

## Summary guidance: Entering information into an e-portfolio

March 2018

### 1. Introduction

In October 2016, the Academy worked alongside the Royal College of Paediatrics and Child Health, to produce guidance for doctors in training about entering information into an e-portfolio. In light of the recent discussions surrounding the legal case of Dr Bawa Garba and the use of reflection, it has been agreed that the Academy will work with the General Medical Council, the Academy Trainee Doctors Group, the BMA's Junior Doctors Committee and the Conference of Post-Graduate Medical Deans (COPMeD) to revise reflective practice guidance. As the production of this will take some time, the objective of this paper is to set out the 10 key principles of reflective practice, in advance, for doctors in training to use.

### 2. What is reflective practice?

Reflective practice is the process whereby an individual thinks analytically about a clinical situation or activity, monitoring its progress and evaluating its outcome. As this implies, it can (and should) take place before, during and after the situation.

Reflective practice results in a better understanding of the situation and enables the individual concerned to recognise the possible impact of their actions. The aim of this process is to aid individual development and support enhanced performance when similar situations are encountered in the future, allowing the experience gained from previous situations to be put into action.

Doctors in training must feel able to have honest and open discussions and should be confident that engaging in the process can provide them with the required evidence of a professional approach to learning.

The focus should be on feedback about reflective practice, or descriptions of the increased understanding and resultant actions after discussion, rather than on simply documenting 'reflection'.

### 3. The principles of demonstrating development as a reflective practitioner:

- There are different ways to reflect: the GMC does not require any specific way to reflect or the number of reflections needed.

Reflection is a process that can involve writing notes in e-portfolios, but, it can also be undertaken as part of a dialogue with trainers during other work-based assessments. A written record of reflection may take place either contemporaneously or, if a significant event has taken place, after a full investigation has taken place.

- Doctors must engage with reflection to meet GMC requirements for revalidation.

The General Medical Council makes it clear in 'Good Medical Practice' that reflection is the key to effective continuing professional development, and is a skill that must be developed and practised by all doctors.

- Disclosure - a court may request disclosure of a reflective record if it is relevant to the matters to be determined in litigation.

Doctors' reflections are potentially disclosable to courts, tribunals and coroners who can obtain the information that they require. The likelihood of this may be reduced if reflections focus specifically on reactions to and learning from an incident, developing insight and identifying improvements in practice. Doctors should continue to support transparency and openness in recording information in e-Portfolios.

- The GMC does not require a doctor to provide their reflective statements if it is investigating a concern about them.

The GMC may ask a doctor to provide evidence of insight as this plays a role in their assessment of whether a doctor poses a risk to the public, if action needs to be taken and what action should be taken. Whether doctors provide their reflective statements as evidence of insight is their decision.

Guidance from the Medical Practitioners' Tribunal Service reassures doctors that providing this evidence of insight may be considered a mitigating factor if it is demonstrable.

- Documented reflections should be anonymised.

Doctors in training are encouraged to write openly and honestly to aid their learning and meet GMC requirements for training. However, they must fully anonymise reflective notes for patient confidentiality reasons and to comply with Information Governance requirements. If doctors do not fully anonymise their reflective notes, it may be possible to identify relevant information held on the portfolios which could be requested for release.

- Combinations of data can identify patients.

The date and time of an event are data that may be used to identify patients.

Although reflections are often written just after an event, entering reflections into e-portfolios at a time away from the event is a way of anonymising the entry.

- Recorded reflections are important; they are a tool to demonstrate competence and professionalism.

- Contemporaneous clinical notes and records are the best source for all investigations around significant events.

Reflective statements need to focus on the learning extracted from significant events. They should not be a full discussion of the case or situation.

- The focus should be on demonstrating development as a reflective practitioner

A reflective practitioner learns from experience and can demonstrate this approach.

- Reflective practice is not an outcome

It is a process used by doctors to improve their professional practice. It may equally focus on positive and successful situations as on incidents where care could have been better.

#### 4. Next steps

Following this, the Academy will work with the GMC, ATDG, JDC and COPMeD to produce one set of guidance with endorsement from all parties.

Academy of Medical Royal Colleges and COPMeD

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