
- What guidance was used
- How the ethical framework was used in considering the clinical problem
- What was the outcome (if there was one)
- An overall reflection on how the problem was resolved

\(^1\) R. Gillon BMJ 1994 volume 309 p184/7
### 13. Ethical Principles

**EVIDENCE/PROFORMA**

<table>
<thead>
<tr>
<th>Brief description of clinical situation including the ethical issue and dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>What guidance was used (including advice sought)</td>
</tr>
<tr>
<td>How the ethical framework was used in considering the clinical problem</td>
</tr>
<tr>
<td>What the outcome was</td>
</tr>
<tr>
<td>An overall reflection on how the problem was resolved</td>
</tr>
</tbody>
</table>

**Assessor Comments**

Pass  Resubmit  Type  Major/Minor  Score
Appendix 1 - Quality Improvement Programmes

All doctors have strengths and weaknesses. It is a key component of professionalism that we are able to demonstrate to others that we can identify these, and can then take steps to improve our performance. This may be a small improvement, or be difficult to measure, but it is the basis of quality improvement programmes that the potential for change is identified and plans are made to implement this change. This section allows you to demonstrate that you can do this using a method of your choosing.

Case Review or Discussion

This method should be used for a series of cases with a common theme. For there to be meaningful reflection, but not too long a discussion, up to five cases should be discussed. You should choose a theme that is either important or reflects an area of your practice that you think needs improvement.

Examples of important areas could be: hospital admissions, requests for urgent out-patient appointments, patients with cancer diagnoses.

Areas that you have identified as in need of potential improvement might include: patients with a particular types of problem, for example eye or skin problems; patients that caused you some stress or distress; patients where investigations which you ordered came back as being normal.

Clinical Audit

Choose an area that is important to your practice and one that you think can be improved. Often significant events or ‘near-misses’ can provide useful areas for audit. The following are examples of potential audits – both clinical and non-clinical:

Clinical
- Wound infection rates after minor surgery
- Uncomplicated UTI in non-pregnant females
  - Antibiotic courses for acute episode should be prescribed for three days
  - Antibiotics prescribing should be evidence based
- Rheumatoid Arthritis
  - Patients should have had a FBC in last 12 months
  - Patients with history of upper GI disease should be on GI protection
- Leg ulcers
  - Patients should have had ankle brachial pressure ratio measured by hand held Doppler
  - Patients should have had a Blood Glucose measurement
- Therapeutics - Are common guidelines such as NICE or SIGN followed e.g. in BNF or from NICE - e.g. PPI with NSAID in the elderly?
- Guidelines - Have guidelines been followed for common diseases - e.g. monitoring of DMARDS?
- Outcomes- You could look at outcomes from interventions and measure against agreed standards- e.g. Joint injection?
Non-Clinical
- Patient waiting time after allotted appointment
- Surgeries starting on time (say five min) and ending on time (say 20 min)
- Routine GP referral letters sent within three working days
- DWP medical reports returned within five working days
- Data recording
- Recall arrangements

Evaluation of the impact of a health initiative

The change to be evaluated might be:
- A change in organisation of care, for example the impact of using practice nurses to treat for a particular disease areas,
- A change in how clinical data is recorded - for example use of templates,
- A change in how a particular disease is managed - for example, based on changes to national or local guidelines.

It is important that you are able to describe clearly what the initiative was, how you evaluated it and what you learned from the evaluation. The main focus of this is demonstrating that you can learn from both the initiative and the evaluation.

Review of Clinical Outcomes

The data reviewed might include Individualised prescribing data, referral rates or pathways to specific diagnoses.

You should choose an area that you think might have a positive impact on patient care.

Review of the effectiveness of a teaching programme

Examples might include the review of a programme for your GP Speciality Training Registrar, teaching colleagues, Practice Nurses etc.
Appendix 2 – Anonymising Portfolios for Submission

The information provided in your portfolio submission for MAP must be fully anonymised so patients cannot be identified. Your portfolio should not have reference to any of the information listed below:

- Candidate name or initials
- Colleague and other health care professionals’ names or initials
- Hospital names
- Surgery names
- NHS numbers
- Patient names or initials
- Addresses
- Dates of birth
- Telephone Numbers

For each criterion please ensure that no confidential information can be traced to a particular patient. Please use unique identifiers where reference to particular patients is required. There may be a need for you to identify the patients.

Upon receipt of your submitted portfolio the MAP office will check to ensure that the above has been followed and will return the portfolio if it does not adhere to these guidelines.

For criteria 4 and 5, those candidates invited to a Evaluation Panel may be required to bring the relevant entries from the patient records to allow verification and further discussion of the patients they have included in their logs. The candidate will be informed of the need to bring records when they are invited to the Evaluation Panel. It is important that the candidate only brings the relevant entries from the medical record and does not attempt to bring the whole medical record. All entries must be dated.

It is of absolute importance that these entries are anonymous. There must be no way of identifying these patients. Therefore, it is recommended that the candidate gives each patient in their logs a unique number solely for the purpose of MAP and this allows only the candidate to identify the patient.

You must not:

- Use the same consultation in your Acute Illnesses, Providing Treatment In An Emergency or Referrals criteria. A single consultation should be used in only one of these criteria. For example, a consultation used in your Acute Illnesses must not also be used in Referrals

- Illustrate the following criteria using the same patient (even if these are different consultations):
  - Quality Improvement Programmes
  - Significant Events Analysis
  - Complaints and Compliments
  - Ethical Principles
  For example: a patient who you use to demonstrate ethical thinking may subsequently issue a complaint, but you cannot use this scenario in both criteria. Two separate patients will be needed.
Appendix 3 – Reflection on educational activities

There are currently two Learning Exercises approved for use for MAP:

1. Essential Knowledge Update & Essential Knowledge Challenge
2. Personal Education Programme

Associate Members of the RCGP are able to access these tools without charge. Details of Associate Membership are sent to all candidates following approval of their application for MAP.

Both tools are accessed through the online learning environment on the RCGP website: http://elearning.rcgp.org.uk/. You will need to login at the top right hand corner of the screen - enter the email address you provided on your MAP application form, and the password that is sent to you in your Associate Member Welcome Pack.
1. Essential Knowledge Update & Essential Knowledge Challenge (EKU & EKC)

Log in to the online learning environment page of the RCGP website: http://elearning.rcgp.org.uk/ and click on the box entitled ‘Essential Knowledge Updates & Challenges’.

You should then select an Update from the list by clicking on the box named Essential Knowledge Updates. You should select the most recent (highest number) Update for which a Challenge (without answers) is available.

The first page of each Challenge will state when the answers will be or have been published.

A new Update is released every six months. The Challenge relating to a particular Update is placed on the website three months after that Update was released. When a Challenge has been available for three months, the answers will be placed on the website, and it will no longer be possible to obtain a certificate for successfully completing the Challenge, although it will still be possible to take the Challenge for self directed learning purposes.

There will be periods of three months after the answers for a Challenge have been released before the next one is released. If you need to complete this criterion during this time you would need to complete PEP.
When you select a particular EKU, you will see a list of the topics covered in that update. You should click on the topic you wish to view, and you will be taken to the introduction for that page.

It is recommended that you review all items within the Update, both ‘Major Items’ and ‘Briefings’, before you undertake the Challenge.

Each of the ‘Major Items’ has a ‘Self Assessment’ attached to it. This does not form part of the Challenge but may assist your learning.

You will need to select the Challenge from the main EKU page, and complete the multiple choice questionnaire. You do not need to complete this in one session – you can save your answers for some of the Challenge and return to it at a later date (by clicking on the ‘Save without submitting’ button at the bottom of each page). If you have completed the questionnaire, you will need to click on the ‘Submit all and finish’ button at the bottom of the
final page. You will be able to review any incorrect answers and submit new answers until each of the questions is answered correctly.

You will need to submit one EKC pass certificate (i.e. evidence that you took and passed the EKC before the answers were released) as a separate attachment to your email when you submit your portfolio.

If you have any questions or require assistance with EKU/EKC, please email eku@rcgp.org.uk, or call 020 3188 7607.
2. Personal Education Programme (PEP)


Click on ‘Start PEP’ - towards the bottom left hand side of the page (not PEPplus).
You can expand each of the curriculum categories by clicking on the ‘+’ sign to the left of each category. When you click on ‘Start’ in the right hand column you will be presented with several scenarios for which you should select the most likely answer listed. After clicking on ‘Submit question’ you will see whether your answers were correct, and will be provided with a brief explanation as well as suggested further reading. You can move on to the next question by clicking on ‘Next’. Alternatively, you can click on ‘Save and return to overview’. Once you have completed a curriculum category you can review your incorrect answers by clicking on ‘View Results’ then ‘View your answers’ within the tables.

PEP requires you to complete the whole set of questions once, then go through the suggested reading material to improve in weaker areas, then complete the questions again, hopefully demonstrating an improvement.

PEP does not need to be completed in one sitting. You can log in and out of the system as often as you like as it will remember the last question you have answered in any Curriculum Statement.
When you have completed all the curriculum areas, you will see a button entitled ‘View module results’ at the bottom of the table. This provides a summary of your score and a peer average score in each curriculum area. There is an option to ‘Print results’ on this page – this is the certificate that you need to submit with your MAP portfolio.

You will need to submit your PEP certificate as a separate attachment to your email when you submit your portfolio.

If you have any questions or require assistance with PEP, please email pep@rcgp.org.uk or call 0131 260 6815.
Appendix 4 – Feedback from patients (Declaration)

Please print, sign, and date the form below and post to the MAP office when you submit your portfolio.

Please provide the following information about the PSQ questionnaires:

Name of survey (e.g. IPQ, ISQ, CARE, CSQ, GMC, Doctor 360)

Date of survey:

Number of questionnaires dispensed:

Number of responses received

Date of analysis:

I confirm that the information for this criterion has been disseminated, collected and inputted (if applicable) by an independent third party.

Signed
(Candidate)  Date

I confirm that I have disseminated, collected and inputted (if applicable) the information for this criterion:

Role (Receptionist / Practice Manager/etc)  Signature  Date

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