

Clinical Examination and Procedural Skills

Introduction

The development and assessment of Clinical Examination and Procedural Skills (CEPS) is an extremely important part of GP training. Competence in these skills is integral to good clinical practice. As a trainee, you will have a range of clinical skills at the time of recruitment to GP training and so it will be important to consider, with the help of your clinical and educational supervisors, which skills are best developed at each stage of your training programme. You are expected to demonstrate progress in applying these skills in the GP workplace during your training. When you complete training, you must be competent to apply your skills unsupervised, however complex the clinical context might be.

The Work Place Based Assessment (WPBA) group recommend that, in discussion with your Educational Supervisor, there is a plan regarding which clinical examination and procedural skills should be prioritised during each review period. This guide is intended to help in this process.

Requirements

To be awarded your CCT, evidence for both of the following must be included:

- Five mandatory intimate examinations. A suitably trained professional will need to observe and document your performance on a CEPS evidence form.
- A range of Clinical Examination and Procedural Skills relevant to General Practice.

The five mandatory areas are:

1. Breast examination
2. Rectal examination
3. Prostate examination – (rectal and prostate are 2 separate examinations not one)
4. Male genital examination
5. Female genital examination, which includes speculum and bimanual examination

How to find the evidence

What type of learning events and assessments might be useful for this competence domain?

- COT / miniCEX
- Direct observation of examination or procedure alone
- CbDs
- Random case review

- Surgery debriefs
- Joint surgeries
- Referrals analysis including correspondence back from secondary care
- Simulation stations
- Other assessor feedback
- MSF

It is recommended that a range of different learning events is used when developing, and gathering evidence for, CEPS.

For example, a Case based Discussion might be a suitable vehicle to discuss the ethical issues surrounding the examination of patients including consent, the examination of those unable to give consent personally, how to deal with patients who refuse examinations and how consent is best recorded etc.

Suggestions for trainees

How to record evidence of Clinical Examination and Procedural Skills within your ePortfolio

The commonest ways for you to record CEPS in your ePortfolio will be:

Learning logs: There is a separate filter for recording learning logs about CEPS. The most important part of these logs will be to reflect on what you have done and how this might be done better in the future.

CEPS forms: These can be completed when you are observed performing an examination or procedure. If one of the five intimate examination required by the GMC is being observed please make sure that it is clear that the person making the observation and assessing your competence is qualified to do so. (this means ST4 level or above for another doctor or some indication that another health care professional, such as a specialist nurse, has the necessary training and experience). Observation forms can be downloaded from the ePortfolio.

Mini-CEX and COTS: If you have completed a mini-CEX or COT and your supervisor has made a comment about an examination or procedural skill it is worth making very brief log entry reflection on this so that this evidence is easy to find later, especially if you wish to use this as evidence of progression when completing a review.

CbDs: As mentioned above a Case based Discussion can be a good opportunity to discuss and develop areas such as consent, other medico-legal aspects of examining patients and performing procedures as well as social and cultural aspects that affect the expectations of different groups of patients.

PDPs: It might be helpful to use your PDP to record any CEPS that you wish to develop during a placement.

Suggestions for Clinical and Educational Supervisors

Evidence of Progression of Clinical Examination and Procedural Skills (Integrated DOPS)

This competence should be approached in the same way as the other 12 competences and evidence is expected to be presented during each review period.

If the trainee is performing below the level expected for their stage of training in this domain it is important to be specific about why you have come to this conclusion and what steps the trainee can take to rectify the situation.

Evidence for competence in the five mandatory, intimate examinations as required by the GMC needs to be established during the three years of training. Once you have concluded that the trainee is competent in these examinations it is not necessary to repeat the assessments but it will be important to know where this evidence is and so if competence is reached early in training it will be particularly important to record this in a way that is retrievable. The easiest way to do this is to complete a stand alone CEPS form for each of them so that at the end of training it is clear where the evidence is.

Unlike other competences there are three specific questions that appear at the end of the Educational Supervisor Report. The first two need to be answered at all reviews and, in addition, the last one needs to be answered at the final review. The questions are:

Are there any concerns about the trainee's clinical examination or procedural skills? If the answer is "yes", please expand on the concerns and give an outline of the plan the trainee needs to follow for these to be rectified.

For all trainees: has the trainee demonstrated progression in their Clinical Examination and Procedural Skills, commensurate with their stage of training, during the period under assessment? Please comment specifically on breast, rectal, prostate and male and female genital examinations.*

For those at the end of training: is the trainee competent in breast, rectal, prostate and male and female genital examinations? Please refer to specific evidence including Learning Log entries, CEPS, COTs and CbDs etc.*

* Female genital examination includes a speculum and bimanual examination

It is important to note that it is your opinion as the Educational Supervisor that is being sought and it is therefore important to make it clear exactly which evidence is being used to inform your judgement as to whether the trainee is competent. It will also be helpful to make reference to the word descriptors for this competency when making judgements about a trainee's progress.