

PORTFOLIO OF EVIDENCE

For GPs seeking accreditation as GPwER in Musculoskeletal Medicine with the Faculty of Sport and Exercise Medicine UK

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| 1. **PERSONAL DETAILS** (removed prior to assessment)
 |
| Name |  |
| Home Address |  |
| Telephone number |  |
| Email Address |  |
| 1. **MEDICAL PROBITY**
 |
| GMC registration  | GMC Number: |
| Please provide evidence of up-to-date GMC registration |
| Are you currently under investigation by the GMC? | Yes | No |
| If yes, please provide details |
| Date of next revalidation |  |
| Name of appraising body |  |
| Name and contact details of responsible officer |  |
| 1. **MEDICAL TRAINING**
 |
| GP training scheme |  |
| Year of CCT (certificate of completion of training)  |  |
| Primary place(s) of work |  |
| Current GP work | Full time GP partner |  |
| Part time GP Partner |  |
| Full time salaried GP |  |
| Part time salaried GP |  |
| Locum GP |  |
| Other (provide more details if so) |
| How many sessions of undifferentiated GP work do you currently do in a week? |  |
| Date of most recent scope of practice annual appraisal |  |
| How is your accreditation being funded? | Self-funded |  |
| Practice/federation |  |
| Primary Care Network/Integrated Care Service |  |
| Other (state source) |  |
| 1. **THEORETICAL TRAINING IN MSK MEDICINE**
 |
| Have you successfully sat the FSEM MSK Diploma exam? (If so, state the year) |  |
| Have you any other post graduate qualifications (e.g., PGCert, Diploma, Master’s degree) in MSK Medicine or Rheumatology or similar (e.g., Pain Management)  | Yes | No |
| If yes, please list here (and attach a copy of any relevant certificates to your submission) |
| List any other relevant theoretical training or courses attended |  |
| 1. **DESCRIPTION OF PRIOR GPwER ACCREDITATION**
 |
| Have you previously undertaken any accreditation as a GPwER in MSK? | Yes | No |
| Give a brief description of who this was with e.g., local MSK Service. (Please attach documents with supporting evidence of any prior accreditation process). |
| 1. **CLINICAL EXPERIENCE IN MSK MEDICINE**
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| This covers areas of practice including as a trainee where experience was gained in MSK Medicine (e.g., orthopaedics, rheumatology, pain, sports or rehabilitation medicine) . This may include the following:* Posts within a recognised training scheme or Foundation Year post
* As part of a GP speciality training scheme
* As a hospital practitioner or speciality doctors within a specialist field
* Working with an experienced GPwER or another relevant specialist including. Any integrated training posts (ITP)
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| Please provide details of relevant past clinical roles within, or exposure to, practice in MSK Medicine |  |
| 1. **DESCRIPTION OF CURRENT GPWER MSK SERVICE**
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| Although we are accrediting you as an individual it may be helpful to better understand the service you are working (or training) in. |
| Please give a brief overview of the service including the range of conditions encountered |  |
| Describe the location e.g., within primary care premises, community building or secondary care site |  |
| Describe the facilities available (e.g., consulting rooms, minor surgery facilities) |  |
| Describe the service structure i.e., how your clinics fit into any referral pathways and links to other specialities and pathways |  |
| Do your patients come from your own practice or multiple practices? |  |
| Describe your access to, and use of, diagnostics  |  |
| Describe your role including any interventions or diagnostics personally delivered e.g., diagnostic ultrasound or injection therapies |  |
| Outline the different staff members in your service i.e., consultant grades/specialities, allied health professionals e.g. physiotherapists, clinical psychologists, occupational therapists |  |
| Describe how you integrate with secondary care/senior colleagues |  |
| 1. **MAINTAINING GOOD CLINICAL PRACTICE**
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| Do you have regular access to a clinical supervisor? | Yes  |  No  |
| Outline who provides your clinical supervision. How often does this occur? |  |
| How do you keep up to date for this role? Outline any CPD you have undertaken in the last 12 months |  |
| 1. **EDUCATION AND RESEARCH**
 |
| Do you provide any MSK education for primary care or other organisations?  | Yes |  No |
| If so, please provide details |
| Have you been (or are you currently) involved in research? | Yes  | No |
| If so, please provide details |
| 1. **REFLECTION ON COLLEAGUE & PATIENT FEEDBACK SURVEYS**
 |
| This assessment is exploring your analysis of the survey including any changes made to practice or service. Consider discussing the results with your clinical supervisor. |
| Describe what surveys you have undertaken within the current revalidation cycle e.g., Multisource feedback, patient surveys (where gathered, how many replies) |  |
| What were the main findings of the surveys? |  |
| Have you discussed the results with anyone? Who? |  |
| What do you think you do well and less well as a musculoskeletal clinician? |  |
| What have you learned from the survey results? |  |
| What changes might you consider making because of the survey? |  |
| 1. **QUALITY IMPROVEMENT ACTIVITIES**
 |
| Have you been involved in any quality improvement activities in your MSK service within the last 2years? | Yes | No |
| Please outline what this involved. |  |
| 1. **COMPLAINTS AND COMPLIMENTS**
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| Have you had any complaints or compliments recently? | Yes | No |
| If so, describe what they entailed. |  |
| 1. **DEMONSTRATING CONTINUING COMPETENCE**
 |
| It is important that every GP working in an extended role fulfils the expectations described in the guidance form the RCGP (available at <https://www.rcgp.org.uk/your-career/gp-extended-roles>) to ensure they maintain competence in the role. The following section is based on these requirements. This should form part of your regular clinical/managerial supervision and forms part of the questions posed to your clinical supervisor for the accreditation process. |
| Do you have a role specific appraisal annually? | Yes | No |
| What was the date of your last appraisal and who was it with? |  |
| Have you complied a role specific PDP as part of an annual appraisal? If so, please describe the key goals identified for the last year. |  |
| Have you discussed this with anyone? If so, who |  |
| **EVIDENCE CHECKLIST** |
| GPwER accreditation | * Form 1: Portfolio of evidence
* Form 2: Mini CEX
* Form 3: DOPS
* Form 4: Learning diary
* Forms 5a&b: Patient feedback and analysis – minimum 25 returns
* Form 6: Audit – e.g., of interventions (joint injections with outcomes), diagnostics or similar
* Form 7: Senior clinical supervisor report
* Evidence of successfully passing the FSEM Diploma in MSK medicine (and any other qualifications relevant to role)
* Any other relevant information
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| **CANDIDATE DECLARATIONS** |
| I confirm that the work submitted in this application is my own and the information which I have provided is accurate to the best of my knowledge |
| I confirm that I have read and agreed to the GP with Extended Role Accreditation Terms and Conditions and that the information submitted herewith is correct |
| I confirm that I am fully registered with the GMC and have declared any warnings, undertakings, or restrictions on my licence |
| I confirm that I am practising in a primary care role and undertaking undifferentiated primary care |
| I confirm that I have read and understood the privacy notice which explains how my personal data will be processed by or on behalf of the FSEM |
| I confirm that my portfolio submission does not include any patient identifiable information |
| Signed  |  |
| Name (capital letters) |  |
| GMC Number |  |
| Date |  |