Naturally Occuring Evidence.

**Naturally Occurring Evidence (NOE) in ePortfolio**

NOE refers to evidence that you provide on your learning log that is in addition to the evidence required by the RCGP (CBDs, COTs etc.). This evidence should help you to demonstrate the various competencies, as well as well as providing evidence that you have satisfactorily covered the curriculum.

The RCGP and Committee of GP Educational Directors (COGPED) have confirmed that from 2014 it will be expected that there is involvement in several of these areas and defined guidance on this. Therefore reflection is nationally expected on:

* each post undertaken looking at how you completed your learning and how the post went (see the guidance below on how to make this as useful as possible to yourself in relation to demonstrating competencies)
* Quality Improvement Evidence. An audit (or other Quality improvement project ) is expected at least once during the course of training normally in Primary care Setting as this demonstrates change and leadership in the setting of your career choice. Evidence of Quality improvement will also be provided through reflection on Significant Events. It is therefore suggested that you write up at least one SEA (in the GP rather than the major incident meaning) per 6 months. (The School advice would still be to aim for 3 per 6m so that these cover team work and carrying through change etc.)

Some of the competencies are harder to demonstrate than others if we simply rely upon the WPBA and clinical encounters. For this reason the School has developed a suggested scheme of evidence that we feel covers these harder to demonstrate competencies, particularly: the teaching element of Maintaining Performance; Learning and Teaching; Fitness to Practice; Community Orientation and Working with Colleagues and in Teams.

**In addition to this, you need to provide evidence of sufficient and satisfactory out of hours (OOH) training, and record complaints or Significant Events (as defined by the GMC) or their absence. This is to enable the RCGP to award you a certificate of completion of training. For more details about how this evidence fits in, please see the** [**Naturally Occurring Evidence and displaying competencies**](http://www.yorksandhumberdeanery.nhs.uk/media/188721/NaturallyOccurringEvidenceanddisplayingyourcompetencies30513.docx)**document.**

In order to help you show where you have placed this recommended evidence, as well as assist your educational supervisors in making their assessments, a spreadsheet has been developed and you are strongly encouraged to complete this as you go through your training year and share it with your ES at your reviews and prior to ARCP. In addition to providing an elegant way of highlighting and presenting your evidence, you can map your COTs/CBDs/miniCEXs, which will enable your ES to more easily make their assessment, as well as help you to plan your CBDs so that you demonstrate progression and cover all the competencies.

You should have been provided with a copy of this spreadsheet by your local Training Programme: [NOE Evidence Workbook](http://www.yorksandhumberdeanery.nhs.uk/media/808049/es_workbook_v10_april_2016.xlsx)

You can choose to provide the evidence in other ways, e.g. don’t do a presentation but instead reflect on a teaching session you delivered to medical students. But be aware that we feel the suggested evidence is enough to help you to demonstrate these competencies. Below is our suggestion of the evidence you'd be advised to collect and some guidance relating to them:

[**1. Significant Event Analysis**](http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/naturally_occuring_evidence/#collapse0)

* File under **Significant Event Analysis** in your ePortfolio
* **These are needed to demonstrate engagement with Quality Improvement so to make sure you have a good enough coverage we suggest 3 SEAs in every six month pos**t (or 2 in every four month post)
* **Please complete these as soon as possible after the event as it is best to allow the educational supervisor to look at big events like these promptly.**

1. A significant event should have significant personal involvement; it is suggested that there is balance between SEAs which focus on individual learning and those which deal with team issues and improving systems of care. The format we expect is being used to support appraisal for GPs and is part of the QOF framework, so you will be learning important skills for the future.

2. The GMC defines a significant event (also known as an untoward or critical incident) as 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. From an educational perspective trainees can record any event of significance where there is learning leading to change in practice as an SEA.

3. ALL patient safety related SEA’s (formerly known as SUIs) need to be recorded as part of your NOE to comply with the narrower GMC definition of SEA used for Revalidation. You are currently required (see below under Other Essentials) to declare any SUIs or Critical Incidents – and the description of the incident should be recorded in the ePF under SEAs and given a title of SUI. They must also be recorded on Form R.

* [Guidance for Significant Event Analysis](http://www.yorksandhumberdeanery.nhs.uk/media/133187/Guidance%20for%20Significant%20event%20analysis%208%2010.doc)
* [Features of a good learning log entry for significant event analysis](http://www.yorksandhumberdeanery.nhs.uk/media/133178/Featuresofagoodlearninglogentryforsignificantevent.doc)

[**2. Reflection from key learning points from each post**](http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/naturally_occuring_evidence/#collapse1)

* File under **Courses/Certificates**
* **1 in every post**

Concise summary of learning points, including reflections on learning achieved (in terms of knowledge, skills and attitudes), and how this relates to a career in GP. This reflection will result in new learning objectives for next posts. (Recommended length up to one page A4).

* [Guidance for reflection on a post](http://www.yorksandhumberdeanery.nhs.uk/media/133184/Guidance%20for%20reflection%20on%20post%208%2010.doc)
* [Features of a good reflection on a post](http://www.yorksandhumberdeanery.nhs.uk/media/188814/FeaturesofagoodReflectiononpost.doc)

[**3. Audit or Reflection on QOF**](http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/naturally_occuring_evidence/#collapse2)

* + File under **audit/project**
	+ either an *audit* or evidence of managing change to improve quality e.g. through *reflection on a QOF* area should be completed

Normally this should be done in the first GP attachment as there is an enormous workload for GPSTRs in ST3 year and be available for the ARCP panel within four months of completion of the first GP post.  **There is no requirement from an ARCP perspective for multiple audits or Quality Improvement Projects.** (Though these would be excellent practice).There is an expectation that the quality improvement work should be done in a Primary Care setting and not just be part of a hospital audit programme.

The purpose of the audit or Quality Improvement Project (QIP) is for the trainee to develop and demonstrate skills in leading change management in the practice in order to improve the quality of patient care. Audit and leadership are referred to by the GMC as part of Good Medical Practice, on which re-validation is based.

The GP curriculum 2015 has several bullet points particularly relevant to the expectations here. Trainees should:

\*   Analyse relevant patient feedback and health outcome data to identify unmet health needs, identify inappropriate variation and highlight opportunities to reduce inequalities and improve health outcomes

\*   Contribute your experience to the evaluation, re-design and (where relevant) commissioning of care pathways, to achieve a more integrated, effective and sustainable health system

  \*   Make effective use of the tools and systems that enable evaluation and improvement of your personal performance (e.g. through use of reflective portfolios, patient satisfaction surveys, multi-source feedback, significant event audits and other quality improvement tools)

If an **Audit** is chosen it should demonstrate a complete cycle.  The trainee may need to take one day study leave from a hospital post to return to the practice to do a second data collection and this can appropriately be applied for (often linked to returning for an ESR meeting.)
A copy of the audit should be uploaded as an attachment to the learning log entry and a good quality learning log entry will demonstrate appropriate reflection on the audit
**QIP or QOF reflection**. Choose one quality indicator – e.g. a QOF indicator, LES or an indicator where performance is sub optimal. Examine and clarify the issues with reference to literature including suggestions to improve performance.

The reflection should show how the recommendations are shared with the team and how progress is reviewed against the action plan. A significant part of leadership involves managing people, ranging from getting shared commitment, enabling colleagues to contribute to changes and managing disagreements or concerns. A good quality learning log entry will explore these facets explicitly.

If you attend an audit or QOF meeting and you record these in your learning log, you should file them under **lecture/seminar**, because you should reserve the audit/project heading for audits etc. that you personally carried out.

* [Guidance for Audit](http://www.yorksandhumberdeanery.nhs.uk/media/133181/Guidance%20for%20Audit%208%2010.doc)
* [Features of a good learning log entryfor audit / project](http://www.yorksandhumberdeanery.nhs.uk/media/76386/Featuresofagoodlearninglogentryforaudit.doc)

[**4. Case study or presentation**](http://www.yorksandhumberdeanery.nhs.uk/general_practice/trainees/naturally_occuring_evidence/#collapse3)

* File under **Lecture/Seminar**
* **1 in every 6 month post**

This can be a presentation of a clinical case study, literature review, a research project, a discussion paper or notes review; such a presentation may have been given in a departmental setting or VTS group
Key points considered in the assessment of this work are:

* discussion of how practice relates to the evidence base
* demonstration of relevance to career in GP
* Consideration of the teaching approach used

Remember, if you do a departmental or VTS presentation, this can be mapped to curriculum statement 3.7; teaching, mentoring and clinical supervision.
(A set of power point slides with no discussion or reflection will be judged inadequate)

* [Guidance on Presentation / Case Study](http://www.yorksandhumberdeanery.nhs.uk/media/133190/Guidance%20on%20presentation%208%2010.doc)
* [Features of a good learning log entry for presentation / case study](http://www.yorksandhumberdeanery.nhs.uk/media/133175/Features%20of%20a%20good%20learning%20log%20entry%20for%20presentation.doc)

**Your Leave and Complaints to date**

The RCGP certification unit will not be able to process an application for a CCT unless they have confirmation of any leave taken in addition to the annual leave that is allowed. For this reason we need to have clear and available recording of this so that trainees avoid delays in receiving their CCT. This is completed on Form R (“Time Out Of Training” or TOOT) but a separate running total of days off entered is advised and this combination provides greater clarity.

**Professional Conversations**

All trainees should be keeping a log of their leave to date and any complaints that have arisen during their training period.  These need to be submitted to ARCP panels when your review is due (i.e. when moving from ST1 to ST2, ST2 to ST3 and ST3 to CCT)

**Other Essentials**

All trainees need to keep a log of the following continuously throughout their training period and submit these to the ARCP panel review meeting when it is due.

* Statement / summary of GP release attendance (time taken to attend the release course is paid time, there is therefore a potential probity issue if a trainee does not attend the expected percentage of release course meetings for their posts)
* Complaints and Compliments - to be logged on e portfolio and recorded on Form R document