**10 things to know about DOPS and CEPS**

1. **DOPS** **are no longer required** and though the existing DOPS will remain on e portfolios as part of the evidence relating to Clinical Skills there is no advantage in adding more.
2. **CEPS is a competence like the existing 12 competences.**  So just as there is not a required evidence list for Data Gathering ( or other Competencies) nor is there is not a mandatory data set you have to have for CEPS (but see 5. below)
3. **CEPS word descriptors** describe what skills should be linked to CEPS competency. Reading this helps both trainees and CS or ES to make links and create the evidence. (e.g. CEPS is not just about assessed skills but *also about choosing the most appropriate examinations, being flexible in which assessments are done, understanding consent and chaperones et*c. <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~/media/Files/GP-training-and-exams/WPBA/WPBA-competences-detailed-descriptors.ashx>
4. **GPSTRs need to have new evidence relating to each competency each 6 months,** the same applies for CEPS. (This does not mean you need to provide evidence on intimate examinations every 6 months! + See 3.)
5. **GMC are** (rightly) **keen to confirm competence in intimate examinations during the course of training.** An intimate examination is one the patient feels is intimate …. But would certainly include male and female genital examinations, rectal / prostate and breast examinations. ESs will be asked to confirm intimate examination competence on the ESR.
6. **Old rules relating to DOPs don’t continue** i.e. there is no continuing need to get specific evidence of cervical cytology, simple dressings, and checking blood glucose
7. **Observed examinations must be by at ST4 or above, or another experienced health specialist** who has been trained to do it and in their work carries out this examination.
8. **How CEPS can be assessed.** Appropriate observed examinations (see 7.) will give some evidence, different evidence will come from log entries (e.g. follow up of people seen by a GPSTR who are then reviewed by a senior who replicates the examination). AS well as Log entries Mini CEX, and COTS will or may provide CEPS linked evidence, as will the CSR. Depending on what is written the MSF also contributes evidence of CEPS. CEPS unlike DOPS could be assessed in a skills lab (though this is going to assess the technical side and would be best balanced by observation of communication with some real patients.)
9. **The amount of** **evidence that is needed.** There is no number here… and, appropriately, different trainees will need to produce different amounts of evidence depending on experience prior to GP training or evidence of concerns during training. Placement planning meetings are a good place to discuss the expected evidence. ( remember CEPs is about skills *and* choice of examination *and* linked communication (see 3.)
10. **There is further information about CEPS on the RCGP website**. <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/ceps-tool-for-mrcgp-workplace-based-assessment.aspx> gives details about CEPS , with further details on a detailed manual and FAQ at the bottom of the page.

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