

GP Assistant – Building a portfolio of evidence

Introduction

This paper provides some broad guidance on building an e portfolio of evidence, to demonstrate learning against the GP Assistant competency framework. It was produced at the request of lead Primary Care Training Hubs participating in a national programme to introduce the role more widely, supported by Health Education England. The guidance is intended for use by GP Assistant learners and their GP mentors and was approved by the University of Chester as the external verifier of learners' online portfolios.

What should be included in the e-portfolio of evidence?

The e-portfolio of evidence is a collection of work demonstrating that a learner has attained, and can apply, the knowledge and skills identified in the competency framework. It provides an opportunity for learners to demonstrate the progress they have made and provide examples of the required competencies. Evidence should be uploaded onto the Sysco e-portfolio platform so it collectively demonstrates that the required competencies have been learnt and applied in practice. At regular intervals, the e-portfolio should be assessed by the GP mentor, to confirm competence or recommend further work.

What types of evidence are required to demonstrate learning and achievement?

In line with the principles of assessment, learners and their mentors need to consider whether the evidence provided is:

- **Valid** – an appropriate way of demonstrating your abilities to meet the needs of the learning outcomes.
- **Authentic** - has been produced by the learner only. This should be your own work and where you are submitting evidence of achievement in the workplace, this should be signed off by the mentor as an accurate reflection of events.
- **Current** - relevant at the time of assessment (usually within twelve months)
- **Sufficient** – enough of the right type of evidence to meet all the assessment criteria and Level 4 standard.
- **Reliable** – authentic description of events.
- **Compliant with data protection**, to protect the anonymity and confidentiality of patients, staff and organisations

It is not the number of pieces of evidence that matters as such, but their quality and relevance, with different types of evidence demonstrating different competencies. The evidence should give a balanced view of the individual's learning and may include a combination of personal insights/self-assessment, feedback from others and the products of self-directed learning. Whilst not an exhaustive list, some examples of different types of evidence include:

- A short reflective account analysing an experience in practice, typically around 250 words. Various frameworks are available to guide reflective writing (Gibbs 1988, Schon, 1983).
- Other evidence of self-assessment such as self-testing using revision books or quizzes, SWOT analysis and action plans
- Evidence of feedback from others such as witness statements, testimonials or letters from colleagues or patients. These should be accompanied by information about what the learner did well, elements to improve on and how.
- Evidence of a focused discussion or 'question and answer' session with the GP mentor
- Reflective notes from working with other health professionals or visits to other services
- Revision notes from previous learning eg as part of a training session or course
- Copies of articles, leaflets or policies accompanied by some explanation of their relevance to practice.