**Naturally Occurring Evidence (NOE) and displaying your competencies**

Also known as

**NOE: why it is necessary**

Many AiTs (Associates in Training) in Yorkshire & the Humber wonder why they are asked to complete the GP School recommended NOE as well as the college required evidence.

The aim of all AiTs is to complete their training and get a Certificate of completion of Training (CCT).

* to get a CCT you have to pass MRCGP
* 3 parts to MRCGP: CSA (Clinical Skills Assessment), AKT (Applied Knowledge Test), and WPBA (Workplace Based Assessment). These 3 parts must all be passed.
* to pass WPBA you need to demonstrate in your portfolio that you are competent in the 13 competency domains
* this means that your portfolio must contain enough evidence to convince your Educational Supervisor and the ARCP (Annual Review of Competence Progression) panel that you are competent in the 13 areas
* some competencies are well demonstrated in assessments such as COT (Consultation Observation Tool) and CBD (Case Based Discussion)
* others are difficult to demonstrate in these formal assessments and NOE has been designed to help you clearly demonstrate them

The 3 parts of the college exam (WPBA, AKT and CSA) are all linked back to the GP curriculum which remains the core document for trainees when planning their learning. However for assessment purposes the RCGP has developed the 13 competency domains that each trainee will be familiar with through their self assessment when preparing for ES meetings and through the CbD (though this does not cover all of them).

When assessing log diary entries the GP CS and the ES are expected to make links to the competencies to build up evidence relating to each competency domain. (At the same time the AiT will be making links to the curriculum statements which the GP trainers will be checking.)

It is very important that there is enough good evidence for each competency domain so that progression can be established in each. Suggesting appropriate NOE has been a way to enable our AiTs to produce evidence that can be linked appropriately to competency domains and making sure that there is good evidence from real clinical practice to support the formal assessments (COTs, CbDs , MSF PSQ etc.) that provide a very different sort of evidence.

So what are the links!?

**Significant Event Analysis (SEA) *(filed under SEA)***

By their nature SEAs can link to any of the defined competency domains depending on the nature of the event. They are specifically mentioned in domain 10 (Maintaining performance, learning and teaching) as being an expectation.

SEA is particularly good evidence for this domain, because it allows trainees to show reflection on performance and subsequent improvement, which is the heart of what this domain is about.

SEA also provides evidence for two domains where evidence is often hard to find:

* If the SEA includes discussion about the performance of those involved in the event, apart from the trainee, it can be good evidence for domain 12 (fitness to practice).
* The SEA discussion provides an opportunity for the feelings of those involved to be aired. For example, the values, beliefs, prejudices and ethical approaches of those involved might be discussed and reflection on this (anonymised) can provide evidence for domain 11 (maintaining an ethical approach).

Very often SEAs provide a good example of several competencies being demonstrated and may highlight the way to developments in others.

The reason that SEAs are included as part of the advised Naturally Occurring Evidence includes the fact that they demonstrate so many competencies well especially if the GP School advice is followed that the SEAs should include examples of significant events which look both at individual events and at events that relate to team working (Competency Domain 8 Working with colleagues and in teams)

Because the SEAs chosen are often clinical it is likely that these will cover especially the first 6 competencies , and should provide the ES and the ARCP panel with a short cut to displays of effective reflective learning on several competencies.

**Audit or project/ QoF etc. *(filed under Audit)***

Involvement in Audit or project work allows a clear demonstration of several competencies. The GMC and RCGP have confirmed that there is an expectation on all GPSTRS to be involved with Quality improvement work.

7 Organisation Management and Leadership

for which the summary description is “.This competency is about an understanding of how primary care within the NHS is organised, how a primary care team is managed and the development of clinical leadership skills.” So getting data out and using this to improve care through audit is clearly part of this competency domain.

8 Working with colleagues and in teams

Audit is not just about collecting the data and analysing this (which may well involve several other members of the team); it is also about looking for ways to persuade people to change their traditional approaches and improve care … or “working effectively with other professionals to ensure patient care…”

9. Community Orientation

Audit and the project alternatives involve moving away from caring for the patient immediately in front of the GP and looking at “the management of the health and social care of the practice population…” This is a core part of the definition of CO.

10. Maintaining performance, Learning and teaching

There are several parts of the word pictures used to describe this competence which particularly address the audit/ project… “investigates personal performance”… and “evaluates the process of learning so as to make future learning cycles more effective.”

In addition, the audit should include an evidence-based rationale for why it was conducted and how the standards were set. Doing this automatically provides evidence for tricky sections of Competence domain 10 that deal with accessing the evidence, using critical appraisal skills and often, keeping abreast of contemporary medical issues.

**Reflection on post** *(filed under Courses/ Certificates)*

The GPSTR when reflecting on their post is encouraged to look at the important issue of self care and work life balance (Competency domain 12- Fitness to practice).

The core of the reflection on post will provide significant evidence around Competence domain 10 (Maintaining performance, learning and teaching) by encouraging the GPSTR to look at what has been learnt, and what remains to be learnt from the post that is finishing and starting to plan for learning in the next post. (thus encouraging appropriate PDP entries)

The reflection should look at the hospital posts and reflect on the learning that is relevant to GP… which will include a Community Orientation aspect (competency domain 9) by detailing how the resources encountered in the post can be accessed/ used by GPs.

**Case study/ presentation** *(filed under Lecture Seminar)*

Competency domain 10 covers both learning *and teaching*.

It is important to ensure that the GMC expectation that Drs are involved in teaching is included and completion of all the word pictures in this competency domain requires demonstration of teaching and learning from that teaching. (“identifies learning objectives and uses teaching methods appropriate to these” and “assists in making assessments of learners” ).

So the process of reflecting and writing up the case study/ presentation is evidence for primarily competency domain 10… though the content of the presentation may also address other competencies.

**Evidence of leave** *(file under professional conversation)*

The reason for including this NOE recommendation is more to do with avoiding delays in those finishing their programme getting their CCT and so their ability to practice than to do with the competencies. There is an obligation to complete form R with its record of Time out of Training (TOOT) days. It is helpful to have a statement of the days of sick leave taken too to ensure that this is consistent.

If the unit reviewing the e-portfolio does not have details of leave it is impossible for them to provide the CCT. If a trainee has more than 14 working days off in anyone year due to sick, maternity., paternity, compassionate or other extra leave (i.e. apart from annual and study leave) then they must by law have an extension to training. Therefore, this recommendation has been introduced to ensure our graduates avoid delays in getting their CCT.

(As this relates to following the accepted codes for the profession this is also evidence of domain 12 – Fitness to Practice.)

**Attendance at teaching** *(file under professional conversation)*

Engaging in study is clearly part of domain 10 (Maintaining performance, learning and teaching)

But ensuring adequate attendance is also about fulfilling professional expectations (domain 12 – Fitness to practice)

Attendance may be linked to working with colleagues and in teams (domain 8) … but for this competency domain to be demonstrated there would need to be an explanation of what was done and how it was negotiated to achieve this competency

Prepared at the request of the SYLO AiT representatives forum June 10

Adapted 30 5 13

Update 8 16

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