Guide to Using Your ePortfolio

Introduction

Your ePortfolio is more than an electronic record of training. It is your professional learning record and demonstrates your progression against curriculum outcomes. Effective use of the ePortfolio helps you:

- Record workplace learning experiences.
- Collect evidence of competence and capability.
- Reflect on clinical practice.
- Track progress against curriculum requirements.
- Prepare for meetings with supervisors.
- Support Annual Review of Competence Progression (ARCP).

Regular engagement throughout the training year is essential. Leaving evidence collection until immediately before ARCP often results in missed opportunities and unnecessary stress.

Professionalism and Information Governance:

Professionalism, Confidentiality and Appropriate Use of the ePortfolio

Your ePortfolio is a professional training record and should be maintained in accordance with **GMC Good Medical Practice**, local information governance requirements, and your employing organisation's policies.

Protecting Patient Confidentiality

When recording clinical experiences, reflections, assessments or learning events, you must ensure that no patient identifiable information is included.

Do **not** record:

- Patient names
- Dates of birth
- Hospital or NHS identification numbers
- Any other information that could directly or indirectly identify a patient

Clinical reflections and learning logs should be sufficiently anonymised so that patients cannot be identified.

Example:

✅ *"A patient in their seventies presented with new onset atrial fibrillation."*

❌ *"Mr Smith, DOB 12/04/1953, Hospital Number 12345678, presented with new onset atrial fibrillation."*

The GMC states that doctors must protect patient confidentiality and ensure that personal information is handled securely and appropriately.

Appropriate Content for the ePortfolio

The ePortfolio is intended to support learning, reflection, assessment and demonstration of progression against curriculum outcomes.

It should **not** be used to document concerns, complaints, allegations or disputes relating to the training environment that are being, or should be, managed through separate organisational processes.

Examples include:

- Allegations of bullying
- Claims of harassment or discrimination
- Concerns regarding belittling or undermining behaviour
- Allegations of unsupportive supervision
- Grievances involving colleagues or supervisors
- Ongoing employment or disciplinary matters

Where concerns of this nature arise, trainees should follow the appropriate local reporting routes, which may include:

- Educational Supervisor
- Training Programme Director
- Director of Medical Education
- Guardian of Safe Working

- Freedom to Speak Up Guardian
- Human Resources processes
- Local Trust policies and procedures

Reflecting on Difficult Experiences

Reflection remains an important part of professional development. However, reflections entered into the ePortfolio should focus on:

- The learning gained from an experience
- Professional development
- Impact on clinical practice
- Personal wellbeing and support needs

Rather than detailing allegations or naming individuals.

For example:

✅ *"This experience highlighted the importance of seeking support when workplace challenges arise and reinforced the value of effective professional communication."*

❌ *"Dr X was bullying me during ward rounds and repeatedly undermined my decisions."*

Key Principle

Before submitting any ePortfolio entry, ask yourself:

"Does this support my learning and demonstrate progression while maintaining patient confidentiality and professional standards?"

If the answer is no, the information is likely better addressed through another appropriate process rather than being recorded in the ePortfolio.

Artificial intelligence (AI) tools are increasingly accessible and may support aspects of written communication. JRCPTB recognises that AI can assist with:

• Structuring reports and reflections

• Improving clarity and readability

• Prompting deeper consideration of learning points

• Supporting grammar, tone and presentation

However, AI cannot replace authentic reflection, which must remain the product of the individual doctor's own experience and thinking.

Doctors in training may use AI tools to support (but not replace) their WPBAs and reflective practice. **Acceptable use includes:**

• Using AI-generated prompts to guide thinking

• Editing or refining their own writing for clarity

• Exploring alternative perspectives on an identified experience

• Improving structure, grammar, and presentation

In all cases, the underlying assessments and reflection must originate from the doctor's own

experience and analysis. Use of AI should support, not replace, the doctor's responsibility

for active participation in their own learning and reflection.

AI must not be used in ways that undermine the integrity of training or assessment. **Unacceptable use includes:**

• Entering patient identifiable information into AI tools or external platforms outside approved clinical or training platforms

• Submitting AI-generated WPBAs and reflections as if they are personal work

• Producing content that is generic, formulaic, or lacks individual insight

• Using AI to avoid engaging in the reflective process

• Fabricating or embellishing experiences

• Contravening local trust or employer I.T policies regarding AI use

Entries that are overly polished, impersonal, or inconsistent with other evidence in the portfolio may call into question their reliability for assessment purposes.

Transparency and accountability

Where AI tools have been used to support an entry, it is recommended that this is declared within the log (e.g. "AI was used to assist with structuring/editing this reflection").

Regardless of AI use:

• The doctor remains fully responsible for the content

• Entries must be accurate, authentic, and meaningful

• Reflections must demonstrate insight that can inform future practice

• Portfolio entries form part of formal educational appraisal and must accurately represent the doctor's own performance and development.

Educational supervisors and clinical supervisors should:

• Focus on whether entries demonstrate genuine, individualised learning

• Ensure that portfolio evidence provides a reliable basis for appraisal, educational planning and progression decisions

• Challenge entries that appear superficial, generic, or inconsistent with observed performance

• Discuss appropriate use of AI with doctors in training

• Only sign off assessments where they are satisfied that the evidence is credible and educationally valuable

• If a Clinical or Educational Supervisor suspects use of AI in writing WPBAs or reflections, and the trainee has not declared the use of AI, the supervisor should meet with the trainee and review how the assessment was produced and suggest revision or replacement of the assessment with more appropriately-derived material.

Supervisors should recognise that AI may improve presentation, but clarity of writing must not be confused with depth of reflection

Implications for ARCP

ARCP panels rely on the ePortfolio to make defensible judgements about progression. For this reason:

• Portfolio evidence must be reliable and representative of the doctor's ability

• Reflections and WPBAs should demonstrate clinical reasoning, learning, and development

• Over-reliance on AI may limit the ability of panels to assess competence and may require further clarification

Apparent "perfection" in entries, without evidence of learning or development, may be unhelpful in assessing progression.

Core principle:

AI can support the production of WPBAs and the presentation of reflection, but not the process of reflection itself.

JRCPTB supports the responsible use of AI as an adjunct to learning. However, the integrity of training requires that WPBA and reflective entries remain personal, authentic, and demonstrably linked to professional development.

https://www.thefederation.uk/sites/default/files/uploads/JRCPTB%20Position%20on%20AI%20in%20workplace%20based%20assessments%20and%20reflective%20logs%20on%20ePortfolio%20-%20May2026.pdf

Reference: *GMC Good Medical Practice* requires doctors to maintain patient confidentiality, act professionally, communicate respectfully, and contribute to a culture that supports raising concerns through appropriate channels.

Getting Started

Video user guides have been developed to assist the navigation of the eportfolio:
https://www.youtube.com/c/NhsepInfo-NHSePortfolio

Accessing Your ePortfolio

When you first log in:

1. Check your personal details are correct.
2. Confirm your training placement information.
3. Review the curriculum and capabilities relevant to your stage of training.
4. Familiarise yourself with the dashboard and key sections.

Key areas typically include:

- Curriculum
- Learning Log
- Workplace-Based Assessments (WPBAs)
- Personal Development Plan (PDP)
- Supervisor Reports
- Meetings and Forms
- Reflection Entries
- Evidence Library

Maintaining Your Learning Log

The learning log provides evidence of your ongoing development.

Record entries regularly, ideally weekly.

Examples include:

- Interesting clinical cases.
- Challenging consultations.

- Significant events.
- Quality improvement activity.
- Teaching delivered.
- Teaching attended.
- Leadership experiences.
- Audit work.
- Management experiences.

Writing Effective Reflections

A reflection should focus on learning rather than simply describing an event.

Consider:

What happened?

Provide a brief summary.

What did I learn?

Identify key learning points.

What will I do differently?

Describe how future practice may change.

Which curriculum outcomes does this support?

Link evidence to relevant capabilities or curriculum domains.

Example Reflection Structure

Situation: Managed a patient presenting with acute chest pain.

Learning: Recognised the importance of early senior involvement in complex presentations.

Future Practice: Will escalate earlier when diagnostic uncertainty exists.

Curriculum Links: Clinical assessment, patient safety, teamworking.

Workplace-Based Assessments (WPBAs)

WPBAs provide evidence of performance in the workplace.

Common assessment types may include:

- Mini-CEX
- CBD (Case-Based Discussion)
- DOPS
- ACAT
- MSF
- Teaching Observation

Tips for Success

Plan Early

Do not wait until the end of a placement.

Aim to collect assessments consistently throughout the year.

Choose Appropriate Cases

Select cases that demonstrate:

- Clinical decision making
- Complexity
- Professionalism
- Communication
- Leadership

Seek Quality Feedback

Good feedback should:

- Highlight strengths.
- Identify development needs.
- Suggest specific improvements.

Act on Feedback

Evidence of improvement is highly valued.

- What feedback was received.
- What actions were taken.
- Evidence of progress.

Linking Evidence to Curriculum Outcomes

Simply uploading evidence is not enough.

Whenever possible:

- Link evidence to curriculum outcomes.
- Explain why the evidence demonstrates the capability.
- Avoid linking every piece of evidence to every outcome.

Quality is more important than quantity.

Good Example

Evidence: CBD discussing management of sepsis.

Link: Demonstrates recognition of deteriorating patients, clinical decision making, and patient safety.

Poor Example

Linking one assessment to every available outcome without explanation.

Personal Development Plan (PDP)

Your PDP should be a live document reviewed regularly.

Good PDP goals are:

- **Specific**, **Measurable**, **Achievable**, **Relevant**, **Time-bound**

Example

Goal: Improve confidence in managing dermatology presentations.

Action: Attend specialist clinics and complete three CBDs involving dermatology cases.

Target Date: End of current placement.

Outcome Measure: Positive feedback from supervisor and completion of agreed assessments.

Review progress regularly and update completed objectives.

Preparing for Educational Supervisor Meetings

Before each meeting:

Review Progress

Check:

- Curriculum coverage.
- Outstanding assessments.
- PDP objectives.
- Reflection entries.

Identify Gaps

Ask yourself:

- Are there curriculum areas with limited evidence?
- Have I completed required assessments?
- Is feedback demonstrating progression?

Prepare Discussion Points

Examples:

- Areas of strength.
- Areas requiring support.
- Career aspirations.
- Exam plans.
- Wellbeing concerns.

Preparing for ARCP

ARCP preparation should occur throughout the year.

Several weeks before ARCP:

Check Required Evidence

Ensure completion of:

- Mandatory WPBAs.
- Supervisor reports.
- Learning logs.
- PDP reviews.
- Reflection entries.
- Curriculum mapping.

Review Curriculum Outcomes

Ask:

- Is there evidence for each outcome?
- Is the evidence current and relevant?
- Does it demonstrate progression?

Supervisor Review

Meet with your educational supervisor early enough to address any gaps.

Common Mistakes to Avoid

Uploading Evidence Without Reflection

Evidence is stronger when accompanied by reflection demonstrating learning.

Last-Minute Data Entry

Frequent, small updates are easier and more effective.

Poor Curriculum Mapping

Avoid excessive or inappropriate linking.

Ignoring Feedback

Progression depends not only on feedback received but on how it is acted upon.

Focusing on Quantity Over Quality

A smaller number of high-quality entries often provides stronger evidence than numerous superficial entries.

Recommended Monthly Checklist

Every month:

☐ Add learning log entries

☐ Complete workplace-based assessments

☐ Update PDP goals

☐ Review curriculum progress

☐ Link evidence appropriately

☐ Reflect on feedback received

☐ Identify evidence gaps

☐ Discuss concerns with supervisor if needed

Key Principles for Success

1. Engage with your ePortfolio regularly.
2. Record learning while experiences are fresh.
3. Focus on reflection and improvement.
4. Seek meaningful feedback.
5. Link evidence thoughtfully to curriculum outcomes.
6. Review progress frequently.
7. Prepare for ARCP throughout the year, not just before submission.

Final Message

Your ePortfolio should tell the story of your professional development. It should demonstrate not only what you have done, but what you have learned, how you have improved, and how you continue to develop as a doctor. Consistent engagement throughout the training year is the most reliable way to create a strong portfolio and achieve a successful ARCP outcome.