



Royal College of
General Practitioners

New Learning Logs and Assessments



WPBA

WPBA evaluates the trainee's progress in areas of professional practice best tested in the workplace and:

- Looks at trainees performance in their day to day practice provides evidence for learning and reflection on performance
- Supports and drives learning in important areas of competence with an underlying theme of patient safety
- Provides constructive feedback on areas of strength and developmental needs, identifying trainees who may be in difficulty
- Evaluates aspects of professional behaviour that are difficult to assess in traditional examinations
- Determines fitness to progress to the next stage of training

New WPBA programme

- New Learning Log Types
- New Assessments – Quality Improvement, Prescribing, Leadership, Care Assessment Tool (CAT)
- Updated existing assessments, reports and reviews
- Mandatory requirements remain – annual child and adult safeguarding, (if child post), Basic life Support and AED

Clinical Experience Groups

1. Infants, children and young people [*under the age of 19yrs*]
2. Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynaecology and breast)
3. People with long-term conditions including cancer, multi-morbidity and disability
4. Older adults including frailty and/or people at end of life
5. Mental health (including addiction, alcohol and substance misuse)
6. Urgent and unscheduled care
7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability)
8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems)
9. Clinical problems not linked to a specific clinical experience group

Capabilities

- 13 Competences renamed as Capabilities
- Same 13 areas except Holistic care now also includes safeguarding
- Trainees will also link their log entries to capabilities and document why they have covered this capability
- Increase trainee understanding of capabilities
- ES will be able to comment on each capability which they can subsequently move into their ESR preparation
- Word Pictures to support all the capabilities for each grade

Capabilities

- Fitness to Practice
- Maintaining an ethical approach
- Communication and Consultation Skills
- Data Gathering and Interpretation
- Clinical Examination and Procedural Skills
- Making a diagnosis /decisions
- Clinical management
- Managing medical complexity
- Working with colleagues and in teams
- Maintaining performance, learning and teaching
- Organisation, Management and leadership
- Practising Holistically, Promoting health and safeguarding
- Community orientation

New Learning Log Types



Clinical Case Reviews



Supporting Documentation/CPD



Learning/Significant Event Analysis



Feedback



Leadership



Quality Improvement Activity



Prescribing



CEPS



Placement Planning Meeting



Academic Activity

Clinical case review

- Title, Date and Setting
- Brief description
- List of clinical experience groups to choose from: (max 2)
- Suggested capability: (max 3)
- Describe how your actions and approach link to the capability listed above?
- Reflection: what will I maintain, improve or stop?
- What learning needs have you identified from this event?

New Clinical Case Review entry

[Portfolio overview](#)

Title:

Date:

- Setting:
- GP Surgery
 - Telephone triage
 - Electronic (skype etc)
 - Home visit
 - Out of hours
 - GP setting
 - Hospital
 - Other

Brief description:

Clinical experience groups

Select an Option

Capabilities that this entry provides evidence for (max 3)

Capability:

Description:

[Add another Capability](#)

What will I maintain, improve or stop?

Reflection and Learning needs

Reflection: What will I maintain, improve or stop?:

Learning needs identified from this event:

Clinical Case Review entry: Migraine

[Portfolio overview](#) [All entries](#) [Clinical Case Reviews page](#) [Link to a PDP entry](#) [Link to Mandatory Training](#) [Comment](#)

This entry is awaiting your review

[Mark as reviewed](#)

Trainee | Dr Jonathan Rial (TeP Test account)

Date | 29/10/2019

Setting | GP Surgery

Brief description | A patient came in who had been having recurrent migraines and was keen to speak to me about anything that I thought could help

Reflection and Learning needs

Reflection | This case showed me the importance of taking time with some patients and that Pil's can be really helpful to talk idea through.

Learning needs | I need to read through treatments for migraine in more detail.

Clinical experience groups

Select an Option

Clinical problems not linked to a specific clinical experience group x

Capabilities that this entry provides evidence for

[+ Add another Capability](#)

Capability

Trainee

Supervisor

Clinical management

We talked about the options that can...



Supporting Documentation in CPD

- Title, Date
- Describe your key learning from this event briefly [this could include helping you to maintain existing knowledge and skills]
- Reflection: what will I maintain, improve or stop?
- What learning needs have you identified from this event?

- Suggested clinical experience groups
- Suggested capabilities with evidence for this

New Supporting Documentation entry

[Portfolio overview](#)

Title:

Date:

Key learning:

Reflection:

Learning needs:

Private notes:

Clinical experience groups

Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynae and breast) ✕

Capabilities that this entry provides evidence for (max 3) ▲

Capability:

Description:

[Add another Capability](#)

Attached files ▲

Attach a new file: no file selected

The maximum size of a single file that you upload is 20mb.

[Save](#)

Learning/Significant Event Analysis

Title:

Date:

17/01/2020

What happened, including your role?:

Why did it happen?:

What was done well?:

Describe your personal involvement:

What could be done differently?:

Who was involved in the discussion of the event?:

What have you and the team learnt?:

What changes have you or the organisation made in response to this review?:

Threshold met  : Yes No

Does this learning event meet the threshold for reporting as a Significant Event for revalidation purposes on the Form R in England, Wales & Northern Ireland (and on the SOAR declaration in Scotland)?

X CLOSE

Threshold as per Form R

The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. All doctors as part of revalidation are required to record and reflect on Significant events in their work with the focus on what you have learnt as a result of the event/s. Use non-identifiable patient data only.

Threshold met  : Yes No

Have you discussed this event with your ES/CS?: Yes No

How was the SE identified?:

How did identification and progress of this SE make you feel?:



Feedback

- Title, Date
- Brief description
- How does this feedback make you feel?
- What are your key learning points?
- Reflection: what will I maintain, improve or stop?
- What support have you had or require?
- Have you taken your plans to your PDP? How will you re-assess/monitor improvements?
- Suggested capabilities (max. 3)

Assessments



Assessment Ratings

Non- primary care

- Significantly below expectations
- Below expectations
- Meets expectations
- Above expectations

Primary care

- NFD- below expectations
- NFD- meeting expectations
- Competent
- Excellent

Assessment of Performance

Assessor also asked if assessment was:

- Below level expected prior to starting GP training
- Below level expected of a GP trainee working in this post
- At level expected of a G trainee working in this post
- Above the level of a GP trainee working in this post

Increases reliability of assessment

Assessments

UNCHANGED

MSF

Audio-COT

NEW

Leadership
activity and MSF

Prescribing

CAT

QIP

UPDATED

CbD

COT

PSQ

CSR

CEPS

Mini-CEX

Case based Discussion CbD (when not in primary care)

- Title
- Brief Description
- Level of Complexity
- Clinical Experience Groups
- Capability (select up to 4)
 - Grade against Expectations (significantly below, below, meets, above)
 - Feedback on performance and justification for grade
 - Recommendations for future development in that capability
- Assessment of Performance
 - Below level expected prior to starting GP Training
 - Below level expected of GP trainee working in this post
 - At the level expected of GP trainee working in this post
 - Above the level expected of GP trainee working in this post
- Agreed action

A structured oral interview to assess your professional judgment.
Assesses performance against capabilities

Care Assessment Tool

Same format as
CbD but can
cover other
areas

Choose which type of CAT:

- Case Based Discussion
- Post prescribing assessment follow up review
- Random case review
- Referrals review
- Other (please specify)

- Graded as NFD below expectations, NFD meets expectations, competent, excellent compared to competent GP
- Assessment of Performance
 - Below level expected prior to starting GP Training
 - Below level expected of GP trainee working in this post
 - At the level expected of GP trainee working in this post
 - Above the level expected of GP trainee working in this post
- Observation and feedback on performance
- Agreed action plan

MiniCEX

- Title
- Brief Description
- Level of Complexity
- Clinical Experience Groups

- Covers Professionalism, Communication and consultation skills, Clinical assessment and management, organisation and efficiency
- Graded against Expectations (significantly below, below, meets, above) in comparison to peers

- Assessment of Performance
 - Below level expected prior to starting GP Training
 - Below level expected of GP trainee working in this post
 - At the level expected of GP trainee working in this post
 - Above the level expected of GP trainee working in this post
- Agreed action plan

Assessed real life interaction between you and a patient in non-primary care

COT /AudioCOT

- Title
- Brief Description
- Level of Complexity
- Clinical Experience Groups
- Covers up to 14 areas within a GP consultation
- Graded as NFD below expectations, NFD meets expectations, competent , excellent compared to competent GP
- Assessment of Performance
 - Below level expected prior to starting GP Training
 - Below level expected of GP trainee working in this post
 - At the level expected of GP trainee working in this post
 - Above the level expected of GP trainee working in this post
- Observation and feedback on performance
- Agreed action plan

Assessed real life interaction between you and a patient either face to face or on the telephone

Clinical Examination and Procedural Skills

Assesses
your ability
to examine
competently

1. Evidence of 5 mandatory intimate examinations and
 2. Range of Clinical Examination and Procedural skills relevant to General Practice
- Mandatory examinations must be assessed and assessment form completed.
 - Assessment needs to support a competent and safe performance or will need to be repeated
 - Covers communication, awareness of cultural and ethical factors, ability to perform the skill and consideration of patient
 - Range of other skills can be assessed and/or documented in learning log, MiniCEX or COT assessments

Multi-Source Feedback and Patient Satisfaction Questionnaires



MSF used to collect your colleagues opinions on your clinical and professional behaviour

Completed every year and minimum of 10 replies – ideally 5 clinical and 5 non-clinical

In ST3 a leadership MSF is also required

PSQ – Completed in ST3

Patient feedback on your empathy and relationship building skills during consultations

Patients are asked to rate you against 9 questions

Clinical Supervisors Report CSR

Opportunity to receive feedback on your performance

Covers 7 areas

Linked to capabilities

Summary of your supervisors observations during that post

Each area rated against expectations (significantly below, below, meets, above)
in comparison to peers

CS also makes an assessment of the level of supervision required in that post

CSR required for all Non-primary care posts and in primary care posts if CS different from ES,
missing information in Portfolio and CSR would fill this gap, either CS or trainee request this
to be done

Short
structured
report
completed by
your CS at
end of each
post

ESR/ Interim ESR

All trainees have to have an annual ESR

An interim ESR can be completed at the 6 month point of training if trainee progressing well, if not will need full ESR

Trainee completes self assessment of all 13 capabilities, using linked evidence from learning logs, assessments and CSRs

Completes 3 action plans linked to 3 capabilities you want to improve before next review

Adds PDP entry if not already done and relates this to learning in next 6 months

Supervisor equally rates and documents evidence against 13 capabilities

Comments on quality of reflection, PDP, CEPS

Gives overall outcome on progression

Quality Improvement Project

Use data to identify areas for improvement

Critically appraise information

Deploy quality improvement methods –eg plan do study act and repeat quality improvement cycles to refine practice

Involves patients

Engage with stakeholders

Evaluate the impact of quality improvement interventions

Template developed for trainee to write up QIP

Word pictures for supervisor to assess

NFD -below, NFD meets or NFD above expectation for each area

Training resources for VTS schemes, completed QIPS and marked examples, suggested list of ideas on RCGP website



Looks at the quality of care provided with the aim to improve it

Prescribing

- GMC introduced prescribing proficiencies which all trainees have to meet
- Trainee searches /downloads 50 retrospective scripts they have initiated
- Reviews 50 against prescribing errors manual – right drug, dose, dosage frequency, documentation, follow up using consultation record
- Trainee reflects on the assessment via log entry
- Completes table mapping their prescribing to errors
- Supervisor, (possibly pharmacist if available), samples 20 of scripts, to include any with identified errors
- Supervisor completes assessment form after tutorial

Formative
prescribing
assessment
on your
actual
prescribing

Leadership

2 requirements

1. Complete a leadership activity and document this in your learning log

Examples

- Chairing a meeting
- Fresh pair of eyes.
- Practice leaflet project.
- Clinical protocol.
- Website design
- Wellbeing project

2. Complete leadership MSF. Respondents rate your leadership skills against 5 areas

Training resources available on RCGP website



To understand why leadership is important, appreciate your leadership style and its impact

ST1 and ST2 in each year WPBA requirements

- 4 mini-CEX and 4 CbDs (1 assessment to be done by Clinical Supervisor completing CSR)
- MSF in both ST1 and ST2 – 10 replies each time
- CSR at end of every placement (see guidance re CSR in primary care posts)
- CEPS Clinical Examination and Procedural Skills as currently
- QI project (QIP) - Primary care placement ST1 or ST2- assessed by ES
- Involvement in audit /QIA in year when not doing QIP

ST1 and ST2 in each year WPBA requirements

- Case reviews - clinical encounters in learning log to be replaced with case reviews -3 /month (FTE)
 - Linked to clinical experience groups and capabilities
 - Shorter log templates to complete
- Placement planning meeting in log for each post as currently
- Annual ESR
- Interim Mid year review- light touch
- Personal Development Plan as currently
- Learning event analysis
- Significant event analysis if relevant

ST3 - WPBA requirements

7 COTs /AudioCOTs

5 Case Assessment Tools (including) Cbds

Prescribing assessment

Leadership activity

MSF in 1st 6 months / leadership MSF in 2nd half of ST3 (after leadership activity)

PSQ

3 case reviews/month in learning log

Involvement in practice QI/ audit

ESR annually and interim review

Child /adult safeguarding / BLS / PDP/ LEA/SEA/CEPS

WPBA numbers for each year of training

	ST1	ST2	ST3
Mini-CEX/COT			
Any setting (face to face, telephone, or video)	4	4	7
CBD / CAT	4 Cbd	4 Cbd	5 CAT
MSF	1 (with 10 responses)	1 (with 10 responses)	2 (1 MSF, 1 Leadership MSF)
CSR	1 per post*	1 per post*	1 per post*
PSQ	0	0	1
CEPS	Ongoing	Ongoing	Across 3 years
			5 intimate plus a range of others
Learning Logs	36 Case Reviews	36 Case reviews	36 Case Reviews
Placement Planning Meeting	1 per post	1 per post	1 per post
QIP	1 (in GP post)	1 (in GP post) – if not done in ST1	0
Quality Improvement Activity	All trainees must demonstrate involvement in Quality Improvement at least once a year		
Significant Event	Only completed if reaches GMC threshold of potential or actual serious harm to patients	Only completed if reaches GMC threshold of potential or actual serious harm to patients	Only completed if reaches GMC threshold of potential or actual serious harm to patients
Learning Event Analysis (LEA)	1	1	1
Prescribing Review	0	0	1
Leadership	0	0	1
Interim ESR	1**	1**	1**
ESR	1	1	1

*CSR to be done in a primary are post if any of the following apply: The Clinical Supervisor in practice is a different person to the Educational Supervisor, the evidence in the Portfolio does not give a full enough picture of the trainee and information in a CSR would provide this missing information, or either the trainee or supervisor feel it is appropriate

** The Interim ESR can only be completed if the trainee is progressing satisfactorily - see interim ESR guidance. Otherwise a full ESR is required at the midpoint of each calendar year.