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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** | | | | | |
| 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) | | | | | |
| Please provide details of relevant past clinical roles within, or exposure to, practice in MSK Medicine | |  | | | |
| 1. **DESCRIPTION OF CURRENT GPWER MSK SERVICE** | | | | | |
| 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** | | | | | |
| 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** | | | | | |
| 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 | | | | |
| **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 |  | | | | |