2025

REMEDIAL PORTFOLIO OF LEARNING

Fellowship

of the

College of Family Physicians of South Africa

FCFP(SA)

Introduction to the e-portfolio

Your remedial portfolio of learning is a reflection of your learning and development during the past two years. It has a number of learning and assessment tools to help you reflect on your learning and development. You are required to use this remedial portfolio of learning which gives evidence to yourself, your supervisors, the programme manager, the head of department, the departmental clinical competency committee (CCC) and the national CCC to allow for a summative entrustment decision by the College of Family Physicians that your learning has been adequate and you are eligible to sit the CFP examinations.

Your remedial portfolio must contain regular reflections around situations you encounter in the clinical workplace, with feedback from your supervisors, and linked to the entrustable professional activities (EPAs) agreed on by the Council of Family Physicians. The remedial PoL is only available as an e-portfolio.

Your portfolio remains your property. Your university CCC will submit a recommendation and assessment to the national CCC, and you must submit your e-portfolio to the CMSA when applying to take the FCFP(SA).

Purpose of the portfolio

In a nutshell, the portfolio serves 2 purposes: Internally, it is part of your workplace-based assessment (WPBA), with multiple ad-hoc formative assessments (learning between you and your supervisors) and an overall summative assessment (by the local CCC). Externally, a satisfactory portfolio with sufficient entrustability across all EPAs is necessary to reassure the national CCC that you are ready to take the FCFP examinations of the CMSA.

Your portfolio provides evidence of learning and development in the workplace towards becoming a family physician. It allows you to demonstrate that you have met the outcomes of the training programme. The CMSA website contains the curriculum (Appendix C) and the nationally agreed-upon EPAs (Appendix B). The national curriculum for family medicine training in South Africa translates into EPAs in the clinical workplace. Since 2024, the nine departments of family medicine in the country have developed 22 EPAs. These are observable activities that are essential for a family physician to be entrusted with by the profession and the public. It is essential that you ensure you include sufficient evidence of the various EPAs in your portfolio, to allow the CCC to ‘sign off’ on your training.

You need to focus on 10 core and 4 elective EPAs during the two years of capturing WPBAs in your remedial portfolio:

Nr	EPA Title	Core	Elective
1	Managing women and newborns in the peri-partum period	X	
2	Managing pregnant women	X	
3	Managing women and babies in the postnatal period		X
4	Managing children with undifferentiated and more specific problems	X	
5	Managing children requiring inpatient care and procedures		X
6	Providing anaesthesia in the district hospital operating theatre	X	
7	Providing anaesthesia for minor procedures		X
8	Managing adult and adolescent patients with chronic conditions	X	
9	Managing adult and adolescent patients with undifferentiated problems	X	
10	Managing patients with infectious diseases	X	
11	Managing adults with conditions that may require surgery or procedures		X
12	Managing patients with mental health disorders	X	
13	Managing patients with emergency conditions	X	
14	Managing patients with forensic problems		X
15	Managing adults and children with palliative care needs		X
16	Managing care for older patients		X
17	Managing patients with impairments & rehabilitation needs		X
18	Supporting community-based health services		X
19	Supporting & providing health promotion & disease prevention services		X
20	Providing training and continuous professional development		X
21	Leading a clinical team		X
22	Leading clinical governance activities	X	

Your portfolio should help you to:

1. Think consciously and objectively about your own training. This is known as *reflective learning*, and is its primary purpose.
2. Document the scope and depth of your training experiences.
3. Provide a record of your progress and personal development as training proceeds.
4. Provide an objective basis for discussing work performance, objectives, and immediate and future educational needs with your supervisors.
5. Provide documented evidence for the CMSA of the quality and intensity of the training that you have undergone as a requirement to sit the Part A examination for the FCFP(SA).

The portfolio is not just a logbook of signed procedures undertaken or witnessed. It should contain your written reflections and systematic documentation of your learning experience, with feedback from your supervisors who engaged you in the workplace. It helps you identify your strengths and weaknesses and allows you to follow your own progress to reach level 4 on the entrustability scale for the EPAs needed for your portfolio.

<u>The entrustability scales for the various EPAs are as follows:</u>
Level 1: Can only observe a clinical activity
Level 2: Still need direct supervision with your supervisor next to you
Level 3: Can be trusted with the clinical activity with your supervisor nearby in the vicinity (indirect supervision)
Level 4: Can be trusted with the clinical activity with your supervisor off-site
Level 5: Can be trusted to teach others.

The objectives of your portfolio are to:

- develop structured learning plans
- identify goals and actions required to achieve them
- record progress in achieving those goals
- document personal strengths
- identify areas needing improvement
- develop entrustability at level 4 for the designated EPAs

Who looks at your remedial Portfolio of Learning?

1. **Registrars**: You should interact regularly with your portfolio to ensure you document your learning on a continuous basis and stimulates you to reflect on your experiences.
2. **Supervisors**: You need to engage on a regular basis with your supervisor(s) to develop and reflect on your learning plans, to be observed and reflect on your clinical practice and to have a variety of assessed activities ('data points') from different observers in different context spread out over time. All these activities should be documented in your portfolio. Your supervisor should also review progress with the portfolio during intermittent evaluations of your progress. In this way the portfolio allows a structuring of the supervision process.
3. **CCC & CMSA**: The national CCC and CMSA require evidence that sufficient learning has taken place in the clinical workplace to show entrustability level 4 for the EPAS in a structured programme, to sit the FCFP(SA) examination. The portfolio is an essential piece of evidence for this.

This portfolio is a cumulative record of your personal learning, goals, needs, strategies and activities throughout your training programme. The sections in the portfolio are not exhaustive, but rather an indication of the minimum that you should be doing. You will learn a great deal more than what is contained in your portfolio.

The portfolio does not aim to assess or capture all the competencies needed to be a family physician, nor is it the only way of assessing you. Some competencies or skills will also be tested or validated via other means, e.g. orals, OSCEs, Multiple Choice Questions, assignments and written papers in formal examinations.

The portfolio should not become a big additional burden on you and the supervisor. In many instances, you can include reports from meetings you attend as part of your work (e.g. M&M meetings) that you have done as part of the academic programme for the university(e.g. reflective writing, clinical audits and community projects). These should not be repeated but should simply be incorporated into the portfolio.

The emphasis is on the *process* of completing the portfolio (in a way that encourages *reflection*), and "the learning journey" rather than "something else that must be done and handed in for marks." Be creative, for example you can include photos or video clips of a community project, or letters written as the patient advocate, etc.

You must link all your learning, including course work, on-line learning, and theory with your everyday clinical practice and maintain the continuity over the course of your training. For example learning around the consultation, ethics and EBM all speak to each other, and need to be continuously revisited during your training, including during learning around chronic diseases, COPC, research, and FOPC, and also during topics pertaining to teaching, learning, leadership and clinical governance. You need to consider how your training and learning reflects the expected national outcomes, the

six roles of the family physician in South Africa, and link with the EPAs for family medicine in South Africa.

The Portfolio should always be used in conjunction with the ***Regulations and Syllabus for admission to the Fellowship of the College of Family Physicians of South Africa FCFP(SA)***, as may be amended from time to time.
See:
Fellowship of the College of Family Physicians of South Africa: FCFP(SA) - Colleges of Medicine of South Africa

Steps for setting up your ePortfolio

- Contact your nearest academic HOD/ PG coordinator of FM
- Make arrangements with the academic department on how you will go about getting access to the FM ePortfolio.
- Please note that the SAAFP will charge you a yearly fee.
- Nominate your faculty supervisor
- Start working with the ePortfolio. Many resources on the Learn@CMSA.co.za site exist. Please make use of these resources
- Contact SAAFP Admin: admin@saafp.org if you need any help.
- Each clinical allocation must be signed/validated by the relevant supervisor, including supervisor feedback.
- The progress with the EPAs in your completed portfolio will be discussed and assessed **once or twice each year** by the university CCC.
- The final portfolio must reach your university head of department ***at least 3 (three) months*** before the commencement of the FCFP(SA) Examination, so the CCC can submit a report, which will be sent to the Academic Trainee of the CMSA. Failure to submit the portfolio on time will result in the candidate not being invited to the examination.
- The registrar must sign a declaration before submitting the final portfolio to the CMSA at the end of the training.

A note to supervisors

As a supervisor, you commit one or more registrars for the period under your supervision. Please plan to meet regularly with them to discuss their learning and development during this time. One-on-one meetings are more valuable than group meetings and should happen at least monthly. CMSA workshops on assessments indicated 2 key issues:

- Transfer of theoretical knowledge into clinical practice is a big challenge.
- Registrars want and need feedback on their clinical practice in order to learn.

The portfolio should be the vehicle that facilitates these entrustment-based discussions or educational meetings. International literature, local work in SA, and several CMSA workshops and Academy of Family Medicine webinars also highlighted the importance of the *people* using the portfolio (and various assessment tools). The portfolio per se

is a tool, and its quality is determined by the quality of the supervision, the feedback, the context of learning, and the input from the registrar. The portfolio must not be a '(thick) paper exercise', but rather a (lean) way of showing key evidence of learning, intentionally linked to EPAs; indicating continuous reflection on clinical practice and regular interaction between registrars and supervisors.

Since 2013 all trainees in South Africa sit a single exit examination offered by the CMSA. One requirement for entrance to the Part A examination is an acceptable portfolio of learning. This implies that all new trainees who started since 2012 must develop such a portfolio. Therefore in 2012 all the Divisions / Departments of Family Medicine in South Africa have incorporated the learning portfolio into their assessment of training in the MMed (Family Medicine) programme. Students outside South Africa are also expected to complete the same portfolio for their final examination.

The portfolio is assessed by the local CCC, which includes the academic head of department, various faculty members and the programme manager at the relevant university 1-2 times every year, who makes a summative assessment to recommend progress to the next stage of training or 'sign off' on readiness to take the national exit exam. A recommendation (satisfactory / not satisfactory) will be given to the national CCC, who will have the portfolio peer-reviewed by a member from a different program and by the whole CCC. A final "accept/decline" decision is then forwarded to the CMSA. This process must occur 2 months prior to applying for the FCFP exit examination, as a pre-requisite to sit the FCFP(SA) examination.

A large margin of flexibility and local adaptability for each university is accepted, while the general template of the portfolio, including the agreed-upon national training outcomes and EPAs, are standardised for South Africa as a whole.

Preparing a Learning Plan

You must meet with your local supervisor at the beginning and end of every clinical allocation, or at least every 6 months (twice a year) if you are not 'rotating' through different areas in the district hospital, to develop, document and review your learning plan. With your logbook at hand, list the learning objectives you have set for yourself for the duration of that allocation or 6-month period. These should be updated as your allocation progresses.

On completion of the allocation, you must reflect on the progress you made in meeting your objectives, and identify areas in which further learning is needed.
Some tools are useful to help you reflect, e.g. the Case-based discussion, Chart stimulated recall, and Clinical question analysis tools.

Note that this is not an assessment by the supervisor of the trainee's work during the allocation. It is an exploration of the trainee's ***insight*** into the learning appropriate to that allocation and the extent to which it has been achieved.
The Learning Plan includes the following objectives:

- Identification of prior learning
- Identification of current learning needs (objectives)
- Planning of activities to meet these needs
- Timelines and support required to enable these activities
- How learning will be evaluated (with the suggested tools)

You need to be able to adjust your learning plan with each allocation and as you progress in the programme as a whole in order to develop the skill of lifelong learning and personal growth. Learning is best when it is learner-centered and very individual!
You need to keep in mind:

1. The National training outcomes for Family Medicine in SA.
2. Your University's MMed curriculum and its outcomes.
3. Your personal learning needs.
4. The relation of your planned allocations with the health service platform.

When you develop your learning plan you need to simultaneously consider what you will be doing in your academic programme (e.g. modules, assignments), what practical experience you will be receiving in your clinical setting (e.g. your allocations), what PHC clinic has adopted you, what your personal learning needs are, and what the health issues in the local community are. Also include you research thesis as a standing item, and document your progress. Ultimately all of this must contribute towards achieving the outcomes of the programme, your own personal growth, and improving the health of people in families in the local community.

Some tips to help you write your learning plan:

1. Use the 5 national training outcomes and selected EPAs as framework.
2. Read your local (Sub) District Health plan, to align your learning plan. For example, if eye care or maternal health or diabetes mellitus is a sub-district priority, your learning plan should include some of these also.
3. Look at your progress overall - you should get to everything over the 4 years.
4. Have 2-3 learning plans per year according to your immediate allocation.
5. Be SMART, flexible, and adapt your learning to the working environment.
6. Discuss your draft learning plan with your supervisor and the clinical manager.
7. Regularly revisit and update your plan with your supervisor - Contract to meet at least twice to review the plan at a fixed time and day of the week.
8. Consider the local team - make visible your plan within the team.
9. Ensure your plan is graded and revisit it together with your reflections and supervisor report, before you draw up your next plan.
10. Transfer your unmet learning needs from the previous year to your first learning plan in the following year.

The discussions you have with your supervisor or mentor and the feedback you get are of much greater value than simply a grade.
Please ensure that your supervisor has assessed and signed every learning plan.

Assessment Methods and Tools

Different assessment methods and tools are available in the literature and used by different Departments of Family Medicine. The portfolio allows for various tools to be used and shared by different medical schools.
The 'bottom line' for whatever method or tool is used is that it should provide clear evidence of learning for one of the expected outcomes. Your university will already have a number of assessment tools in place to monitor your development as a trainee. Make use of whatever relevant methods or tools you have in your programme and add them to your portfolio. For example, if you are doing a relevant written assignment (e.g. COPC project, patient study, practice audit) as part of your academic programme, you should include this, together with the assessment scores you received, in your portfolio. Examples of the most commonly used tools are included in your portfolio.

If you do not have internet access where you work, then keep some of these copies with you, for immediate use when the opportunity arises. You can also do an audio- or video-clip, for uploading/including in your portfolio later.

Clinical governance activity [EPA 22]

Please provide written proof as evidence of learning in any of the following areas:

1. Evidence-based Medicine (e.g. critical appraisal of a journal article, searching for evidence, use of guidelines)
2. Quality improvement cycle/audit
3. Significant event analysis (SEA)
4. Patient safety incidents (PSI)
5. Morbidity and mortality meetings
6. Monitoring and evaluation meetings
7. Community improvement projects

Observations of consultations by supervisor

Your supervisor must directly or indirectly (by use of audio or video tapes) observe you during patient consultations, and during teaching events (where you teach or train others). You must include **at least ten (10) observations** of yourself by your supervisor(s) during the course of one year. Some of these observations must be teaching events, where you show evidence of teaching a group or individual (student, nurse, junior doctor, others). These observations of consultations are assessed via the mini-CEX tool and teaching tools (one for group presentation and one for individual teaching (one-on-one teaching)). Choose different patient complexity levels, in different contexts (hospital, PHC clinic, community) by different supervisors, to increase the entrustability of your performance in the workplace.

The following tools are useful here:

1. Mini-Clinical Evaluation Exercise (Mini-CEX) (for the consultation) is the tool that you will use most often. The idea is that you keep it short (<20 min). You need not be assessed on every aspect of the consultation every time. Use this tool often. The more, the better! Ask for feedback. You should be assessed against the FCFP(SA) exit examination standards (progress test).
   Our mini-CEX was adapted from the American Board of Internal Medicine, www.abim.org. Discussed in Norcini JJ, Blank LL, Arnold GK, Kimball HR. The mini-CEX (Clinical Evaluation Exercise): a preliminary investigation. Ann Intern Med 1995;123:795-9.
2. Group teaching tool
3. Bedside teaching tool (one-on-one teaching)

Further references to help you can be found in

- How to communicate effectively in the consultation. South African Family Practice Manual.
- Communication Skills. Handbook of Family Medicine.

Multi-source feedback

A 360 degrees questionnaire is included in the portfolio as another tool to assess your performance and get specific feedback from 10-16 colleagues, which you invite to complete via their email addresses. It takes about 5-10 minutes to complete, and is based on the A-RICH acronym. See this article for detailed explanation: ten Cate, O., & Chen, H. C. (2020). The ingredients of a rich entrustment decision. *Medical Teacher*, *42*(12), 1413–1420. https://doi.org/10.1080/0142159X.2020.1817348

Log books of procedural skills

The logbooks capture the clinical procedural skills performed and the level of competency achieved. A list of clinical skills that your supervisor should assess during observations in the logbooks are included in the portfolio and based on the agreed national list of clinical skills for Family Medicine.
You are expected to have ten procedures directly observed (video or physical) and the scored DOPS tools need to be included in the portfolio of learning. Please ensure that the DOPS covers a range of skills across many domains.
Don't feel confined to the different clinical areas in the logbooks, but 'indulge' your logbooks and add your skills where-ever you pick them up in the appropriate areas in your logbooks. Be honest with yourself, and force your supervisor to score you correctly, as a lower score provides learning and improvement opportunities. If you score very well in a skill, to the point of competence, to perform the skill independently, you need not revisit this skill again and should be teaching others.
The logbook skills list was revised in 2017, and published in the PHCFM journal (Akoojee, Mash). Your portfolio contains the updated list.

Educational meetings

A useful resource was published in the SA Family Practice Journal during 2010 which describes various learning conversations:
Mash R, Goedhuys J, D'Argent F. Enhancing the educational interaction in family medicine trainee training in the clinical context SA Fam Pract 2010;52(1):51-54:

"The relationship between trainee and trainer functions best when the trainer consciously facilitates the trainee's learning and considers all their interactions as educational opportunities. The trainer's role is more that of an educational guide and less that of an authoritarian expert. The trainee and the trainer should be aware of their own learning styles and how they may be complementary or contradictory. A variety of conversations with different purposes should be structured and planned and not left to chance. Several methods for observing and collecting the trainee's clinical experience should be developed and used regularly. Further attention needs to be paid to the development of useful, reliable and valid portfolios."

Another useful resource for having entrustment-based discussions include: Ten Cate O, Hoff RG. From case-based to entrustment-based discussions. Clin Teach. 2017 Dec;14(6):385-389. doi: 10.1111/tct.12710. Epub 2017 Oct 3. PMID: 28971576.

You should mostly focus on one-on-one meetings with your supervisor and to a lesser degree also as a group of local trainees. These meetings can be alternated 1-2 weekly (i.e. one week with your supervisor one-on-one and the next week as a group) and be recorded in your portfolio. Your portfolio should demonstrate a spread of one-on-one and group discussions with your supervisor(s) across a variety of cases or scenarios in different contexts addressing various EPAs.

Useful references

1. Instruments for Workplace-based Assessment (WBA): Follow link from: www.fdg.unimaas.nl/educ/cees/sa
2. Thistlethwaite JE. How to keep a portfolio. The Clinical Teacher 2006 (3), Issue 2: 118–123.
3. Govaerts MJB, Van der Vleuten CPM, et at. Broadening Perspectives on Clinical Performance Assessment: Rethinking the nature of In-training Assessment. Advances in Health Sciences Education 2007; 12:239-260
4. Akoojee Y, Mash R. Reaching national consensus on the core clinical skill outcomes for family medicine postgraduate training programmes in South Africa. Afr J Prm Health Care Fam Med. 2017;9(1), a1353. https://doi.org/10.4102/ phcfm.v9i1.1353
5. Van Tartwijk J, Driessen EW. Portfolios for assessment and learning: AMEE Guide no. 45. *Med Teach* 2009; 31: 790-801
6. Tochel C, Haig A, Hesketh A, Cadzow A, Beggs K, Colthart I, et al. The effectiveness of portfolios for post-graduate assessment and education: BEME Guide No 12. Med Teach 2009 04;31(4):320-339.
7. Sandars J. The use of reflection in medical education: AMEE guide no. 44. Med Teach 2009, 31(8):685–695.
8. Mash R, Goedhuys J, D'Argent F. Enhancing the educational interaction in family medicine trainee training in the clinical context. SA Fam Pract 2010;52(1):51-54
9. Couper ID, Mash B, Smith S, Schweitzer B: Outcomes for family medicine postgraduate training in South Africa. SA Fam Pract 2012, 54(6):501–506.
10. Jenkins L, Mash B, Derese A. Development of a portfolio of learning for postgraduate family medicine training in South Africa: a Delphi study. BMC Fam Pract. 2012;13:11. http://dx.doi.org/10.1186/1471-2296-13-11
11. Jenkins L, Mash B, Derese A. The national portfolio of learning for postgraduate family medicine training in South Africa: experiences of trainees and supervisors in clinical practice. BMC Medical Education 2013 13:149.
12. Jenkins L, Mash B, Derese A. The national portfolio for postgraduate family medicine training in South Africa: a descriptive study of acceptability, educational impact, and usefulness for assessment. BMC Medical Education. 2013;13:101. http://dx.doi. org/10.1186/1472-6920-13-101.
13. Knight K, Henstridge-Blows J, Stacey H, Knight J. Reflection: how do I do it? Student BMJ 2013;21:f6387. DOI: 10.1136/sbmj.f6387
14. Mash R, Jenkins L, Naidoo M. Development of entrustable professional activities for family medicine in South Africa. Afr J Prm Health Care Fam Med. 2024;16(1), a4483. https://doi.org/10.4102/ phcfm.v16i1.4483
15. Jenkins LS. Portfolio of learning in clinical training. SAfr Fam Pract. 2025;67(1), a6080. https://doi. org/10.4102/safp.v67i1.6080
16. Jenkins LS, Naidoo M, Hlabyago K, et al. Developing a national clinical competency committee for family medicine training, South Africa. J Coll Med S Afr. 2025;3(1), a179. https://doi.org/10.4102/jcmsa.v3i1.179