



Royal College of
General Practitioners



Faculty of Sport
and Exercise
Medicine UK



The Primary Care
Rheumatology and
Musculoskeletal
Medicine Society



British Association of Sport
& Exercise Medicine

Form 1- PORTFOLIO OF EVIDENCE

**For GPs seeking accreditation as GPwER in Musculoskeletal Medicine with
the Faculty of Sports and Exercise Medicine**

1. PERSONAL DETAILS (removed prior to assessment)		
Name		
Home Address		
Telephone number		
Email Address		
2. MEDICAL PROBITY		
GMC registration	GMC Number:	
	Please provide evidence of up-to-date GMC registration & position on performers list	
Are you currently under investigation by the GMC?	Yes	<input type="checkbox"/>
	If yes, please provide details	
Date of next revalidation		
Name of appraising body		
Name and contact details of responsible officer		
3. 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)	
4. 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 <input type="checkbox"/>	No <input type="checkbox"/>
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		
5. DESCRIPTION OF PRIOR GPwER ACCREDITATION		
Have you previously undertaken any accreditation as a GPwER in MSK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	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).	
6. CLINICAL EXPERIENCE IN MSK MEDICINE		
<p>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:</p> <ul style="list-style-type: none"> • Posts within a recognised training scheme or Foundation Year post 		

<ul style="list-style-type: none"> • 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	
7. 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 e.g. co-located clinics, team meetings, case reviews etc		
8. MAINTAINING GOOD CLINICAL PRACTICE		
Do you have regular access to a clinical supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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		
Have you had Basic life support and adult safeguarding training within the last year? (please provide evidence)		
9. EDUCATION AND RESEARCH		
Do you provide any MSK education for primary care or other organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please provide details & evidence of feedback from recent training you have run	
Have you been (or are you currently) involved in research?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please provide details	

10. 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?		

11. QUALITY IMPROVEMENT ACTIVITIES

Have you been involved in any quality improvement activities in your MSK service within the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please outline what this involved.		

12. COMPLAINTS AND COMPLIMENTS

Have you had any complaints or compliments recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, describe what they entailed.		

13. DEMONSTRATING CONTINUING COMPETENCE		
<p>It is important that every GP working in an extended role fulfils the expectations described in the guidance from 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.</p>		
Do you have a role specific appraisal annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the date of your last appraisal and who was it with?		
Have you completed 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	<ul style="list-style-type: none"> • Form 1: Portfolio of evidence • Form 2: Injection logbook • Form 3: DOPS template • Form 4: Learning diary • Forms 5a&b: Patient feedback and analysis (minimum 25 returns) • Form 6: Multi source feedback forms (minimum 12 returns) • Form 7: Audit - guidance • Form 8: Senior clinical supervisor report • Evidence of successfully passing the FSEM Diploma in MSK medicine (and any other qualifications relevant to role) • Summary of last core GP appraisal summary and copies of BLS, Safeguarding training. • 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		<input type="checkbox"/>
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		<input type="checkbox"/>
I confirm that I am fully registered with the GMC and have declared any warnings, undertakings, or restrictions on my licence		<input type="checkbox"/>
I confirm that I am practising in a primary care role and undertaking undifferentiated primary care		<input type="checkbox"/>
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		<input type="checkbox"/>
I confirm that my portfolio submission does not include any patient identifiable information		
Signed		
Name (capital letters)		
GMC Number		
Date		