**Gap Analysis Form – Medical Microbiology or Medical Virology**

This form is for Postgraduate Doctors in Training (PGDiT) who have been appointed to a GMC-approved specialty training programme and who would like to have evidence of their capability evaluated for one of the following:

* recognition of training and experience gained before entering a GMC-approved training programme, or
* accelerated progression through a GMC-approved training programmes

It can also be used to evaluate evidence of capabilities gained by PGDiTs returning from a period out of a GMC-approved training programme.

**Instructions for completing this form**

This form should be completed by the PGDiT’s Educational Supervisor (ES) and/or their Training Programme Director (TPD).

In section 1, you should evaluate evidence of capability for generic Capabilities in Practice (CiPs) presented by the PGDiT and determine, for each CiP, the level that has been demonstrated in terms of expected capability for a PGDiT at the end of a training year. For example, you may conclude that, based on ePortfolio evidence, the level achieved for CiP 1 aligns with expectation for the end of ST5, while for CiP 2 it aligns with expectation for the end of ST4, etc. At the end of section 1, there is a table in which you should indicate how much further training time is estimated to be required to reach the capability required at the end of training for ALL generic CiPs.

In section 2, you should evaluate evidence of capability for specialty CiPs presented by the PGDiT and determine what entrustment level has been demonstrated for each. Please also list the ePortfolio evidence reviewed and comment on how the entrustment level for each CiP was determined. At the end of section 2, there is a table in which you should indicate how much further training time is estimated to be required to reach the level required at the end of training for ALL specialty CiPs. This should account for examinations and assessments that need to be completed.

In section 3, you should assimilate your evaluations from sections 1 & 2 and indicate how much training time you estimate to be needed to reach the required level for both generic and specialty CiPs at the end of training. Please note that this is not the sum of the estimated time required for generic and specialty CiPs since it is anticipated that capabilities in both generic and specialty CiPs will be acquired concurrently.

Once the gap analysis form is complete, please refer back to the relevant guidance for next steps. In summary, this is as follows:

**Training and experience gained before entering a GMC-approved training programme**

* Training plan to be documented in the PGDiT’s ePortfolio
* Prior to next ARCP, ESSR to include whether or not the request is supported by ES and any adjustment to the CCT date
* Notification of revised CCT date to RCPath after confirmation by the ARCP panel

**Accelerated progression through a GMC-approved training programme**

* Prior to next ARCP, ESSR to include whether or not the request is supported by ES and any adjustment to the CCT date
* Notification of revised CCT date to RCPath after confirmation by the ARCP panel

**Period out of a GMC-approved training programme**

* Prior to next ARCP, ESSR to include whether or not the request is supported by ES and any adjustment to the CCT date
* Notification of revised CCT date to RCPath after confirmation by the ARCP panel

**Personal Details**

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| --- | --- |
| Name of PGDiT: |  |
| National Training Number: |  |
| College Reference Number: |  |
| Specialty(ies): (please tick) | Medical Microbiology  Medical Virology  Medical Microbiology & Infectious Diseases  Medical Virology & Infectious Diseases  Medical Microbiology & Tropical Medicine  Medical Virology & Tropical Medicine |
| Start date in approved specialty training programme: |  |
| Expected CCT date: (prior to the adjustment being considered here) |  |
| Reason for completing gap analysis: (please tick) | * Training and experience gained before entering a GMC-approved training programme * Accelerated progression through a GMC-approved training programme * Period out of a GMC-approved training programme |
| Date Gap Analysis undertaken: |  |
| Date until which ePortfolio evidence was included for Gap Analysis: |  |

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| Name of ES or TPD completing this form: |  |
| Training Role (please tick): | Educational Supervisor  Training Programme Director |

**Section 1: Performance of the PGDiT against Generic CiPs (1-6)**

Please complete columns 2 & 3 in the table below to indicate:

1. whether there is sufficient ePortfolio evidence to allow you to assess their capability against each of the generic CiPs
2. if so, what level of capability has been evidenced, in terms of alignment with the level expected at the end of each training year

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| **Generic CiP** | **ePortfolio evidence** | **Your assessment of the PGDiT against this CiP** |
| 1. Able to function successfully within NHS organisational and management systems | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |
| 2. Able to deal with ethical and legal issues related to clinical practice | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |
| 3. Communicates effectively and is able to share decision making, while maintaining  appropriate situational awareness, professional behaviour and professional  judgement | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |
| 4. Is focused on patient safety and delivers effective quality improvement in patient  care | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |
| 5. Able to carry out research and manage data appropriately | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |
| 6. Acts as a teacher and clinical supervisor | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | For the end of which training year does the evidence indicate that the PGDiT is aligned with  ST3  ST4  ST5  ST6  ST7 (dual CCT trainees only) |

**Remaining training needs for generic CIPs**

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| --- | --- |
| How much further indicative training time is estimated to be required to reach the level for all generic CiPs that is required, including relevant assessments, at the end of training? |  |
| Please comment on how this estimate was arrived at for the generic capabilities, including the nature of further evidence that would be expected. |  |

**Section 2: Performance of the PGDiT against specialty CiPs (7-13)**

Please take into account the high level outcomes (CiPs) as described in the [Medical Microbiology](https://www.rcpath.org/resourceLibrary/medical-microbiology-2021-curriculum.html) or [Medical Virology](https://www.rcpath.org/resourceLibrary/medical-virology-2021-curriculum.html) curriculum In particular, each CiP should be evaluated against the descriptors for the entrustment levels set out in the curriculum:

**Level 1 Entrusted to observe only** – no provision of clinical care.

**Level 2 Entrusted to act with direct supervision:** The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision.

**Level 3 Entrusted to act with indirect supervision:** The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision.

**Level 4 Entrusted to act unsupervised**

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| **Specialty CiP** | **ePortfolio evidence** | **Your assessment of the PGDiT against this CiP** |
| 7. Able to provide clinical leadership and support to the laboratory | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 8. Able to use the laboratory service effectively in the investigation, diagnosis and  management of infection | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 9. Able to advise on infection prevention, control and immunisation | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 10. Able to manage and advise on important clinical syndromes where infection is in the differential diagnosis | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 11. Able to lead and advise on treatment with and stewardship of antimicrobials | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 12. Able to provide continuity of care to inpatients and outpatients with suspected or proven infection | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |
| 13. Able to manage and advise on imported infections | Is there sufficient ePortfolio evidence to assess the PGDiT against this capability?  Yes  No | Entrustment level:  Level 1  Level 2  Level 3  Level 4 |
| Please explain in what ways the applicant has demonstrated meeting this area of capability, giving specific examples that justifies the entrustment level. | | |

**Remaining training needs for specialty CIPs**

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| How much further indicative training time is estimated to be required to reach the appropriate entrustment level required for all specialty CiPs at the end of training? Please also take account of examinations and assessments that need to be completed. |  |
| Please comment on how this estimate was arrived at for the specialty capabilities, including the nature of further evidence that would be expected. |  |

**Section 3: Summary of remaining training time required**

**Summary of estimated training time required to complete training programme**

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| How much further training time is estimated to be required to reach the level required at the end of training for both generic and specialty CiPs? Please note that this is not the sum of the estimated time required for generic and specialty CiPs since it is anticipated that capabilities in both generic and specialty CiPs will be acquired concurrently. |  |
| Please comment on how you determined this estimate of training time required. |  |
| Recommended revised CCT date (for consideration at next ARCP). |  |

**Section 4: Signature**

Signature of Educational Supervisor/TPD completing the gap analysis:

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| --- | --- |
| Name |  |
| Signature |  |
| Training role |  |
| Date |  |