

Learning Logs

All trainees are expected to document their learning through their learning log. The summary below describes the changes taking place in the learning log with the introduction of the change to assessments, the GP Curriculum and the Portfolio.

Overview of new formats

- Clinical Case Reviews replace Clinical Encounters and Professional Conversations, and these will make up the majority of your entries. For a full time GP trainee there is a requirement for a minimum of **3 in each calendar month**.
- Supporting Documentation (CPD) replaces reading, eLearning, lecture/seminar, course/certificate, OOH attendance sheets.
- CEPS - these are unchanged from the current format apart from the grade of the observer.
- The Placement Planning Meeting template remains unchanged but this is now a requirement to complete an entry for all of your placements. Please arrange to meet with your supervisor so you can complete this entry.
- The Significant Event Analysis template has been rewritten to enable you to reflect on the event and to make it clear whether the event relates to revalidation. There is now an explicit difference between a Learning Event Analysis and a Significant Event (GMC level). A Learning Event Analysis is required in each year of training.
- A Quality Improvement Activity reflection log has been introduced. This is separate to the required Quality Improvement Project in ST1/2 and meets the GMC guidance that all doctors should reflect annually on Quality Improvement Activities.
- A new entry for Leadership, Management and Professionalism. The GMC is clear that all trainees in all specialties should engage in and reflect on their developments in these areas. You will be involved in a range of organisational roles and a learning log format enables reflections on these areas to be captured.
- Academic Activities (for academic trainees only).
- A Feedback template which allows and encourages you to feedback on your PSQ, MSF, CSR, patient interactions, etc. This has also been introduced to allow you to respond and reflect on your assessments / reviews, if required.
- Prescribing Review. This is a new assessment and it takes place in the ST3 year. A learning log template linked to prescribing competences can also be found in the learning log section.

The learning logs are grouped in a manner that mirrors your post-CCT GMC requirements:

- I. Reflection on reviewing what you do, and learning from cases, data and events.
- II. Seeking and reflecting on feedback about what you do.
- III. Evidence of keeping up to date (for trainees, becoming up to date across the curriculum) – Continuous Professional Development (CPD).

For most log entries you will suggest linkage to the relevant Clinical Experience Groups and Capabilities, providing justification of the Capabilities chosen in certain logs. The GMC requires you to demonstrate reflective practice, which is core to your professionalism and learning and this will be done through your learning logs.

[The RCGP website](#) has further guidance on reflection in WPBA.

[How many log entries are required?](#)

You are required to write **THREE Clinical Case Reviews** per month on average (pro rata for those who are Less Than Full Time (LTFT)).

You are also required to arrange and write up a placement-planning meeting at the start of each new post.

You are expected to have more than one log entry which addresses each Capability in each 6-month review period. You will therefore need to complete learning log entries in addition to Clinical Case Reviews, which reflect on your experiences in such a way that they are appropriately linked to Capabilities such as Organisation, management and leadership, Ethics, and Fitness to Practice. Learning logs looking at leadership, quality improvement and prescribing activities, for example, will be very important in achieving these links.

[Clinical Experience Groups](#)

Clinical Experience Groups map to the RCGP curriculum. Instead of linking individual learning logs to individual sub headings of the curriculum, these curriculum headings have been grouped into Clinical Experience Groups.

Up to two Clinical Experience Groups can be linked to each learning log. Your supervisor is encouraged to review the links and amend/remove any inappropriate links.

The Clinical Experience Groups are:

1. Infants, children and young people (under the age of 19 years).
2. Gender, reproductive and sexual health (including women's, men's, LGBTQ, gynaecology and breast).
3. People with long-term conditions including cancer, multi-morbidity and disability.
4. Older adults including frailty and/or people at end of life.
5. Mental health (including addiction, alcohol and substance misuse).
6. Urgent and unscheduled care.
7. People with health disadvantage and vulnerabilities (including veterans, mental capacity difficulties, safeguarding and those with communication difficulties/disability).
8. Population Health and health promotion (including people with non-acute and/or non-chronic health problems).
9. Clinical problems not linked to a specific clinical experience group.

GP trainees are reminded to regularly review the topic guides in the curriculum for further understanding of these areas.

Capability linkage

The majority of the reflective learning log entries require you to suggest links to the 13 GP Capabilities (the basis of 'Being a General Practitioner'). Most of which also require justification, describing how your actions and approach link to the capability suggested. This should help focus your thinking when writing entries and helps alignment with the Educational Supervisors Review, where you are required to demonstrate how you are meeting the Capabilities.

The revised format for learning logs is intended to reduce the time you spend summarising the case in detail, commenting on what you have done or learnt and possibly identifying some learning needs, without any clear connection to the Capabilities that you are trying to demonstrate. Your supervisor will be able to confirm each of your suggested links and add further comments about the capabilities chosen. The text inputted when justifying the capabilities chosen will be autopopulated and available to you as part of your Educational Supervisors Review, in addition to those entries purely linked. You and your supervisor should be aware that the links to be made to Clinical Experience Groups is to enable you to demonstrate that you are competent in each of the Capabilities across the range of Clinical Experience Groups with whom GPs work.

It is expected that by the end of training there should be sufficient coverage of the Clinical Experience Groups to demonstrate your ability to work as a General Practitioner in the UK in a range of settings. The coverage of the Clinical Experience Groups in each Capability should be reviewed at your placement planning meeting and periodic Educational Supervisor meetings. You therefore need to be aware at

each stage of training whether you are accumulating sufficient evidence. Minimum expected numbers have deliberately not been set and should not be set locally as the demonstration of Capability depends on your educational needs, the quality of evidence, and the reflections on learning rather than on numbers alone.

Outline of revised log entries (11)

I. Reflection on reviewing what you do, and learning from cases, data and events

1. Clinical Case Reviews

These should account for more entries than other learning logs and provide the best opportunities for linkage to the Capabilities and Clinical Experience Groups. Entries previously described as Clinical Encounters and Professional Conversations will be mapped to this new entry. The clinical learning from acute, chronic, emergency or unscheduled care experiences is recorded here. There is now the option within the Clinical Case Review to document learning in a variety of settings (both in and out of standard GP hours) in addition to the type of consultation. You are expected, after a brief description of the case, to reflect on what you need to maintain, improve, or stop doing. Before considering this, it is recommended that you reflect on what went well and why, so that you can maintain these behaviours. This reflection should include actions required in response to your emotional needs as well as clinical and educational actions i.e. 'how did it make you feel?'

The option for the supervisor to comment on the entry is retained. The supervisor is encouraged to comment on each capability linked. Whenever the supervisor disagrees with a suggested Capability or Clinical Experience Group link their explanation should appear in the comments section.

When new learning or experiences present themselves, these should be documented in your log. It is particularly important to document learning in Unscheduled Urgent Care/ OOH care within your Clinical Case Reviews, as this will provide evidence of your understanding of working in this setting. It is not mandatory that you complete a Clinical Case Review for each Unscheduled / OOH care session undertaken but documentation of any attendance in this setting should be entered in the 'supporting documentation' section of the log.

2. Clinical Examination and Procedural Skills - CEPS

The CEPS entry format is unchanged. Evidence of your ability to perform a variety of examination and procedural skills in order to demonstrate this Capability (including the mandatory skills) remains essential.

3. Placement Planning Meetings

This allows for a record of placement planning meetings which are now mandatory. It links in particular to Working with colleagues and in teams, Fitness to practice, and Organisation, management and learning.

4. Quality Improvement Project (to be completed in ST1/2)

This is separate to the learning log entry for Quality Improvement Activity. The form assesses the mandatory project undertaken in ST1/2 (ideally in a GP setting). The actual project should also be uploaded to provide proof of undertaking the activity. There are a range of resources to help you and you educators with the marking and assessment of this project and these are available on the [RCGP WPBA website](#). These include training resources for individuals or schemes, mock examples which have been marked, as well as a list of projects which have already been completed at this stage in GP training.

5. Quality Improvement Activity - QIA

This reflective learning log entry enables QIA to be captured across the full training programme. At present, the GMC and RCGP are promoting quality improvement activity projects, which use a different methodology to audit. (Previous Audit/Project entries will be mapped to this area). The quality improvement activity should be robust, systematic and relevant to your work. The QIA reflection should include an element of evaluation and action, and where possible, demonstrate an outcome or change.

The GMC recommend that all doctors demonstrate involvement in Quality Improvement at least once a year. The definition of QIA covers a wide range of activities including Quality Improvement Projects, Audits, Significant Event and Learning Event Analysis. This mirrors the broad definition for post-CCT doctors and ensures that you are equipped with appropriate quality improvement methods for lifelong competence.

6. Prescribing

This assessment has been created because of the importance attached to prescribing by the GMC. You will complete this assessment and reflective entry in ST3. It follows a formal process where you will reflect on your prescribing of 50 consecutive prescriptions in relation to safety and appropriateness. See the section on prescribing assessment for more information.

7. Learning Event Analysis (LEA) and Significant Events

The analysis of events which do not reach the GMC threshold for harm but present an opportunity for learning are referred to as Learning Events Analysis and need to be documented annually on this form. This might include events which may not have a serious outcome but highlight issues which could have been handled with greater clinical effectiveness and from which lessons can be learnt.

An entry under Learning Event Analysis would normally involve sharing information within the team and demonstrating learning. Areas for further learning and development should be reflected in your Personal Development Plan (PDP).

Significant Events must be reflected on, and the new format allows clarification of which events have been identified as being in this category through having an additional drop-down box.

8. Leadership, Management and Professionalism

A new reflective log entry in relation to leadership, management and service delivery changes, has been created to ensure you have the opportunity to reflect on your experiences of the identified leadership qualities within a non-clinical log entry. Learning about leadership skills is an important area of GP training. The non-clinical work a GP is required to do is complex within an increasingly diverse clinical workforce. This new log entry enables appropriate documentation of experiences and reflection. You are encouraged to record activities such as chairing a meeting, giving a presentation, or a 'Fresh Pair of Eyes' exercise. The NHS Leadership Academy suggests leadership in the health and care services is about delivering high quality services to patients by: demonstrating personal qualities, working with others, managing services, improving services, setting direction, creating the vision, and delivering the strategy. 'Delivering the Service' is at the core of this leadership model.

9. Academic Activities

The Academic Activity log remains unchanged and is designed to be used by trainees in an academic post.

II. Seeking and reflecting on feedback about what you do

10. Reflection on Feedback

A new reflective log entry enables you to reflect on the following feedback: colleagues (MSF), patients (PSQ) and leadership (leadership MSF), in addition to reflections on the ESR, CSR, Educator notes, examination results for example.

III. Evidence of keeping up to date – Continuous Professional Development (CPD)

11. Supporting Documentation (Continuous Professional Development (CPD) evidence)

This new area allows you to record and reflect on relevant pieces of evidence that you may have highlighted from your clinical reviews or PDP. It also allows you to provide evidence and share brief summative reflections of your CPD evidence of reading / reflections on learning events. By separating this from the reflections on clinical work we are supporting a degree of separation between WPBA and the appraisal functions of the GP trainee Portfolio. Basic life support, safeguarding certification, Unscheduled / Out of Hours attendance should be appropriately recorded here.

Other learning such as eLearning, tutorials, courses/certificates, lectures and reading can appropriately be recorded in the CPD area. Trainees may want to note that entries which are purely documentation of reading or of doing an online course are not Workplace Based Learning Activities

Unscheduled urgent care (UUC) / Out of Hours (OOH)

All trainees need to get experience in UUC/ OOH and evidence of your attendance at these sessions needs to be included in your supporting documentation section.

Some areas of the UK expect the number of hours/sessions undertaken in the UUC / OOH setting to be documented as part of your GP trainee contract. In this case a summary table should be completed and uploaded as a separate 'supporting documentation' entry before your final ARCP.

Examples of different types of learning logs

Clinical case review

Title:

Date: xx yy zz

Setting: [GP Surgery, Telephone triage, Electronic (video consult etc), Home visit, Out of hours GP setting, Hospital, Other _____]

(you can only add 3 capabilities)

Brief description:

Clinical experience groups (max 2) :

Capabilities that this entry provides evidence for

Capability:

Justification *[describe how your actions and approach link to the capability]:*

Supervisor: [add/change capabilities chosen](#)

Reflection and learning needs

Reflection: what will I maintain, improve or stop?

Learning needs identified from this event

[Supervisor comment](#)

Supporting Documentation (CPD Evidence):

Title:

Date:

Clinical Experience Groups (max 2) :

Capabilities that this entry provides evidence for (you can only add 3 capabilities)

Capability:

Justification *[describe how your actions and approach link to the capability]:*

Supervisor: [add/change capabilities chosen](#)

Briefly describe your key learning from this event *[this could include helping you to maintain existing knowledge and skills]*

Reflection: what will I maintain, improve or stop?

What learning needs have you identified from this event?

[Supervisor comments:](#)

Learning Event Analysis (Significant Event):

Title:

Date:

Setting: GP Surgery, Telephone triage, Electronic (video consult etc), Home visit, Out of hours GP setting, Hospital, Other _____]

Clinical Experience Groups (max 2)

Capabilities that this entry provides evidence for (you can only add 3 capabilities)

Capability:

Justification *[describe how your actions and approach link to the capability]:*

Supervisor: [add/change capabilities chosen](#)

What happened, including your role?

Why did it happen?

What was done well? *[describe your personal involvement]*

What could be done differently?

Who was involved in the discussion of the event?

What have you and the team learnt?

What changes have you or the organisation made in response to this review?

Does this significant event meet the threshold for reporting as a Significant Untoward Incident (SUI) for revalidation purposes on Form R in England (and SOAR in Scotland). : Yes / No

If yes, additional boxes appear:

1. Have you discussed this event with your ES/CS?
2. How was the SUI identified?
3. How did identification and progress of this SUI make you feel?

[Supervisor comments](#)

(you can only add 3 capabilities)

Reflection on Feedback:

Title [e.g. *feedback was received*]:

Date: xx yy zz

Clinical Experience Groups:

Capabilities that this entry provides evidence for

Capability:

Justification [*describe how your actions and approach link to the capability*]:

Supervisor:

Brief description

How does this feedback make you feel?

What are your key learning points?

Reflection: what will I maintain, improve or stop?

What support have you had or require?

Have you taken your plans to your PDP? No

How will you re-assess/monitor improvements?

Supervisor comments:

Leadership, management and professionalism:

Title of event :

Date: xx yy zz

Clinical Experience Groups (max 2):

Capabilities that this entry provides evidence for (you can only add 3 capabilities)

Capability:

State your role in relation to the activity :

How did you approach this activity? [*what planning you undertook for the activity*]

How did you demonstrate your ability to work with colleagues, patients, learners and/or users (individually or in teams)?

How effective were you within this role? [*Reflect on your achievements and feedback received*]

Reflection: what will I maintain, improve or stop?

What have you learnt about yourself? [*Consider what motivates you, your core beliefs and areas to develop*]

Supervisor comments:

QIA Reflective Log:

Title:

Date: xx yy zz

Clinical Experience Groups (max 2):

Capabilities that this entry provides evidence for (you can only add 3 capabilities)

Capability:

Brief description of QIA [*Be explicit about your role and the extent of your contribution*]

What were you trying to accomplish? [*This could include a statement of the problem, a brief summary of relevant literature or guidelines, relevant context, and the priority areas for improvement*]

How will we know that a change is an improvement? [*What information/data did you gather – baseline and subsequent data?*]

(you can only add 3 capabilities)

How have you engaged the team, patients and other stakeholders?

What changes have taken place as a result of your work? How will these be maintained? *[If improvement was not achieved, explain why]*

Reflection: what will I maintain, improve or stop in QIA?

Supervisor comment:

Prescribing trainee assessment reflection

Title:

Date: xx yy zz

Clinical Experience Groups (max 2):

Capabilities that this entry provides evidence for

Capability:

Justification *[describe how your actions and approach link to the capability]:*

Supervisor:

I confirm that I have completed a review of 50 of my prescriptions in line with the RCGP WPBA prescribing assessment guidelines and have attached my spreadsheet of results to this log: Yes / No

Reflect with reference to the GP Prescribing Proficiencies:

All prescribing GPs are expected to demonstrate the following, across people of all ages which includes extremes of age, for example babies, children and older people with frailty (*based on the GMC GPCs 2017*):

1. Assesses the risks and benefits including those posed by other medications and medical conditions, reducing polypharmacy where possible.
2. Identifies when prescribing unlicensed medicines and informs patients appropriately.
3. Adheres to national or local guidelines (including recommendations for over the counter prescribing (OTC) and evidence-based medicine.
4. Uses antimicrobials appropriately.
5. Counsels patients appropriately including giving instructions for taking medicines safety in line with up to date literature.
6. Reviews and monitors effects including blood testing at appropriate intervals.

What do you plan to maintain with regard to your prescribing? *[Reflect on what you are doing well]*

What do you plan to improve with regard to your prescribing? *[Consider how to improve your suboptimal prescribing]*

What do you plan to stop with regard to your prescribing? *[Comment on any significant errors]*

Which of the GP prescribing skills listed above have you not covered (if any) in this assessment? How will you address these?

Supervisor comment:

Using your reflections above complete the following PDP(s): *[creates a mandatory draft PDP entry which trainer will review]*

- Learning Objectives:
- Target Date: xx yy zz
- Action plan:
- How will I know when it is achieved?
- *[Request generation of second PDP as required]*

CEPS reflection

Title:

Date: xx yy zz

CEPS performed: *[Please be specific, for example prostate examination not just rectal examination or cranial nerve examination not just neurological examination]:*

Reason: *[State reason for examination or procedural skill performed. Describe physical signs elicited (to include if this was the expected finding):*

Communication: *[reflect on any communication and cultural factors]:*

Ethics: *[reflect on any ethical factors (to include consent)]:*

Self assessment: *[Self assessment of performance (to include overall ability and confidence in this type of examination or procedure)]:*

Learning needs identified: *How and when will these learning needs be addressed?*

(you can only add 3 capabilities)

Supervisor comment:

Placement Planning Meeting entry

Title:

Date xx yy zz

What were the main areas discussed?

What learning opportunities were highlighted in this placement?

What objectives did you agree on?

What plans have you agreed to achieve these objectives?

Supervisor comment:

Academic Activity entry:

Title:

Date: xx yy zz

Capabilities that this entry provides evidence for (you can only add 3 capabilities)

Capability:

Justification *[describe how your actions and approach link to the capability]:*

Supervisor:

How did you approach this task?

How did you gather, appraise and interpret available information?

What problems did you encounter and how did you solve them?

Describe any other strengths highlighted by this work?

What developmental needs are highlighted by this work?

Supervisor comment: