GP FACULTY HANDBOOK

A Guide for Postgraduate Doctors in Ashford & St Peter’s Hospitals Foundation NHS Trust

August 2014

This Handbook is mapped to the HEKSS Graduate Education and Assessment Regulations (GEAR)
## CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>14</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>19</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>21</td>
</tr>
<tr>
<td>22</td>
</tr>
<tr>
<td>23</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>27</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>29</td>
</tr>
<tr>
<td>30</td>
</tr>
<tr>
<td>31</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>32</td>
</tr>
<tr>
<td>33</td>
</tr>
<tr>
<td>34</td>
</tr>
<tr>
<td>35</td>
</tr>
<tr>
<td>36</td>
</tr>
<tr>
<td>37</td>
</tr>
<tr>
<td>38</td>
</tr>
<tr>
<td>39</td>
</tr>
<tr>
<td>40</td>
</tr>
<tr>
<td>41</td>
</tr>
<tr>
<td>41</td>
</tr>
<tr>
<td>41</td>
</tr>
<tr>
<td>42</td>
</tr>
<tr>
<td>43</td>
</tr>
</tbody>
</table>
Useful handbooks and websites
Library and Knowledge Services
Counselling & Mentoring Policy For Doctors In Training
  • The Student and Trainee Champion
  • Mentoring
  • Professional Counselling
  • Career Counselling
Job Description
Good Medical Practice/Ethical Guidelines
Trainees in Difficulty
Less Than Full Time Training
Study Leave Guidance – ST1/ST2
  • Practice Days – ST1/ST2
  • Annual Leave
  • GP Taster Clinics
Study Leave Guidance – ST3
  • Annual Leave – ST3
  • Motor Mileage Allowance – ST3

APPENDICES
APPENDIX A - GP KSS Study Leave Guidelines
APPENDIX B - Ashford & St Peter’s GP Study Leave Form
APPENDIX C - Ashford & St Peter’s GP Residential Leave Form
APPENDIX D - GP KSS Out of Hours Guidelines
APPENDIX E - Out Of Hours Short Answer Questionnaire & Self Assessment Tool
APPENDIX F - GP KSS Learning Log and Reflective Writing Guidelines
APPENDIX G - New Educational Agreement with Clinical Supervisor
APPENDIX H - Being A Family Doctor
APPENDIX I - Chertsey End of Placement Form
APPENDIX J - Mandatory Training Trust Requirements
APPENDIX K - Weekly Specialty Teaching at the Trust
APPENDIX L - Deanery Guidance for Car Mileage Allowance and Reimbursement
APPENDIX M – Sample of GPST1/2 Job Description
Welcome to the Health Education Kent, Surrey and Sussex Postgraduate Deanery (HEKSS).

Welcome to the GP Specialty Training at Ashford & St Peters Hospitals NHS Foundation Trust. The Trust offers one of the biggest GP Specialty training programmes in HEKSS. It currently has 18 three year rotations. Our training is based at Ashford & St Peters Hospital sites as well as the Abraham Cowley Unit for Psychiatry.

Our aim, at the end of your training, is for you to have covered the new GP curriculum and to have passed the nMRCGP exams, all within a safe nurturing environment.

This handbook is written for you as a postgraduate doctor and all who will be working with you during your time with us. Its purpose is to give you information about how your programme works and who will be working with you. This handbook contains generic information, but is specifically written to support those of you who are on the Ashford & St Peter’s GP Specialty Programme. This handbook is updated annually based on feedback to the Local GP Faculty Group from you as a postgraduate doctor and from your supervisors. It should be read in conjunction with the new GP Curriculum and the Work Place Based Assessment Handbook which can both be found on the RCGP website (www.rcgp.org.uk), the GPKSS Deanery Trainees’ Handbook and the Hospital Specialty Handbooks, which can be downloaded from the GPKSS Deanery website (http://kssdeanery.org/general-practice/trainees). In addition you can also access information locally at www.ashfordstpeters.nhs.uk/gp-training.
Location

Ashford & St Peters Hospitals NHS Foundation Trust
St Peter’s Hospital
Guildford Road
Chertsey
Surrey
KT16 0PZ

The Medical, Surgical, Obs & Gynae, Paediatric and A&E posts will be based at the St Peter’s Hospital site.

Abraham Cowley Unit
Holloway Hill
Chertsey
Surrey
KT16 0AE

The majority of the Psychiatry posts are based at Surrey & Borders Partnership in the Abraham Cowley Unit on the St Peter’s site, although a number are based out in the community.
Educational Survival Guide – The First Few Weeks

Starting a new job, on a new training programme at a new hospital is quite a lot of change. The first priority is usually “survival skills” in the new post and educational activities quickly slip down the list of priorities. This simple task list should ensure that you get the essentials done in these first few busy weeks.

Tasks for August

☐ Attend Induction on Wednesday 6th August from 8am in the PGEC at St Peter’s.

☐ Ensure you complete all required Training Tracker Modules. User name and password can be obtained from the Post Graduate Centre (contact tba). All modules need to be completed within the first 6 weeks. Please refer Mandatory Training Requirements Table (Appendix J)


☐ Activate your e-portfolio

☐ Complete Form R (needs to be completed annually) and return to the KSS Deanery together with a passport size photo.

☐ Think about learning objectives in your first post. See Hospital Specialty Handbook which can be downloaded at http://kssdeanery.org/general-practice/gp-recruitment/hospital-based-training. We have enclosed specialty handbooks for your first three placements within this folder.

☐ Arrange a start of post meeting with your Clinical Supervisor and take your Educational Agreement to this meeting. A copy of this document is included in the folder.

☐ Understand the differences between your Clinical Supervisor in each post and your Educational Supervisor for the whole programme

☐ Speak to your Educational Supervisor and book a day’s study leave at your Educational Supervisor’s Practice. Complete GP Residential Study Leave Form and hand in to Practice Manager on the day of the visit. You should meet your Educational Supervisor at least twice every year and spend a full day at your GP Practice.

☐ Familiarise yourself with the Ashford & St Peter’s GP Website which includes details on teaching, the curriculum and other useful information. http://www.ashfordstpeters.nhs.uk/gp-training

Tasks for September

☐ Start coming to the Thursday lunchtime meetings at St Peter’s whenever possible

☐ Make sure that you start using your e-portfolio learning log

☐ Make sure that you start getting assessments recorded
Key People/Brief Profile of Department

There are several key people who will support you during your time with us:

Programme Directors

The Programme Directors for Ashford & St Peters Hospitals NHS FoundationTrust are Dr Saba Khan and Dr Neman Khan. They work for the KSS Deanery, Educational Supervisors, Clinical Supervisors and also other local Programme Directors to organise the local training programmes and ensure that the GP Curriculum is covered. They also work closely with doctors doing GP placements in the Foundation Programme.

All study leave requests need to be signed by one of the Programme Directors, with the exception of the GP Residential Visit form. This needs to be approved by your hospital department and then countersigned by your Educational Supervisor of your attendance.

The Programme Directors also organise regular teaching for all GP Specialty trainees and are happy to answer any individual queries on training issues.

Contact details:

Through the PGEC office, extension 3568

Dr Saba Khan - sabakhan60@hotmail.com
Dr Neman Khan - nemanskhan@hotmail.com

Director of Medical Education:

Dr Peter Martin

Medical Education Manager:

Angela Langwith-Green

College Tutors:

Anaesthetics – Dr Anja Kuttler
GP – Dr Saba Khan/Dr Neman Khan
Medicine – Dr Rod Hughes
Obstetrics & Gynaecology – Ms Devanna Rajeswari
Paediatrics – Dr Tracey Lawson
Radiology – Dr Michael Creagh
Surgery & Orthopaedics – Ms Tanaya Sarkhel

GP Administrator:

Alison Roser supports the GP Programme administratively and can be found in the Postgraduate Centre at St Peter’s Hospital. Any immediate queries can be directed to Alison, her email address is alison.roser@asph.nhs.uk or extn 3568.

The National arrangements for the management of your GP programme are contained in your e-portfolio (www.rcgp.org.uk).
KSS GP Deanery – 0207 415 3400 (http://kssdeanery.org/general-practice/trainees)

The following are the key personnel at the GP KSS Deanery and their roles:

Dr Hilary Diack, Interim GP Dean and Head of GP School (hdiack@gpkss.ac.uk)

Dr Chris Warwick, Interim Deputy Head of GP School (cwarwick@gpkss.ac.uk)

Dr Bob Ward, Associate GP Dean, West Surrey (bobward@nhs.net)
Responsible for quality assurance of all training practices in West Surrey and the ongoing development of Trainers. Quality assurance of Trust GP Specialty posts and rotations. Programme Director GP Retainer & Flexible GP Career Schemes.

Dr Susan Bodgener, Associate GP Dean for nMRCGP Assessment (sbodgener@gpkss.ac.uk)

Elena Gonzales, GP Training Recruitment Manager (egonzales@gpkss.ac.uk)
Responsible for managing the recruitment process for Specialty Training for General Practice.

Sultana Parvez, GP Recruitment Officer (sparvez@gpkss.ac.uk)
Responsible for sickness and maternity

David Buckle, GP Training Manager (dbuckle@gpkss.ac.uk)
Responsible for the administration of the e-portfolio.

Shirelee Rebeiro, GP Payments & Office Administration (srebeiro@gpkss.ac.uk) Responsible for processing all ST3 trainee claims
Contact Us
Here is a list with contact details of College Tutors and Education Staff in the Trust who will be working with you.

### EDUCATION CENTRE TEAM

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Postgraduate Medical Education</td>
<td>Dr Peter Martin</td>
<td>2006</td>
</tr>
<tr>
<td>Associate Clinical Tutor</td>
<td>Mr A Khaleel</td>
<td>2006</td>
</tr>
<tr>
<td>Medical Education Manager</td>
<td>Angela Langwith-Green</td>
<td>3731</td>
</tr>
<tr>
<td>Foundation Programme Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Foundation Programme Director</td>
<td>Dr Peter Martin</td>
<td>2006</td>
</tr>
<tr>
<td>Deputy Foundation Programme Director</td>
<td>Mr Arshad Khaleel</td>
<td>2006</td>
</tr>
<tr>
<td>F1 Programme Director</td>
<td>Mr Tayo Johnson</td>
<td>2311</td>
</tr>
<tr>
<td>F2 Programme Director</td>
<td>Mr V O'Neill</td>
<td>2617</td>
</tr>
</tbody>
</table>

| College Tutors                            |                          |        |
| Surgeons                                  | Ms Tanaya Sarkhel        | 2320   |
| Physicians                                | Dr R Hughes              | 3113   |
| Pathologists                              | Dr S Dodd                | 3210   |
| Radiology                                 | Dr M Creagh              | 3054   |
| Anaesthetists                             | Dr A Kuttler             | 2152   |
| Obstetrics & Gynaecology                  | Dr Devannas Rajeswari    | 2124   |
| Paediatrics                               | Dr Tracy Lawson          | 3116   |
| Ophthalmology                             | Mr M Hagan               | 4403   |
| General Practitioners                     | Dr Saba Khan             | 3568   |
| Psychiatry                                | Dr N Khan                |        |
|                                          | Dr D Deo                 | 2295   |

| Administration Team (St. Peter’s Hospital)|                          |        |
| Assistant Centre Manager                  | Ros King                 | 2006   |
| Business Assistant - GPs                  | Alison Roser             | 3568   |
| Junior doctor in Training Staffing        | Debbie Beck              | 2814   |
| Educational Events Facilitator            | Gladys Essien            | 3987   |
| GP Tutor and Event Coordinator            | Sharon Chasty            | 3212   |
| Intrepid and Project Coordinator          | Charlotte Turner         | 2041   |
| Medical Education Administrator           | Anne Welsford            | 2819   |

| Clinical placements Team                  |                          |        |
| Manager                                   | Darren Pirson            | 3621   |
| Administrator (St. Peter’s)               | Gold Mendel-Iidowu       | 3650   |
| Administrator (St. Peter’s)               | Annette Stanley          | 3730   |

| Library & Knowledge Services (L&KS)       |                          |        |
| Head of LKS Services                      | Laura Strafford          | 3196   |
| Deputy Manager                            | Alison Paul              | 3461   |
| Librarian                                 | Sandy Komiliades          | 2047   |
| Library Web Services Developer            | Steve Warrener           | 2047   |
| Library Assistants                        | Yasir Haniff             | 3213   |
|                                          | Mpilo Siwela             |        |
Local Programme Administrative Arrangements

The administrative arrangements for the local management of your programme are managed by the MEM/Faculty Administrator in conjunction with your Programme Lead. The national arrangements for the management of your programme are contained in your e-portfolio (http://www.rcgp-curriculum.org.uk/). If you experience any local administration issues your first point of contact is the Postgraduate Education Centre.
The Royal College of General Practitioners, as well as introducing the new MRCGP or nMRCGP, have introduced a comprehensive new GP Curriculum. This can be found at www.rcgp.org.uk and a hard copy can be found in the PGEC or Library.

The Local GP Faculty is responsible for ensuring that our GP Specialty Programme meets the needs of the GP Curriculum and MRCGP. This will ensure that each trainee meets the specific competencies required by the GP Curriculum for example by; the content of teaching sessions, exposure in rotations, workshops on specific skills and assessment tools and the opportunity to work with other health care professionals such as specialist nurses.

Aims and Objectives of the GP Curriculum

The aim of the GP Curriculum is to produce a patient centred, clinically competent General Practitioner, equipped to face the challenges of independent practice in the 21st Century.

The objectives are to become competent in:

1. Primary Care Management
2. Patient Centred Care
3. Problem Solving Skills specific to General Practice
4. A comprehensive approach
5. Community Orientation
6. A holistic approach

Each competency is explained in detail in the GP Curriculum (www.rcgp.org.uk). Specific learning outcomes in each competency can be categorised as knowledge, skill or attitude.

How to complete the GP Curriculum

The GP Curriculum is competency based and leads to the nMRCGP. You will be supported during your time by the Programme Directors, an Educational Supervisor and Clinical Supervisors, who will give you regular feedback about your progress and what you can do to improve this.
Training Post Objectives for ST1 and ST2  
(GEAR S1.4, S2.3)

Overall Objectives of the training year for ST1 and ST2

1. Passing the Deanery annual review and progressing to the next training year:
   • Satisfactory completion of the two reviews with your Educational Supervisor: Assessments (mini-CEX, CbD across both years and a MSF at ST1 only)
   • Learning Log
   • Submitting a learning log that shows educational activity across the curriculum (2 Learning Log entries per week – minimum)

2. Gaining a knowledge base that is relevant to the GP curriculum
   • Use the RCGP curriculum map and hospital-based learning objectives
   • Ensure that your learning log in each post reflects the required knowledge base.

3. Acquiring core clinical skills
   • Become familiar with the skills section in your portfolio
   • Use DOPS assessments to record progress towards competence
   • Complete Foundation programme DOPS if you do not have these from previous posts.

4. Developing links with your Training Practice
   • Keep in regular contact with your Educational Supervisor
   • Maximise opportunity to spend study leave in General Practice
   • Use these contacts to consider the primary care perspective of your hospital posts

Learning Objectives for individual posts

The MRCGP Curriculum must form the core to planning your learning objectives and the Curriculum Map (RCGP Website) does help to demonstrate the knowledge base that you are expected to cover. However, learning opportunities in hospital posts will cross several curriculum chapters. The most obvious example is A&E where you will probably see clinical problems from most chapters of the curriculum.

Download –
   WPBA Handbook (RCGP) –  www.rcgp.org.uk
   GP Curriculum – RCGP –  www.rcgp.org.uk
Training Objectives for ST3

Overall Objectives for ST3 Year based in General Practice are:

1. Pass Deanery Annual Review of Competency Progress Panel final review and achieve MRCGP and Certificate of Completion of Training (CCT) by:
   - Satisfactory completion of 30 and 36 month review with your Educational Supervisor Assessments completed
   - Pass in Applied Knowledge Test
   - Pass in Clinical Skills Assessment
   - Competency in Out of Hours Training
   - Eight Point Audit
   - Significant Event Analysis – (SEA) one every four months
   - Complete KSS Leadership Module (Leadership is now in all the specialty curricula and KSS strongly supports the teaching of leadership skills. It is expected that all ST3 trainees will undertake leadership activities and receive a formative assessment of their leadership competencies during the course of the year. This will be documented at ARCP)
   - CPR and AED training
   - Complete Level 3 Safeguarding Children Training
   - Submission of learning log that shows educational activity across the GP Curriculum (2 entries per week minimum)

2. Growing knowledge base that is relevant to GP Curriculum:
   - Use RCGP Curriculum Map
   - Ensure learning log reflects required knowledge base

3. Acquire Core Clinical Skills:
   - Become familiar with skills section of e-portfolio
   - Use DOPS (Direct Observed Procedure Skills) assessments
   - Make sure foundation programme DOPS complete

4. Develop Competency in 12 GP professional competency areas
   - Regular tutorial with GP Trainer
   - Regular feedback on and assessment of performance
   - Joint surgeries with Trainer
   - Exposure to whole Primary Health Care Team
   - Multi Source Feedback from clinical and non clinical staff
   - Feedback from patients
   - Audit
   - Significant event analysis

5. Attend Deanery ST3 Workshops

6. Weekly attendance at ST3 half day teaching at St Peter’s

7. Training in Out of Hours:
   - CPR and AED training
   - Attend 72 hours of supervised training sessions
   - Deemed competent in providing out of hours service by evidence of above
The GP Specialty Programme Structure at Ashford & St Peters Hospitals NHS Trust

There are currently 18 GP Specialty rotations at Ashford & St Peter’s Hospitals NHS Trust. Each trainee will have the opportunity to do one Integrated Training Post, where time is shared between General Practice and the Hospital. Ashford & St Peters Hospitals NHS Trust is an excellent DGH with a broad spread of specialties and an active well supported postgraduate centre.

All rotations give a balanced range of training for General Practice. For each Hospital specialty the KSS Specialty Handbook [http://kssdeanery.org/general-practice/gp-recruitment/hospital-based-training](http://kssdeanery.org/general-practice/gp-recruitment/hospital-based-training) gives specific learning outcomes which have been mapped to the National GP Curriculum. Learning outcomes for each specialty should be discussed at your initial appraisal with your Clinical Supervisor and added to your PDP.

During your time in General Practice, your Educational Supervisor will discuss your specific learning needs, which will be closely mapped to the six learning objectives of the National GP Curriculum and requirements of the MRCGP.
**General Practice Posts (also called Integrated Training Posts or ITPs)**

Each trainee will be allocated to one 4 month GP(ITP) post usually in their ST2 year. This post involves sharing of time between General Practice and Hospital with two and half days spent in a Hospital Specialty (usually Monday and Tuesday and Wednesday morning) and two days in General Practice (Wednesday afternoon, Thursday and Friday). You will also be expected to work six hours per month of ‘out of hours’ in the GP Practice. Whilst in this post you also have to attend fortnightly GP(ITP) Tutorials on a Wednesday lunchtime, either in the PGEC or designated practice, as well as attending the usual Thursday lunchtime teaching session. The ITP Tutorial and Thursday Teaching Timetables will be available at Induction.

The GP(ITP) Posts are General Practice Posts with STs spending sometime in Hospital in one of the following Specialties:

- A&E
- Paediatrics
- Obs & Gynae
- Psychogeriatrics
- GUM
- Palliative Care
- Rheumatology
- Drug & Alcohol
- ENT
- Ophthalmology
- Dermatology

As you are part of the new Single Employer Scheme which was introduced in 2011 you will be paid by the Trust whilst you are in the ITP post. However, there are several forms you will need to complete as the Practice will be your ‘host’ employer during the 4 months.

**GP Placement Confirmation Form**

You will need to complete and return this form to the Deanery to confirm the name of the practice who will be hosting you whilst in your ITP placement.

**Medical Performers List**

As you will be working in the GP Practice it is essential that you are listed on the National Performers List, otherwise you will **not be able to practice** which could affect your progression in the training programme.

You will therefore need to contact the Primary Care Support Services (PCSS) to send you the appropriate forms. For practices in Surrey please contact Pam Griffin on pam.griffin@nhs.net. For trainees allocated to Runnymede you will need to contact Lindsey Squires 0118 918 3371.

**Indemnity Cover**

From 2013 you will be able to obtain an annual MDU subscription via the Deanery website link. This will cover you whilst in the GP Practice. Please access [http://kssdeanery.org/gp](http://kssdeanery.org/gp) to apply on line.

**Travel Expenses**

For travel expenses incurred on home visits and Out of Hours whilst in the ITP placement, you are able to claim your mileage using the Trust’s Travel Expense Claim Form which you can download via the website. However, please access the KSS information form at [http://kssdeanery.org/sites/kssdeanery/files/Car%20Mileage%20Guidance%20rev%20Jan%202014_0.pdf](http://kssdeanery.org/sites/kssdeanery/files/Car%20Mileage%20Guidance%20rev%20Jan%202014_0.pdf), or see Appendix L, to ensure you have the adequate motor vehicle insurance cover. Your trainer also needs to verify and approve any claim prior to submitting to the GP Administrator for authorisation and payment.
Brief description of Hospital posts

Accident & Emergency

Ashford & St Peters Hospitals NHS Trust is an acute Trust and the A&E Department deals with all kinds of trauma and emergency cases, Paediatric A&E is also included in the Department.

General Medicine and Care of the Elderly

The GP Specialist Rotation includes placements in Cardiology, Gastroenterology, Endocrine, Respiratory Medicine, Haematology and Care of the Elderly. The trainee participates in the medical on call rota therefore broadening their experience of different medical specialties. There is weekly medical teaching by Consultants covering all medical specialties.

Paediatrics

Paediatrics is part of the Children’s Services Directorate which includes Paediatrics, the Neonatal Unit and Child & Adolescent Mental Health Service. The Paediatric ward (Ash Ward) has 25 acute beds. Oak Ward is used for day surgery and for children who attend for investigations such as allergy or other tests. There is a busy Children’s A&E Department which is open 24 hours a day and staffed by experienced paediatric trained nurses and an Associate Specialist. We also have outreach outpatient clinics at Ashford, Woking, Walton and Weybridge.

Paediatrics has a shift system and is also EWT compliant. All specialty grades get the chance to rotate to cover different shifts. The main duties of the job involve:

- A number of sessions in the community with the opportunity to learn different aspects of primary/community care
- Long shift allowing them to take part in the morning and evening handovers, ward round with the consultants/registrars.
- Review of patients in the ward.
- Cover A&E when on the A&E shift.
- Cover Oak Ward and review day attendees for different investigations/treatments.
- Participation in Journal Club/Ward rounds.
- Regular assessments (BWA) and formal appointments with their Clinical Supervisors to discuss issues of mutual interest.
- Chance to attend OPD with Consultants (this is not formalised yet).

Obstetrics and Gynaecology

The trainee will be exposed to gynaecological problems presenting to A&E, Clinic and also within the ward. They will also have exposure to the EPU (early pregnancy unit), labour and postnatal wards and antenatal clinics. They will participate in the on call rota which includes labour ward duty and gynaec on call duty. There is weekly teaching.

Orthogeriatrics

This job is based within Trauma and Orthopaedics, but also has input from Dr Keefai Yeong Consultant in Orthogeriatrics. In addition to Orthopaedic ward and clinic work, trainees also have the opportunity to attend teaching ward rounds and clinics in order to learn more about managing the elderly surgical patient pre and post op.

Adult Psychiatry

This job is based at the Abraham Cowley Unit which is on the St Peter’s site. The trainee will have the opportunity to assess and look after psychiatric patients on the wards, to work with the Community Mental Health Teams and also to liaise with A&E about patients presenting with acute psychiatric problems. There is a weekly journal club and involvement in a Balint group to enhance their group skills and CBT knowledge.
Drug and Alcohol

This is an Integrated Training Post (shared with GP placement) and is based with the Windmill Team, the community drug and alcohol service covering the north west of Surrey and an inpatient detoxification and rehabilitation unit covering the whole County. The Trainee will admit patients, thus learning the assessment process for drug and alcohol clients and the detoxification regimes. They will also participate in a group, to enhance their group skills and CBT knowledge and attend the team meeting to improve their understanding of engagement issues and the interface with GPs and specialist services.

Psychogeriatrics

This is an Integrated Training Post (shared with GP placement) and part of based at the Abraham Cowley Unit and Woking Community Hospital. It includes ward work looking after acutely ill psychogeriatric patients and community care. It also includes clinic work including the memory clinic, and MDT meetings with the whole team. The trainee will therefore have a sound training is psychiatric presentation in the elderly, diagnosing and treating dementia and liaising with GPs.

Palliative Care

We have two Palliative Care placements which are both Integrated Training Posts (shared with GP placement), one is based at Sam Beare Hospice in Woking and the other at Princess Alice Hospice in Esher. The job involves ward work and a teaching ward round, MDT meetings with the Macmillan nurses and clerking admissions. This job gives the trainee an excellent grounding in palliative care, what community facilities are available to patients and also liaison with GPs. It includes weekly teaching.

Genitourinary Medicine

This is an Integrated Training Post (shared with GP placement) and is based at the Blanche Heriot Unit on St Peter’s site. During their time in this post the trainee will take part in:

1. GUM clinic work involving taking a sexual history and appropriate screening tests for men and women. Understanding and undertaking testing for HIV with the knowledge of the implications and ability to educate the patient.
2. Diagnosis and treatment of STIs.
3. Joint working with health advisors to manage partner notification.
4. Learn what can be managed in primary care and what should be referred to secondary care. Learning will involve management of those who do not wish to be referred to GUM Clinic.
5. Share management with GUM Specialist Nurses and gain understanding of overlapping roles.
6. Manage the treatment of HIV positive patients and develop ideas to improve the GP/Hospital HIV team interface.
7. Attend Consultant led ‘Vulval Problems’ Clinic to gain experience in managing these in General Practice.

Surgical Upper GI and Lower GI

These posts include ward work looking after patients with Upper and Lower GI problems, acute surgical on call, occasional theatre work, and the opportunity to attend specialist Breast, ENT and Vascular Clinics. This gives the trainee experience in diagnosing and managing surgical problems presenting from General Practice either acutely or chronically. There is weekly teaching and Consultant teaching ward rounds.
Dermatology
This is an Integrated Training Post (shared with GP placement). The trainee will gain experience and managing the following;

Common Conditions
Acne and rosacea  
Disorders of hair and nails  
Drug eruptions  
Eczema  
Generalised pruritus  
Infestations including scabies and head lice  
Leg ulcers and lymphoedema  
Less common skin conditions

Such as the bullous disorders, lichen planus, vitiligo, photosensitivity, pemphigus, pemphigoid, discoid lupus, granuloma annulare and lichen sclerosus.
Psoriasis  
Skin infections (bacterial, viral and fungal)  
Skin tumours (benign and malignant)  
Urticaria and vasculitis

Ophthalmology
This is an Integrated Training Post (shared with GP Placement) and the trainee will gain knowledge/experience in managing the following;

Knowledge of specific clinical cases:

EMERGENCIES
1. Red Eye – Assessment  
   - Urgency e.g. Suspected Acute Glaucoma  
   - Management – including Eye Infections (bacterial and viral)
2. Eye Trauma – Assessment and Treatment of Corneal Abrasions, Foreign Bodies in Eyes
3. Sudden Visual Loss

COMMON GP PRESENTATIONS
1. Cataract  
2. Glaucoma  
3. Dry and Watery Eyes  
4. Eyelid problems  
5. Paediatric Eye Problems inc knowledge of developmental checks inc squints  
6. Flashes and Floaters  
7. Macular Degeneration – Wet and Dry  
8. Links with Systemic Illness e.g. Diabetic Eye Disease

Handover and Consent
Specific details for each Hospital Specialty will be found in the individual specialty handbooks.  
http://kssdeanery.org/general-practice/gp-recruitment/hospital-based-training

Please also access the Trustnet (http://trustnet.asph.nhs.uk/departments/night/index.html ) for the newly updated Hospital At Night Charter.
Hospital Induction – Provisional Agenda
Ashford and St. Peter’s Hospitals NHS Foundation Trust

Foundation Year 2 and ST Grade Induction

Wednesday 6th August 2014

8.00 am  Registration and Bazaar - for CT+/ GP 60 mins
Medical Staffing
Occupational Health
Blood Gases (TT and Passwords)
Security
Photos
Hand Hygiene

8.30 am  Introduction to F2’s in the Lecture Theatre (30 mins)

8.45 am  Introduction to CT+ /GP in the Lecture Theatre (30 mins)
8.45
F2 mop up bazaar

9.00 am  Induction (180 mins)
9.00am  Chief Executive & Medical Director Welcome
9.15 am  Fire & Health and Safety
09.30 am  Antimicrobial Therapy
09.45 am  PAS/IT - two groups rotating at 10.45
Resus - two groups rotating at 10.45
12.15pm  Trainee Champion

12.30 am  Lunch and Bazaar mop up (60 mins)
Tours of the hospital

1.30 pm  Induction (220 mins)
1.30 pm  Child Protection
3.00 pm  Incident Management and Consent
3.30 pm  Tea/Coffee
3.45pm  VTE
4:00pm  Information Governance

5.00pm  Departments (you will be emailed if you need to attend your department)
Teaching

The weekly GPST1 and GPST2 teaching is trainee led and is currently held on a Thursday lunchtime between 12.15 and 1pm in the Post Graduate Education Centre. A programme schedule will be sent to all GPST1 and GPST2s at the beginning of the term and each trainee will have a chance to lead a session. This teaching is structured for AKT revision and there is an opportunity at the end of the session to access an online AKT revision learning module to practice AKT questions on the topic. From 2013 we also introduced two half day teaching sessions per term, where GPST1s and GPST2s can join the GPST3 teaching on a specified morning. Study Leave approval is needed for ST1 and ST2 trainees to attend and dates for these half days are emailed in advance to give trainees plenty of notice to get the necessary approval from departments.

Weekly teaching is also organised in each Hospital Specialty. Please see Appendix for the current weekly Specialty teaching taking place within the Trust. (Appendix K)

The Chertsey ST3 Teaching runs every Thursday morning during term time for ST3 trainees, which takes place in the Education Centre at St Peter’s Hospital. This is specific GP teaching based on the MRCGP. Generally two of the Programme Directors attend. The Deanery also runs study days for MRCGP and Out of Hours training.

Whilst trainees are in the ITP/GP post they need to attend the ITP Tutorials which take place once a fortnight on Wednesday lunchtimes. These two hour tutorials are led by the trainers and clinical supervisors who are currently supervising ITP trainees and are either held at the PGEC or at the trainer practice running the session. Timetables will be issued at the beginning of each rotation.
Learning Sets

Learning sets are small groups of individuals who support each other in learning and development in areas where the share educational goals.

These learning sets cross year cohorts and include ST1, ST2 and ST3 Trainees and have been made up from each training practice

Learning Set Clusters – August 2014

<table>
<thead>
<tr>
<th>1 Abbey</th>
<th>6 Dr Lynch &amp; Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Selamawitt Mebrahtu – ST3</td>
<td>Dr Kalaichelvy Wijayasingam – ST3</td>
</tr>
<tr>
<td>Dr Rajiv Sharma – ST3</td>
<td>Dr Sadia Hoque – ST3</td>
</tr>
<tr>
<td>Dr Farhad Daruwalla – ST2</td>
<td>Dr Neethu Hashim – ST3</td>
</tr>
<tr>
<td>Dr Christine Bilalian – ST2</td>
<td>Dr Daniel Wright – ST2</td>
</tr>
<tr>
<td>Dr Bhavini Kaviya – ST1</td>
<td>Dr Penny Carstens – ST2</td>
</tr>
<tr>
<td>Dr Adrianna Tseretopoulos – ST1</td>
<td>Dr Punit Makwana – ST1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Bridge/Hillview</th>
<th>7 Parishes Bridge/Wey Family Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Krishanam Sripathy – ST3</td>
<td>Dr Farhan Syed – ST3</td>
</tr>
<tr>
<td>Dr Hana Ansari – ST2</td>
<td>Dr Effie Flourentzou – ST2</td>
</tr>
<tr>
<td>Dr Dahlia Mohamad – ST1</td>
<td>Dr Kornelia Bramwell – ST1</td>
</tr>
<tr>
<td>Dr Natalie McBride – ST3</td>
<td>Dr Amanjot Kaur – ST3</td>
</tr>
<tr>
<td>Dr Natasha Shah – ST2</td>
<td>Dr Smita Tewari – ST3</td>
</tr>
<tr>
<td>Dr Steve Stangoni – ST1</td>
<td>Dr Sharmin Badiei – ST1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Crouch Oak/Studholme</th>
<th>8 Ashley/Shepperton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Charlotte Haselgrave – ST3</td>
<td>Dr Clare Davis – ST3</td>
</tr>
<tr>
<td>Dr Lucinda Dawson – ST2</td>
<td>Dr Lucy Dormer – ST2</td>
</tr>
<tr>
<td>Dr Jonathan Ainsworth – ST1</td>
<td>Dr Siddharta Gobin – ST1</td>
</tr>
<tr>
<td>Dr Neer Patel – ST3</td>
<td>Dr Avni Mashru – ST3</td>
</tr>
<tr>
<td>Dr Rakesh Verma – ST2</td>
<td>Dr Punitha Sasalu – ST3</td>
</tr>
<tr>
<td>Dr Pardeep Gahunia – ST1</td>
<td>Dr Menaka Jegathesesan – ST2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Heathcot/Goldsworth Park</th>
<th>9 Runnymede:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Shivaganie Srirajian – ST3</td>
<td>Dr Kirsten Hain – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Tina Sampilli – ST3</td>
<td>Dr Amy Sambasivan – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Rupert Critchley – ST2</td>
<td>Dr Anna Williams – ST3</td>
</tr>
<tr>
<td>Dr Victoria Simons – ST1</td>
<td>Dr Roopinder Brar – ST3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Sunny Meed/Chobham</th>
<th>9 Runnymede:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Dhruvshil Patel – ST3</td>
<td>Dr Kirsten Hain – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Joshua Rosenberg – ST2</td>
<td>Dr Amy Sambasivan – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Min Jung Kim – ST1</td>
<td>Dr Anna Williams – ST3</td>
</tr>
<tr>
<td>Dr Charlotte Wilson – ST3</td>
<td>Dr Roopinder Brar – ST3</td>
</tr>
<tr>
<td>Dr Mita Paleja – ST2</td>
<td>Dr Maryam Rafique – ST2</td>
</tr>
<tr>
<td>Dr Malpreet Lidder – ST1</td>
<td>Dr Anupama Kapila – ST2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Dr Lynch &amp; Partners</th>
<th>9 Runnymede:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Kalaichelvy Wijayasingam – ST3</td>
<td>Dr Kirsten Hain – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Sadia Hoque – ST3</td>
<td>Dr Amy Sambasivan – ST3 (LTFT)</td>
</tr>
<tr>
<td>Dr Neethu Hashim – ST3</td>
<td>Dr Anna Williams – ST3</td>
</tr>
<tr>
<td>Dr Daniel Wright – ST2</td>
<td>Dr Roopinder Brar – ST3</td>
</tr>
<tr>
<td>Dr Penny Carstens – ST2</td>
<td>Dr Maryam Rafique – ST2</td>
</tr>
<tr>
<td>Dr Punit Makwana – ST1</td>
<td>Dr Anupama Kapila – ST2</td>
</tr>
<tr>
<td>Dr Prativa Pokharel – ST1</td>
<td>Dr Rami Elsayed – ST1</td>
</tr>
</tbody>
</table>
The ST3 Programme

The Chertsey GP Training Programme has been developed to deliver a robust and enjoyable curriculum within the design of an innovative programme. The scheme is based in Ashford and St Peters hospitals, with GPStRs meeting at the Oliver Plunkett Medical Education Centre in St Peters Hospital.

The Programme is based on the RCGP curriculum with an emphasis on the Skills and Attitudes that are so key to developing the art form that good General Practice is.

We aim to deliver a well rounded approach aided by a variety of teaching methods, which will include both knowledge based work, as well as the practical skills needed to practice holistically. We are fully aware of the importance of addressing all aspects of the curriculum with particular reference to areas that will facilitate successful completion of the MRCGP. This will include mock exam practice with external simulated patients, with Royal College examiners as well as Child Protection Level 3 training and BLS.

Most importantly the ethos of the GP Training Programme is to be learner centered with planned input from learners, Programme Directors, clinical and educational supervisors.

We are motivated by an ongoing desire to achieve excellence and to help guide the continual evolution of our trainees into fully fledged General Practitioners. We have a diverse group of trainers, specialists and Programme Directors, who are experienced and interested in training. We ensure standards are maintained by close links to hospital specialists responsible for GP specialty posts. This allows continual updates in the methods of practice within these attachments, ensuring delivery of an appropriate educational curriculum.

We also enjoy the opportunity to take our trainees on a relaxing residential, which is a wonderful opportunity for participants in the scheme to get to know each other and develop stronger ties. These are held at Cumberland Lodge, a beautiful stately home set amongst stunning expansive grounds. Previous trainees on the scheme have enjoyed the tennis courts, famous Red Deer and exquisite dining. We have speakers from the fields of accountancy, financial planning, locum consultancy and General Practice to provide an educational day on career planning.

This underpins the overall vision of the scheme which is to deliver a training programme that is both supportive and nurturing while maintaining high standards of achievement.
Chertsey Out of Hours Training – GPSTs

Out of hours training for General Practice occurs in the ST3 year and during your GP(ITP) posts in ST2. The OOH training could be provided by Harmoni which is the local OOH provider.

Each trainee is required to complete 72 hours in OOH by the end of their ST3 year, for the ST2s who are in GP (ITP) posts the requirement is to do at least 6 hours for each month you spend in General Practice. The Trainers should at the end of training have formed an opinion as to whether the trainee are competent in out of hours working and should therefore be able to sign them off as competent. If, after having been signed off as a competent trainee, the trainee then does not finish the required 72 hours, the Trainer may have to withdraw the confirmation of sign off and therefore jeopardise their satisfactory completion of training for purposes of CCT accreditation.

All trainees need to attend an OOH induction workshop which is run by Harmoni prior to commencing OOH work.

For Deanery guidance on Our of Hours please see Appendix D and E. Alternatively you can access through the GPKSS website. www.gpkss.ac.uk
Educational and Clinical Supervision

Educational Supervision

During your time in hospital your future trainer will act as your Educational Supervisor or mentor. Their job is to guide your professional development, oversee your training and make sure that you are making the necessary clinical and educational progress. You should have regular feedback from your Educational Supervisor. The responsibilities of an Educational Supervisor are given in the GOLD Guide or Standards for Training in the Foundation Programme.

You will spend one day ideally every four months, while in hospital posts, in your training Practice, these are called GP Practice Visit days (or residencies). On your first visit, you will need to sign the Educational Contract you have with your Educational Supervisor and your Educational Supervisor will need to countersign it. This is done electronically on your e-portfolio.

At your first GP Practice Day you should also discuss your Personal Development Plan and learning objectives for your hospital post and also specific learning objectives for your days in General Practice. Your Educational Supervisor can guide you on these. Again this should be entered into your e-portfolio.

During your time in General Practice your Educational Supervisor will have devised a timetable of learning for each day.

Prior to attending the GP Practice days you will need to complete a GP Practice Day Visit Form which should be approved by your Clinical Supervisor. (Please see Appendix C). Please take the form to your GP Trainer on the day of your visit, who will sign the form to confirm your attendance. The form should then be handed to the Practice Manager so that it can be forwarded with their invoice to our office for payment. Please ensure you keep your appointment as GP Practice Visit fees are taken from your study leave allowance (£100 per visit). If you forget to attend or cancel without sufficient notice a charge will be made by your practice which will come off your annual study budget.

Your Educational Supervisor needs to formally review your progress every six months. The first review is either 6, 18 or 30 months depending on whether you are ST1, ST2 or ST3. This should be dated 31st January even if it doesn’t actually occur on that date otherwise your Educational Supervisor is unable to view your MSF results.

The second six month review is either 12, 24 or 36 months depending on whether you are ST1, ST2 or ST3. It needs to be dated as 31st July for reasons explained above. The deadline for this review is mid May for ST3 and late June for ST1, ST2. A deadline is set for the purposes of a deanery panel review (ARCP) who will decide whether you can progress to the next level of training or apply for Certificate of Completion of Training (CCT).

At each six month review you need to have completed the required minimum number of assessments. At the 12, 24 and 36 month reviews all evidence needs to be submitted to the Deanery review panel (ARCP) in addition to the two satisfactory reviews by your Educational Supervisor as detailed above.

Standards for GP Training

Guidance on Supervision/Home Visits and Study Leave
http://www.ashfordstpeters.org.uk/attachments/1233_Chertsey%20Trainers%20guidance%20on%20home%20visits.pdf

Writing the Educational Supervisor Report
### Educational Supervisors:

<table>
<thead>
<tr>
<th>Dr</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jim</td>
<td>Braiden</td>
<td>West Byfleet</td>
</tr>
<tr>
<td>Dr Sohail</td>
<td>Butt</td>
<td>Ashford</td>
</tr>
<tr>
<td>Dr Layth</td>
<td>Delaimy</td>
<td>Walton on Thames</td>
</tr>
<tr>
<td>Dr Joanne</td>
<td>Horgan</td>
<td>West Byfleet</td>
</tr>
<tr>
<td>Dr Julian</td>
<td>Howells</td>
<td>Englefield Green</td>
</tr>
<tr>
<td>Dr Mohan</td>
<td>Kanagasundaram</td>
<td>Addlestone</td>
</tr>
<tr>
<td>Dr Neman</td>
<td>Khan</td>
<td>Woking</td>
</tr>
<tr>
<td>Dr Mark</td>
<td>Lynch</td>
<td>West Byfleet</td>
</tr>
<tr>
<td>Dr Paul</td>
<td>Rankin</td>
<td>Woking</td>
</tr>
<tr>
<td>Dr Deborah</td>
<td>Shiel</td>
<td>Woking</td>
</tr>
<tr>
<td>Dr Charles</td>
<td>Walker</td>
<td>Englefield Green</td>
</tr>
<tr>
<td>Dr Khalid</td>
<td>Wyne</td>
<td>Chertsey</td>
</tr>
<tr>
<td>Dr Frances</td>
<td>Rogers</td>
<td>Shepperton</td>
</tr>
<tr>
<td>Dr Joy</td>
<td>Pillai</td>
<td>Chobham</td>
</tr>
<tr>
<td>Dr Davinder</td>
<td>Sidhu</td>
<td>Shepperton</td>
</tr>
<tr>
<td>Dr Nicky</td>
<td>Mantel-Cooper</td>
<td>Chertsey</td>
</tr>
<tr>
<td>Dr Neville</td>
<td>Blewitt</td>
<td>Chertsey</td>
</tr>
<tr>
<td>Dr Tahir</td>
<td>Khatoon</td>
<td>Chertsey</td>
</tr>
<tr>
<td>Dr Tanvir</td>
<td>Arain</td>
<td>West Byfleet</td>
</tr>
<tr>
<td>Dr Vishal</td>
<td>Patel</td>
<td>West Byfleet</td>
</tr>
</tbody>
</table>
# Training Practice and Educational Supervisor Details

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Supervisor(s)</th>
<th>Contact Information</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ashley Medical Practice</strong></td>
<td>Dr Layth Delaimy</td>
<td>Tel. No. 01932 252425</td>
<td>Website: <a href="http://www.ashmed.co.uk">www.ashmed.co.uk</a></td>
</tr>
<tr>
<td>1A Crutchfield Lane</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walton on Thames</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surrey, KT12 2QY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Lynch &amp; Partners</td>
<td>Dr Jim Braiden</td>
<td>Tel: 01932 340484</td>
<td>Website: <a href="http://www.wbhc.org.uk">www.wbhc.org.uk</a></td>
</tr>
<tr>
<td>The Health Centre</td>
<td>Dr Mark Lynch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madeira Road, West Byfleet, Surrey,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KT14 6DH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heathcot Practice</td>
<td>Dr Neman Khan</td>
<td>Tel: 01483 761100</td>
<td>Website: heathcotmedicalpractice.nhs.uk</td>
</tr>
<tr>
<td>York House Medical Centre,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heathside Road, Woking, Surrey,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU22 7XL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hillview Medical Centre</td>
<td>Dr Deborah Shiel</td>
<td>Tel: 01483 766333</td>
<td>Website: <a href="http://www.hillviewmedicalcentre.co.uk">www.hillviewmedicalcentre.co.uk</a></td>
</tr>
<tr>
<td>Heathside Road</td>
<td></td>
<td>Fax: 01483 757067</td>
<td></td>
</tr>
<tr>
<td>Woking, Surrey, GU22 7QP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parishes Bridge Medical Practice,</td>
<td>Dr Joanne Horgan</td>
<td>Tel: 01932 336933</td>
<td>Website: <a href="http://www.wbhc.org.uk">www.wbhc.org.uk</a></td>
</tr>
<tr>
<td>The Health Centre, Madeira Road</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Byfleet, KT14 6DH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runnymede Medical Practice,</td>
<td>Dr Julian Howells</td>
<td>Tel: 01784 437671</td>
<td></td>
</tr>
<tr>
<td>The Health Centre, Bond Street,</td>
<td>Dr Charles Walker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Englefield Green, Surrey, TW20 0PF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studholme Medical Centre</td>
<td>Dr Sohail Butt</td>
<td>Tel: 01784 420700</td>
<td>Website: <a href="http://www.studholmemc.co.uk">www.studholmemc.co.uk</a></td>
</tr>
<tr>
<td>50 Church Road, Ashford, Middlesex, TW15 2TU</td>
<td></td>
<td>Fax: 01784 424503</td>
<td></td>
</tr>
<tr>
<td>Sunny Meed Surgery</td>
<td>Dr Paul Rankin</td>
<td>Tel: 01483 729589</td>
<td>Website: <a href="http://www.sunnymeedsurgery.co.uk">www.sunnymeedsurgery.co.uk</a></td>
</tr>
<tr>
<td>15–17 Heathside Road</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woking, Surrey, GU122 7EY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Abbey Practice</td>
<td>Dr Khalid Wyne</td>
<td>Tel: 01932 565655</td>
<td>Website: <a href="http://www.abbeypracticechertsey.co.uk">www.abbeypracticechertsey.co.uk</a></td>
</tr>
<tr>
<td>Family Health Centre Stepgates,</td>
<td>Dr Nicki Mantel-Cooper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chertsey, Surrey, KT16 8HZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Bridge Practice</td>
<td>Dr Neville Blewitt</td>
<td>Tel: 01932 561199</td>
<td>Website: <a href="http://www.thebridgepractice.co.uk">www.thebridgepractice.co.uk</a></td>
</tr>
<tr>
<td>Family Health Centre Stepgates,</td>
<td></td>
<td>Fax: 01932 571732</td>
<td></td>
</tr>
<tr>
<td>Chertsey, Surrey, KT16 8HZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Crouch Oak Family Practice,</td>
<td>Dr Mohan Kanagasandrum</td>
<td>Tel: 01932 840123</td>
<td>Website: <a href="http://www.crouchoak.nhs.uk">www.crouchoak.nhs.uk</a></td>
</tr>
<tr>
<td>45 Station Road, Addlestone, Surrey, KT16 2BH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chobham &amp; West End Practice</td>
<td>Dr Joy Pillai</td>
<td>Tel: 01276 857117</td>
<td>Website: <a href="http://www.chobham.ndo.co.uk">www.chobham.ndo.co.uk</a></td>
</tr>
<tr>
<td>16 Windsor Road, Chobham, Surrey,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU24 8NA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shepperton Health Centre</td>
<td>Dr Frances Rogers</td>
<td>Tel: 01932 220524</td>
<td>Website: <a href="http://www.sh%C3%A9ppertonhc.co.uk">www.shéppertonhc.co.uk</a></td>
</tr>
<tr>
<td>Shepperton Court Road, Laleham, Middx,</td>
<td>Dr Davinder Sidhu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TW17 8EJ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yvonne Collins &amp; Partners</td>
<td>Dr Tahira Khatoon</td>
<td>Tel: 01483 760016</td>
<td>Website: <a href="http://www.goldsworthmedicalpractice.co.uk">www.goldsworthmedicalpractice.co.uk</a></td>
</tr>
<tr>
<td>York House</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heathside Road, Woking, Surrey,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU22 7XL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wey Family Practice</td>
<td>Dr Tanvir Arain</td>
<td>Tel: 01932 336880</td>
<td>Website: <a href="http://www.weyfamilypractice.nhs.uk">www.weyfamilypractice.nhs.uk</a></td>
</tr>
<tr>
<td>West Byfleet Health Centre,</td>
<td>Dr Vishal Patel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madeira Road, West Byfleet, Surrey, KT14 6DH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Supervision

During your two years in hospital you will rotate through 6 x 4 specialties. For each specialty you will have a named Clinical Supervisor (supervising Consultant). Your Clinical Supervisor is responsible for your progress within each clinical placement and for your day to day progress. You should have regular feedback from your Clinical Supervisor.

Your Clinical Supervisor will be sent details of your Educational Supervisor in case contact is required during your post. At the end of your placement your Clinical Supervisor will complete a Clinical Supervisor Report via your eportfolio so that it can be shared with your Educational Supervisor.

Adult Learning

Each trainee needs to develop adult learning or self directed learning skills. We encourage you to use your learning sets with your peers for mutual support and networking. Your Programme Director, Clinical Supervisor and Educational Supervisor will also be happy to help with advice and guidance. Evidence of GP Curriculum coverage on your e-portfolio for purposes of ARCP Panel review can be done by entering all educational activity onto your electronic learning log and then linking each event to one or several headings of the GP Curriculum. By the end of your ST3 year you will need to have covered the whole GP Curriculum with at least two entries under each heading.

Your Role as a Learner

You are responsible for your own learning within the programme. You will be supported by the Programme Director and your Educational and Clinical Supervisors. You should ensure that you attend teaching sessions regularly, peruse the GP Specialty Doctors notice board for relevant courses, located outside the main PGEC office, meet with both your Educational and Clinical Supervisors regularly, check emails regularly for important information, keep up to date with assessments, regularly update your e-portfolio and arrange for sign off at appropriate times.

Associate in Training

At the beginning of your training you will need to register with the RCGP in order to have access to your e-portfolio or training record. We recommend that you become an Associate in Training (AIT) with the RCGP. As such the College will send you regular updates on important information on courses and you will also qualify for discounts on courses and exams. Please visit https://integra.rcgp.org.uk/membersarea/membership/Default.asp
Appraisal

Appraisal Process for ST1/ST2

You will need to meet up with your Clinical Supervisor 3 times during your four month hospital job. Initially:

Initial Appraisal:
Please use Educational Agreement (Appendix G) and Being a Family Doctor document. (Appendix H). For your information the Educational Agreement is currently being updated and will hopefully be available from August 2014. In the meantime Appendix G is the current document available.

Discuss learning objectives for the job and write Personal Development Plan for the post. PDP and learning objectives should be put onto your e-portfolio. Please use Hospital Specialty Handbook to map PDP to GP Curriculum.

Mid Term Appraisal:
Discuss progress in job.

Final Appraisal:
Review Personal Development Plan and whether learning objectives for job have been achieved. Ensure Clinical Supervisor completes the Clinical Supervisors report on eportfolio. Without this your Educational Supervisor will not be able to review your progress and complete your six month review.

End of Placement Feedback Report

At the end of each placement trainees are encouraged to complete the online KSS End of Placement Survey to give an overview of their experience in the specialty. Any issues raised would be dealt with confidentially if requested and feedback if necessary would be given to that specialty to improve trainees experience. Please access http://kssdeanery.org/general-practice/trainees/gp-specialty-training/training-placement-feedback.

From April 2011 the Chertsey scheme have also produced an End of Placement Form which trainees are also encouraged to complete which has been devised locally and therefore hopefully more relevant to the Chertsey scheme. Please see Appendix I.

Appraisal Process for ST3

At the beginning of your ST3 year you should specifically meet with your Educational Supervisor to discuss learning objectives for ST3 year and devise a PDP. Throughout the year you should be continually discussing and reviewing your progress with your Educational Supervisor and if necessary change or add objectives as you become more experienced.

During your final review at 36 months you should discuss your PDP and whether learning objectives have been achieved. You should also devise a PDP for your first year as an independent practitioner.

Revalidation

Revalidation is a new process from 2012 that GPs need to go through to be re-licensed with the GMC. Please see GMC Revalidation update at following link http://www.gmc-uk.org/publications/6491.asp
**Clinical Supervisors:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Riyaz Kaba</td>
<td>Consultant Cardiologist</td>
</tr>
<tr>
<td>Dr Paul Murray</td>
<td>Respiratory Consultant</td>
</tr>
<tr>
<td>Dr Michael Wood</td>
<td>Respiratory Consultant</td>
</tr>
<tr>
<td>Dr Gillian Baksh</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Dr Tariq Bhatti</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Dr Alison Groves</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Dr Bozhena Zoritch</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Dr Diab Haddad</td>
<td>Consultant Paediatrician</td>
</tr>
<tr>
<td>Dr Asim Nayeem</td>
<td>A&amp;E Consultant</td>
</tr>
<tr>
<td>Dr Rajaratnam Jeyarajah</td>
<td>Consultant, Care of the Elderly</td>
</tr>
<tr>
<td>Dr Brendan Affley</td>
<td>Consultant, Care of the Elderly</td>
</tr>
<tr>
<td>Dr Laura Vivarelli</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Tayeem Pathan</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Rejin Dayanandan</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Ramin Nilforooshan</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Ward Lawrence</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Liam Parsonage</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Anand Mathilakath</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Dr Marion De Ruiter</td>
<td>Consultant Psychiatrist</td>
</tr>
<tr>
<td>Mr Neville Menezes</td>
<td>Consultant Surgeon</td>
</tr>
<tr>
<td>Mr Jonathan Trickett</td>
<td>Consultant Colorectal Surgeon</td>
</tr>
<tr>
<td>Mr Ahmed Elias</td>
<td>Consultant, Obs &amp; Gynae</td>
</tr>
<tr>
<td>Mr Faris Zakaria</td>
<td>Consultant, Obs &amp; Gynae</td>
</tr>
<tr>
<td>Mr Saikat Banerjee</td>
<td>Consultant, Obs &amp; Gynae</td>
</tr>
<tr>
<td>Miss Devanna Rajeswari</td>
<td>Consultant, Obs &amp; Gynae</td>
</tr>
<tr>
<td>Dr Stephen Evans</td>
<td>Consultant Gastroenterologist</td>
</tr>
<tr>
<td>Dr Helen Ward</td>
<td>Consultant Endocrinologist</td>
</tr>
<tr>
<td>Mr Arshad Khaleel</td>
<td>Consultant T&amp;O Consultant</td>
</tr>
<tr>
<td>Dr Keeffai Yeong</td>
<td>Orthogeriatric Consultant</td>
</tr>
<tr>
<td>Dr Jillian Pritchard</td>
<td>Consultant GUM</td>
</tr>
<tr>
<td>Dr Bernadette Lee</td>
<td>Consultant Palliative Medicine</td>
</tr>
<tr>
<td>Ms Heidi Chittenden</td>
<td>Consultant Ophthalmologist</td>
</tr>
<tr>
<td>Dr Melissa Barkham</td>
<td>Consultant Dermatologist</td>
</tr>
<tr>
<td>Dr Sam Vaughan-Jones</td>
<td>Consultant Dermatologist</td>
</tr>
<tr>
<td>Ms Pandora Hadfield</td>
<td>ENT Consultant</td>
</tr>
<tr>
<td>Dr Zivai Nangati</td>
<td>Consultant Palliative Medicine</td>
</tr>
</tbody>
</table>
The Local GP Faculty Group

Local Faculty Groups (LFGs) hold a Quality Control remit within the system of educational governance operational in KSS Deanery.

The role of the Local GP Faculty Group is to:

1. Ensure that the local training programme is fit for purpose and in line with the GP Curriculum requirements.
2. To quality control the local GP programme
3. To ensure that trainee progression is tracked, supported and audited.

The Local Faculty Board meets three times a year in October, February and May. Its work is quality managed by the KSS Deanery Standards for the Local Faculty Group.

Your Year Group

Each year group, ST1, ST2 and ST3, will meet three times a year before each Local GP Faculty meeting to discuss any points or issues they would like to raise at the GP Faculty meeting.

Your Year Group Representative

Each year group will have elected a representative/s to attend the Local GP Faculty. This is a key part of the feedback process. This is a member/s of the year group who will undertake to meet with the whole cohort to gather feedback about the local programme and to attend and give feedback at the thrice yearly Local GP Faculty Group meetings. The feedback loop must be closed as relevant information/responses from the Board Meeting need to go back to the cohort. This is the responsibility of the Year Group Representatives.

The Local Academic Board

There is a Local Academic Board in each Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards.

The LAB undertakes the quality of postgraduate medical training programmes. It receives Annual Audit and Review Reports from Local Faculty Groups.

The GP Specialty School

Details of the GP School can be found at http://cssag.kssdeanery.org

In this programme we adopt a variety of learning approaches. These include web-based, CDs, ward-based clinical teaching, exposure to outpatients and theatres at the appropriate identified level, group learning, private study, courses, reflective practice, audit projects, regular teaching specific to year and Specialty, but also multi-Specialty if appropriate.
nMRCGP Examination
Since August 2007 there is a single training and assessment system for UK trained doctors wishing to obtain a CCT (Certificate of Completion of Training) in General Practice. Satisfactory completion of the scheme is an essential requirement for entry to the General Medical Council’s GP Register and for membership of the Royal College of General Practitioners. The MRCGP is an integrated assessment programme that includes three components:

- Applied Knowledge Test (AKT)
- Clinical Skills Assessment (CSA)
- Workplace-Based Assessment (WPBA)

Each of these is independent and tests different skills but together they cover the curriculum for specialty training for general practice. Evidence for the workplace-based assessment is collected in the Trainee eportfolio of each GP trainee.

1. Applied Knowledge Test

The Applied Knowledge Test is a summative assessment of the knowledge base that underpins independent general practice in the United Kingdom within the context of the National Health Service. Candidates who pass this assessment will have demonstrated their competence in applying knowledge at a level which is sufficiently high for independent practice.

The AKT can only be taken during the ST2 stage of specialist training or in ST3. Those who commenced specialist training on or before 1 August 2009 will be permitted to take the AKT during the ST1 stage of their specialist training pending their transition to ST2.

For revision guidance information please access [http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies](http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies) and download AKT checklist and revision guidance.

For further information and for 2014/15 dates please access [http://www.rcgp-curriculum.org.uk/nmrcgp/akt.aspx](http://www.rcgp-curriculum.org.uk/nmrcgp/akt.aspx)

2. Clinical Skills Assessment

The Clinical Skills Assessment (CSA) is an essential component of the MRCGP, and is ‘an assessment of a doctor’s ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice’. A PowerPoint presentation about the CSA is available here.

GPStRs will be eligible to take the CSA when they are in ST3 (the third and final year of their GP specialty training). For revision guidance information please access [http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies](http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies) and download CSA checklist and revision guidance.

From October 2014 the CSA is offered eight times a year: dates for the forthcoming year are shown in the table below. The assessment centre is located at Number 1 Croydon and has been created by fitting out three floors of the building specifically for the purpose.

For further information and for 2014/15 dates please access [http://www.rcgp-curriculum.org.uk/nmrcgp/csa.aspx](http://www.rcgp-curriculum.org.uk/nmrcgp/csa.aspx)
3. Workplace Based Assessment

Workplace based assessment (WPBA) is defined as the evaluation of a doctor’s progress over time in their performance in those areas of professional practice best tested in the workplace. It is a process through which evidence of competence in independent practice is gathered in a structured and systematic framework. Evidence is collected over all three years of training. The evidence is recorded in a web-based portfolio (the Trainee ePortfolio) and used to inform six monthly reviews and, at the end of training, to make a holistic, qualitative judgement about the readiness of the GPStr for independent practice.

WPBA is a developmental process. It will therefore provide feedback to the GPStr and drive learning. It will also indicate where a doctor is in difficulty. It is learner led: the GPStr decides which evidence to put forward for review and validation by the trainer. It is delivered locally by deaneries.

The WPBA tools are:

- Case-based Discussion
- Consultation Observation Tool (in primary care only)
- Multi-Source Feedback
- Patient Satisfaction Questionnaire (in primary care only)
- Direct Observation of Procedural Skills (in hospital posts)
- Clinical Evaluation Exercise (Mini-CEX) (in hospital posts)
- Clinical Supervisors Report (in hospital posts).

For further information on WPBA please access the link below; [http://www.rcgp-curriculum.org.uk/nmrcgp/wpba.aspx](http://www.rcgp-curriculum.org.uk/nmrcgp/wpba.aspx)
### Work Place Based Assessment Cycle

<table>
<thead>
<tr>
<th></th>
<th>6 month review</th>
<th>12 month review</th>
<th>Deanery panel</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST1</td>
<td>Based on evidence of:</td>
<td>Based on evidence of:</td>
<td>if unsatisfactory</td>
</tr>
<tr>
<td></td>
<td>3 x mini-CEX</td>
<td>3 x mini-CEX</td>
<td>** If appropriate</td>
</tr>
<tr>
<td></td>
<td>3 x CBD</td>
<td>3 x CBD</td>
<td>One for each</td>
</tr>
<tr>
<td></td>
<td>1 x MSF</td>
<td>1 X MSF</td>
<td>Hospital Post</td>
</tr>
<tr>
<td></td>
<td>DOPS**</td>
<td>DOPS**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Supervisor Report</td>
<td>Clinical Supervisor Report</td>
<td></td>
</tr>
</tbody>
</table>

#### ST2

<table>
<thead>
<tr>
<th></th>
<th>18 month review</th>
<th>24 month review</th>
<th>Deanery panel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on evidence of:</td>
<td>Based on evidence of:</td>
<td>if unsatisfactory</td>
</tr>
<tr>
<td></td>
<td>3 x mini-CEX</td>
<td>3 x mini-CEX</td>
<td>** If appropriate</td>
</tr>
<tr>
<td></td>
<td>3 x CBD</td>
<td>3 x CBD</td>
<td>One for each</td>
</tr>
<tr>
<td></td>
<td>DOPS**</td>
<td>DOPS**</td>
<td>Hospital post</td>
</tr>
<tr>
<td></td>
<td>Clinical Supervisor Report</td>
<td>Clinical Supervisor Report</td>
<td></td>
</tr>
</tbody>
</table>

+ Plus one PSQ whilst in ITP placement in either your ST1 or ST2 year

#### ST3

<table>
<thead>
<tr>
<th></th>
<th>6 month Interim review</th>
<th>10 month Final review</th>
<th>Deanery sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on evidence of:</td>
<td>Based on evidence of:</td>
<td>off or panel</td>
</tr>
<tr>
<td></td>
<td>6 x COT</td>
<td>6 x COT</td>
<td>review if</td>
</tr>
<tr>
<td></td>
<td>6 x CBD</td>
<td>6 x CBD</td>
<td>unsatisfactory</td>
</tr>
<tr>
<td></td>
<td>1 x MSF</td>
<td>1 x MSF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSQ</td>
<td>PSQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AKT</td>
<td>AKT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CSA</td>
<td>CSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEA (1 every four months)</td>
<td>SEA (1 every four months)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audit</td>
<td>Audit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leadership Module</td>
<td>Leadership Module</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Evaluation Exercise (Mini-CEX) - while in Hospital or Consultation Observation Tool (COT) – while in General Practice

Mini-CEX is a 15 minute snapshot of doctor/patient interaction within a secondary care setting. It is designed to assess the clinical skills, attitudes and behaviours essential to providing high quality care.

How to do a mini-CEX

The mini-CEX may be overseen by the clinical supervisor, the trainer or the educational supervisor, depending on the arrangements in each deanery. The mini-CEX may be observed by staff grades, experienced specialty registrars or consultants.

Each mini-CEX should represent a different clinical problem and GPStRs should sample from a wide range of problem groups by the end of the year. The interaction will be observed by a different observer on each occasion and the evidence will be rated and recorded in the ePortfolio. Immediate feedback will be provided by the observer rating the GPStR. A learning plan will be developed, based on the strengths and developmental needs observed.

How many? How often?

GPStRs will be expected to undertake six observed encounters (or COT in primary care) during ST1 and ST2 (three before each six month review).
Multi-Source Feedback

The Multi-Source Feedback (MSF) tool provides a sample of attitudes and opinions of colleagues on the clinical performance and professional behaviour of the GPStR. It helps to provide data for reflection on performance and gives useful feedback for self-evaluation.

How to use the MSF

Collecting Feedback

- The GPStR and trainer should agree a date for the MSF and a date for the GPStR and Educational Supervisor or GP Trainer or Clinical Supervisor to discuss the feedback generated by the MSF. It is important that protected time is set aside for the interview, which will be held after the closing date for responses.
- The GPStR selects five clinicians with different job titles when in secondary care and five clinicians, mainly GPs, when in primary care. When the tool is used in primary care an additional five non clinicians are selected. All the respondents need to be people who have observed the GPStR in the workplace. The GPStR gives all respondents the instruction letter which explains the process and gives details of how to input, and the closing date by which their feedback should be given. The Educational Supervisor or GP trainer (depending on the arrangements in each deanery) needs to be aware of which colleagues / staff members the GPStR invited to complete the MSF.
- Respondents will connect to the internet and log onto the ePortfolio, giving name and GMC number of the GPStR. They will use a 7 point grade and enter feedback comments in two free text boxes. Clinicians will answer both questions. Non-clinicians answer just the first question.
- The educational supervisor or trainer will verify with a sample of colleagues / staff members that they did indeed contribute to the MSF. It is important that when checking that colleagues or staff have contributed, the educational supervisor or GP trainer is not made aware of any details of their entry to the MSF.

Using Feedback

- On the closing date the results will be sent to the Educational Supervisor. The results will be anonymous. Results will show the free text comments and the breakdown of scores. There will also be information on the mean, median and range of scores.
- The Educational Supervisor will authorise the results to become available within the GPStR’s ePortfolio and visible to the GP trainer. The GP Trainer or Educational Supervisor should try to assimilate the numerical scores and free text comments within the context of the GPStR’s overall performance to date.
- The feedback interview should be conducted in protected time with no interruptions. It will require excellent skills of giving feedback on the part of the interviewer. The interviewer should ensure that the GPStR understands the background to the use and purpose of the MSF tool. Different individuals may require different lengths of time for reflection. It may be necessary to schedule the feedback for more than one occasion in order to make best use of data. Discussion should centre around the GPStR’s expectations in relation to their scores.
- The Professional Conversation log in the Education Section of the ePortfolio may be used to record the discussion and the action plan arising from it.

How many? How often?

Two cycles must be completed in ST1 (5 clinicians only) and two cycles in ST3 (5 clinicians and 5 non-clinicians).
The Patient Satisfaction Questionnaire (ST3 and ITP only)

The Patient Satisfaction Questionnaire (PSQ) provides feedback to GPStrs by providing a measure of the patient’s opinion of the doctor’s relationship and empathy during a consultation. The evidence provided is useful in helping trainer and GPStr to address needs and facilitate educational development during the training period.

How to use the Patient Satisfaction Questionnaire

Obtaining Feedback
The GPStr and trainer should agree a date for the PSQ and a date for the feedback interview. The questionnaires and letters of explanation should be handed to consecutive patients (irrespective of their likelihood of responding) by the receptionist. The receptionist and trainer should complete the declaration form and return to the Deanery.
Patients complete the questionnaire and hand them back to the receptionist. This should continue until 40 completed forms have been returned. This may take a number of days.
The results should be entered into the GPStr’s Trainee ePortfolio. Each deanery will decide who will do this.

Using Feedback
Once analysed, the results are sent to the Educational Supervisor. Results will be anonymous and will include mean, median and range for each question. The Educational Supervisor should familiarise him/herself with the feedback prior to the feedback interview and assimilate the numerical scores within the context of the GPStr’s overall performance. The Educational Supervisor can authorise the results to be transmitted to the GPStr’s Trainee ePortfolio at any time. The GP trainer will then have access too.
The feedback interview should be conducted in protected time with no interruptions. It will require excellent skills of giving feedback on the part of the interviewer. Different individuals may require different lengths of time for reflection. It may be necessary to schedule the feedback for more than one occasion in order to make best use of data. The interviewer should ensure that the trainee understands the background and purpose of the PSQ. Discussion should centre around the GPStr’s expectations in relation to the mean, median and range for each question.
The Professional Conversation log in the Education Section of the Trainee ePortfolio may be used to record the interview and any action plan arising from it.

How many? How often?

The PSQ should be used once during months 31 to 34 (ST3, if in primary care). PSQ can take place in ST1 or ST2, if the GPStr is in primary care.

In other words the PSQ will be used only once if the GPStr is in general practice for 12 months but twice if they have more than 12 months in general practice.
The Clinical Supervisor's Report

The Clinical Supervisors Report (CSR) forms part of the evidence which is gathered through WPBA. The ePortfolio has a section for the clinical supervisor to write a short structured report on the GPStR at the end of each hospital post. This covers:

- The knowledge base relevant to the post
- Practical skills relevant to the post
- The professional competences

What to do

The electronic form provides reminders of the definitions of the competences to make writing the report easier. It may also be helpful to refer to the relevant curriculum statement(s) on the RCGP website in reporting on the knowledge and skills relevant to the post.

The report should identify any significant developmental needs identified during a placement, and also point up any areas where the GPStR has shown particular strengths. The report should describe the progress of the GPStR in terms of the evidence of competence rather than pass or fail. This information will feed into the relevant six monthly reviews and at that point a decision will be taken as to whether additional training is needed.
Direct Observation of Procedural Skills

Direct Observation of Procedural Skills (DOPS) is designed to provide feedback on procedural skills essential to the provision of good clinical care. The mandatory procedures have been selected as sufficiently important and/or technically demanding to warrant specific assessment.

How to do DOPS
GPStRs will be asked to undertake observed encounters with a different observer for each encounter. They will normally be completed opportunistically during the first two years of training. Each DOPS should represent a different procedure. The GPStR chooses the timing, procedure and the observer. There may be a need to check that the skills have been retained and are used appropriately within the context of general practice. The observers may be experienced SpRs, staff grades, appropriate nursing staff or consultants.

There are eight mandatory procedures to be covered:

- Application of simple dressing
- Breast examination
- Cervical cytology
- Female genital examination
- Male genital examination
- Prostate examination
- Rectal examination
- Testing for blood glucose

Some of these procedures may be combined e.g. prostate and rectal examinations

How many? How often?
One DOPS should be carried out for each procedure, for at least the eight mandatory procedures. These need to be carried out until the mandatory skills log in the ePortfolio is complete. It is estimated that each DOPS will take between 10 and 20 minutes, including 5 - 15 minutes for assessment and 5 minutes for feedback.
Case Based Discussion

Case-based discussion (CbD) is a structured interview designed to explore professional judgement exercised in clinical cases which have been selected by the GPStR and presented for evaluation. Evidence collected through CbD will support the judgements made about the GPStRs at the six monthly and final reviews throughout the entire programme of GP specialty training. The CbD tool has been designed to be used in both hospital and GP settings.

CbDs may be carried out by GP trainers or educational supervisors or clinical supervisors, according to the arrangements made in each deanery.

How is a case-based discussion carried out?

The GPStR is responsible for selecting cases, requesting a CbD and ensuring the paperwork is properly completed. The GPStR and the trainer should ensure that a balance of cases are represented including those involving children, mental health, cancer/palliative care and older adults, across varying contexts i.e. surgery, home visits and out-of-hours contacts.

In ST1 and 2, the GPStR will select two cases and present copies of the clinical entries and relevant records to the clinical supervisor or educational supervisor one week before the discussion. The clinical or educational supervisor selects one of the cases for discussion. The discussion should be framed around the actual case and should not explore hypothetical events. Questions should be designed to elicit evidence of competence and should not shift into a test of knowledge.

In ST3, the GPStR will select four cases and present copies of the clinical entries and relevant records to the trainer or educational supervisor one week before the discussion. The trainer or educational supervisor selects one or two of the cases for discussion, depending on time available.

The trainer or educational supervisor records the evidence harvested for the CbD in the Trainee ePortfolio against the appropriate competence areas.

Trainers or educational supervisors should aim to cover as many competences as are relevant to each case and can be covered in the time frame. It is unreasonable to expect that all the competences will be covered in a single CbD but if too few are considered useful evidence will be overlooked and there would be inadequate sampling of all the competences. It is helpful to tell the GPStR at the beginning of the discussion which competence areas you expect to look at. It is recommended that each discussion should take about thirty minutes, including the discussion itself, completing the rating form and giving feedback to the GPSIR.

How many? How often?

A minimum of six CbDs should be carried out in each of ST1 and ST2 (three before each six month review for full time trainees) and twelve CbDs should be carried out in ST3 (six before the six month review and six before the final review for full time trainees).

These minimum requirements apply whether the GPStR is in a placement in primary or secondary care. More CbDs can be done if this is agreed between the trainer and the GPStR. There may be occasions, for example, when the GPStR is short of evidence in a particular competence area and another one or two CbDs might help to fill this gap.
Learning Log

This is an essential part of the evidence you will offer on your ePortfolio. There is a guide to the mandatory requirements for this – *A guide to completing the e-portfolio learning logs*. [http://kssdeanery.org/general-practice/trainees/mrcgp-and-eportfolio](http://kssdeanery.org/general-practice/trainees/mrcgp-and-eportfolio)

In summary:

- A minimum of 2 entries must be included per week within the learning log. These need to be heavily weighted to clinical encounters where you can demonstrate reflective learning.

- One significant event in every 4-month post in GP

- Following each hospital post a concise summary of the main learning points, including reflections on the learning achieved, how this will relate to a career in General Practice and further learning you may need within this specialty

- In ST3 an audit must be completed and this needs to be completed before the annual review (these normally occur 2 months before the end of your training time)

Please see **Appendix F** regarding full new guidance in respect of your learning log

Personal Development Plan

Within the eportfolio you will also see a section for Personal Development

This is also essential part of the evidence you will offer on your ePortfolio, as it enables you to show you have identified knowledge gaps and how you have addressed these.

- You should be aiming to do 1-2 PDP entries per four month post.

- These need to be realistic and something which can be managed and achieved within the duration of the post

- For example, in a GP setting, knowledge gap is asthma, action taken is to read NICE guidelines, have a tutorial, sit in with asthma nurse in her clinic and manage some patients

- As a number of trainees had difficulty in attending speciality clinics, in 2013 the Chertsey scheme decided that as part of a trainees PDP when trainees start new rotations they discuss and arrange with their Clinical Supervisor to attend a minimum of four clinics whilst in their four month rotation and add these clinic attendances within their PDP.
Additional Training Requirements

KSS Deanery have additional requirements that need to be undertaken during each training year and needs to be evidenced within the RCGP ePortfolio:

Safeguarding Children training – please refer to the KSS policy document on the resources section of the web site. http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies Trainees need to undertake the training annually. At ST1 and ST2 only Level 2 is required but at the end of ST3 trainees need to have received Level 3 Training.

Equality & Diversity Training – trainees must be trained at the beginning of the ST1 year – the training is provided through the Trust. The training is valid for three years.

GMC Survey – all trainees in each training year are expected to take part in the National GMC Training Survey. It is a professional duty for all trainees to feedback about the quality of their training in this way, as is stated in the Gold Guide para 7.32 “[doctors] must take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey)” http://www.mmc.nhs.uk/specialty_training_2010/gold_guide.aspx

GP trainees in KSS (similar to all specialty trainees) must have evidence in the eportfolio of a leadership experience. See the KSS form on the web site which should be completed and uploaded to the eportfolio.

Educational Review

Every six months the GP trainee will meet with their Educational Supervisor to complete an interim and ultimately final review of progress. Evidence collected is reviewed, a self-assessment conducted and the trainees progress assessed by the Educational Supervisor in each of the 12 competency areas. Towards the end of training a final review is conducted. Successful completion requires competency in all areas. The Educational Supervisor makes a recommendation to the Deanery regarding the competence of the trainee. A failure to reach the standard will trigger a review by an expert Deanery panel, which will make decisions and recommendations as to whether the workplace based assessment has been completed satisfactorily.

ARCP Panel Review

Your Educational Supervisor decides whether you have made satisfactory or unsatisfactory progress in order to progress. In addition, if unsure, your educational supervisor can ask for a ‘Panel Review’. If you have unsatisfactory progress or panel review requested your eportfolio will be reviewed by the ARCP panel and a decision made as to whether you can or cannot proceed in training. You will have to attend this review panel to discuss outcome. In addition 10% of satisfactory eportfolios are also reviewed for quality control.
Overview of Timing of Assessments in ST1 and ST2

<table>
<thead>
<tr>
<th>ROTATIONS</th>
<th>AUGUST-NOVEMBER</th>
<th>DECEMBER-MARCH</th>
<th>APRIL-AUGUST</th>
<th>AUGUST-NOVEMBER</th>
<th>DECEMBER-MARCH</th>
<th>APRIL-AUGUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE</td>
<td>ST1</td>
<td>ST1</td>
<td>ST1</td>
<td>ST2</td>
<td>ST2</td>
<td>ST2</td>
</tr>
<tr>
<td>CSR REVIEW DUE</td>
<td>Review Nov</td>
<td>Review March</td>
<td>Review June</td>
<td>Review Nov</td>
<td>Review March</td>
<td>Review June</td>
</tr>
<tr>
<td>WPBD</td>
<td>MSF - 5 Replies</td>
<td>MSF - 5 Replies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 CBDs</td>
<td>2 CBDs</td>
<td>2 CBDs</td>
<td>2 CBDs</td>
<td>2 CBDs</td>
<td>2 CBDs</td>
</tr>
<tr>
<td></td>
<td>2 Mini Cex</td>
<td>2 Mini Cex</td>
<td>2 Mini Cex</td>
<td>2 Mini Cex</td>
<td>2 Mini Cex</td>
<td>2 Mini Cex</td>
</tr>
</tbody>
</table>

Please note that if any of the 4 month posts in the first 2 years of the programme include a General Practice (ITP) placement then a Patient Satisfaction Questionnaire is also required.

In addition to the above, NODAL reviews of your Progress are done by your Educational Supervisor (ES). These occur at 6 months and 10 months into each training year. At this review, your ES will use your ePortfolio to look at the learning log, curriculum coverage, the assessments you have done and your self-rating logs. The assessments and Clinical Supervisors review MUST be completed for the Educational Supervisors review or you will be considered to have been performing unsatisfactorily.

COT = Consultation observation tool
CBD = Case-Based Discussion
MCEX = Mini Clinical Evaluation Exercise
DOPs = Directly observed procedure (8 compulsory up to 9 optional)
CSR = Clinical Supervisors report (one required for each post)
MSF = Multi-Source feedback
PSQ = Patient satisfaction Questionnaire
MSF in ST1 is done twice and includes a minimum of 5 replies each time which are clinical
MSF in ST3 is done twice and includes a minimum of 10 replies each time – 5 clinical and 5 nonclinical

As stated above, the RCGP website has a lot of useful information about the assessments for MRCGP
<table>
<thead>
<tr>
<th>Months</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posts</td>
<td>GP Specialist Training Year in Practice</td>
<td>By January - Complete 6 CBD, 6 COTs First MSF round, ongoing DOPs</td>
<td>Complete a further 6 CBDs and COTs making a total of 12 CBD, 12 COTs. In addition a 2nd MSF is required by May plus a PSQ and the 8 mandatory DOPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WBPA</td>
<td>Out of hours training.</td>
<td>Out of hours training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments</td>
<td>Educational events on learning log (2 entries per week)</td>
<td>Educational events on learning log 2 entries per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audit, SEA, CPR/AED</td>
<td>Complete KSS Leadership Module</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AKT sitting in October and January</td>
<td>AKT sitting in April</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External assessments</td>
<td>CSA sitting in November</td>
<td>CSA in February or May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submissions</td>
<td>Start Audit in Practice</td>
<td>End May submit eportfolio for ARCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ES report, assessments 12CbD, 12 CoT, MSF, PSQ, DOPS and achievements). Signed off as competent in OOH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reviews</td>
<td>Educational Supervisor 30 month review and report January</td>
<td>Final Educational Supervisors report for ARCP end of May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GP faculty review October and January</td>
<td>GP faculty review May</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External reviews</td>
<td>ARCP review May/June</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CbD – Case Based Discussion
DOPS – Direct Observational Procedures
MSF – Multi source feedback
PSQ - Patient Satisfaction Questionnaire
CoT – Consultation Observation Tool

ES – Educational Supervisor
ARCP – Annual Review of Competency Progression
SEA – Significant Event Analysis
Useful handbooks and websites:

Ashford & St Peter’s GP Trainees Website - [http://www.ashfordstpeters.nhs.uk/gp-training](http://www.ashfordstpeters.nhs.uk/gp-training)
This new website gives up to date information and presentations for the Chertsey GP Training Scheme. You are able to access this Handbook via the intranet to download Deanery forms etc.

KSS Deanery Website – [www.kssDeanery.ac.uk](http://www.kssDeanery.ac.uk)

RCGP – [www.rcgp.org.uk](http://www.rcgp.org.uk)


WPBA handbook – [www.rcgp.org.uk](http://www.rcgp.org.uk)


Become an Associate in Training – [www.rcgp.org.uk](http://www.rcgp.org.uk)


Care Quality Commission – [www.cqc.org.uk](http://www.cqc.org.uk)

Study Leave Guidance - See Appendix A

Out Of Hours Guidance – See Appendix D

Induction handbook – copy available from the PGEC

Timetable for assessments – Induction handbook

Guide to educational reviews – Induction handbook

A key aspect of your learning in the programme is the E-learning Portfolio. It is your responsibility to maintain your e-portfolio. This is an essential mandatory requirement as it provides an audit of your progress and learning. Further information on how to manage and complete the e-portfolio is found at [www.rcgp.org.uk](http://www.rcgp.org.uk)

15.1 Faculty Group educational support

The KSS Deanery offers a range of educational support/programmes

For details please go to

[http://education.kssDeanery.ac.uk/fac_dev-Accredited_Programmes.php](http://education.kssDeanery.ac.uk/fac_dev-Accredited_Programmes.php)
Our two libraries are located next to the education centres on both sites. To join, fill in a registration form and bring along your Trust ID.

Access our website for links to Athens registration.

www.knowledgenet.ashfordstpeters.nhs.uk

Advanced literature searching
Monthly training sessions are provided on searching for the best available evidence to support patient care. Sessions cover advanced searching in clinical databases (e.g. Medline, Embase), NHS Evidence, The Cochrane Library and other resources.

Exam preparation texts are available along with Oxford Handbooks. We also have access to the electronic version of “100 Cases in Acute Medicine” which presents commonly seen conditions.

Careers collection
Includes a range of literature, some autobiographical. e.g. ‘The making of a surgeon’, ‘Preparing the perfect medical CV’ and many more.

‘Live Well’
Books, CDs and DVDs on health, self-help, lifestyle and experiences. Anything from helping you stop smoking to pilates, mindfulness or dealing with breast cancer.
Research and Knowledge Hub
An in-house system bringing together information on research undertaken within the Trust and published material written by Trust staff. Access is available via KnowledgeNet and you are invited to submit your own published work for inclusion.

Anatomy TV gives access to 3D images and clinical information on causes, symptoms, diagnosis and treatment options.

UpToDate is an evidence-based clinical decision support resource.

BMJ Case Reports is an easy way for you to publish. Ask the library for our fellowship number and you will be able to do it all electronically.

For more information contact the library:
Email  sph.library@asph.nhs.uk
Tel  01932 723213
Staffed Mon – Fri, 9am – 5pm. Access available outside these hours, ask staff for details.

Laura Strafford
Head of Library and Knowledge Services
What if you need help?

**Counselling & Mentoring Policy For Doctors In Training**

**Head of Postgraduate Medical Education - Dr Peter Martin Ext. 3212**

The Postgraduate Centre operates an ‘Open Door’ approach and here you can find information about local trust policies e.g. Grievance; Bullying and Harassment and Equal Opportunities. These policies can also be accessed via the Hospital Intranet.

You are encouraged to either make an appointment or call in to see one of the GP Programme Directors to discuss any problems of a personal or career related nature.

We sincerely hope that you will find your attachment at Ashford & St Peter’s Trust professionally rewarding. We recognise that every hard worked doctor experiences periods of extreme physical and emotional stress and it is very important to me that you feel supported.

Should you ever feel you need extra help during such a time please remember the following:

**The Student and Trainee Champion**

HEKSS have developed a new role to support all health care professionals through their experience of working in the NHS: the Student and Trainee Champion. There are 4 Champions for this region and for this area it is Tanaya Sarkhel, Consultant Orthopaedic Surgeon, contactable via Ext 2320 or via email tanaya.sarkhel@asph.nhs.uk. If you have any concerns for yourself or for others who you feel may be experiencing unacceptable workplace behaviours, please do not hesitate to contact her. All concerns are treated with the utmost confidentiality and the role is designed to represent the concerns of the Student, Trainee or other HCP and improve the workplace environment.

**Mentoring Scheme**

All trainees who join the trust are assigned one personal mentor. These mentors are Consultants who agreed to undertake the role. Their function is to provide independent advice of personal or career related nature if a trainee has been unable to discuss these issues with the Consultant they are currently working for, their Educational Supervisor or the Director of Medical Education. Mentors are specifically selected from non-related specialties. The names of Mentors are held by the PGEC. If you wish to contact your mentor, please inform the PGEC who will inform you in confidence who your mentor is.

**Professional Counselling**

A professional counsellor is available via the Occupational Health Department. Sessions are usually one hour long with a maximum of eight sessions. Appointments should be made through the Occupational Health Department.

Support available for doctors outside Ashford & St Peter’s Hospitals Trust

The following support services are available.

The National Counselling Service for Sick Doctors Tel: 0870 241 0535
The Sick Doctor’s Trust Tel: 0125 234 5163
The BMA 24-hour stress counselling service for doctors Tel: 0645 200169

**Career Counselling**

For ST3 trainees part of the ST3 Teaching involves advice with interviews, writing CVs, job prospectives and job as GPWS1. For ST1 and 2 Career Counselling can be given by one of the GP Programme Directors, who are happy to discuss and advise regarding developing special interests within GP.

**GPST1/2 Job Description**

Appendix M
Good Medical Practice and Ethical Guidelines

Good Medical Practice sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors.

We have provided links to other guidance and information which illustrate how the principles in Good Medical Practice apply in practice, and how they may be interpreted in other contexts; for example, in undergraduate education, in revalidation, or in our consideration of a doctor’s conduct, performance or health through our fitness to practise procedures. There are links to:

- supplementary guidance and other information from the GMC.
- cases heard by GMC fitness to practise panels, which provide examples of where a failure to follow the guidance in Good Medical Practice has put a doctor’s registration at risk.
- external (non-GMC) sources of advice and information.

For an overview of Good Medical Practice you can use the contents page. You can use the links in the boxes on the right to access ‘Further GMC guidance’ and ‘External web links’. Where a link refers to a specific paragraph or bullet point, this is indicated using square brackets (for example [4d] Consent guidance).

You can search all our current ethical guidance, including Good Medical Practice, using our A-Z of Ethical Guidance.

List of Ethical Guidance

http://www.gmc-uk.org/guidance/ethical_guidance.asp

Trainees in Difficulty

This KSS Deanery guide is useful for those trainees finding themselves in difficulty during their training. Your first point of call however should always be either Dr Saba Khan or Dr Neman Khan the Chertsey Programme Directors:

- Trainee in Difficulty Guidelines

KSS Guide: The Trainee Support Group
Less than Full Time Training/Flexible Training

Less than Full Time (LTFT) Training in Health Education Kent, Surrey and Sussex (HEKSS) allows doctors and dentists to work less than full-time in posts that are fully recognised for training.

HEKSS acknowledges the continuing need for LTFT Training and is committed to supporting this as a meaningful contribution to the principles of equality and diversity, whilst also recognising that it enables a number of medical and dental trainees to remain within the NHS and therefore available to treat acutely ill patients across the South East Coast region.

HEKSS also aims to support the principles of the new approach to LTFT Training, introduced in June 2005, as part of The New Pay Deal for LTFT trainees. This acknowledged the need to integrate an increasingly valuable method of training into mainstream medicine through slot-share placements, which are ultimately aimed at improving access to LTFT Training, whilst combining it with better support for LTFT trainees and a new, equitable pay structure. Further details can be viewed from the NHS Employers website at: www.nhsemployers.org

HEKSS supports access to Less than Full Time Training through slot sharing and, if this is not feasible, trainees may need to train on the basis of reduced sessions in a full time placement. For further details of the application and funding arrangements for LTFT Training in KSS, please refer to http://kssdeanery.org/general-practice/resources-gp-trainees/less-full-time

The website includes a number of sections which form part of a Less than Full Time Training Guide with useful information and guidance on how the Less than Full-Time Training scheme operates, as well as providing links to other resources. Please select Less than Full Time Training Guide for further details.

Contact Information

Main Contact
KSS Deanery, Hospital LTFT Training Placements (Including GP ST1 and ST2 during hospital placements)

Eleanor Gosnell
LTFT Training Adviser
Tel: 020 7415 3464
E-mail: lessthanfulltimetraining@kssdeanery.ac.uk
Study Leave Guidance for GP Specialty ST1/ST2 doctors

Each Trainee has up to 30 days study leave entitlement each year. This is an entitlement and NOT an allowance and it would be exceptional that a trainee would use 30 days during their working year.

All requests for study leave (excluding GP Practice Days) need to be requested on the appropriate Study Leave Form obtainable from the PGEC Office, authorised by the appropriate people and sent to the PGEC for the Programme Director’s approval. Please see Appendix B.

During the year there are also many educational events organised at the PGEC specifically aimed at the Trainee. Attendance to any of these events should come out of study leave entitlement.

Other courses will be considered on individual merit.

Useful courses to consider doing:

- Minor Surgery
- Child Health Surveillance
- Child Protection
- Resuscitation and AEO
- Palliative Care
- Family Planning

Each Trainee has a study leave budget of £528 per year to spend, £300 of which is held back to fund three GP practice days throughout your training year. If you do not attend all three practice days and you have agreement from your trainer you may be able to use the surplus money towards a course.

Practice Days

During your ST1 and ST2 years, you will ideally spend 1 day every four months being hosted in your ultimate training practice by your Educational Supervisor. Please contact your Educational Supervisor well in advance to arrange convenient dates to suit both the practice and your specialty.

You will need to complete a GP Practice Day Visit Form (see Appendix C) for each day and get leave approval from your hospital specialty. Please take the form to your practice on the day of the visit for your Educational Supervisor to authorise and pass to the Practice Manager to submit with their invoice to PGEC. This money will come out of your study leave budget (please see budget information above)

During your visits you will have the opportunity to get to know your future training practice and PCHT. You will also have the opportunity to conduct your six monthly reviews with your Educational Supervisor. In addition you will have the opportunity of seeing patients within the PCHT setting and comparing that to patients seen within the secondary care setting.

Please see Appendix A for the updated 2011 KSS GP Study Leave guidelines

For full details of the new Study Leave Guidelines for 2011 please access the following: http://kssdeanery.org/sites/kssdeanery/files/KSS_Study_Leave_Guidance_v2.0.pdf
Annual Leave Guidance for ST1/ST2 GP Specialty Trainees

Annual leave entitlement is 27 days per annum, 9 days to be taken in each four month hospital job. To be agreed with Clinical Supervisor and complete request for Annual Leave form available from Specialty Office Manager.

GP Taster Clinics

Although the GP Faculty run a successful two year GP Training programme at the Trust with over forty trainees working across different hospital specialties, we do have a limited number of posts across some specialties and we are aware that not all trainees are able to work in all the areas they would like during their time with us.

We have therefore introduced ‘taster days’ in various specialties whereby the trainees can apply to attend certain clinics in specialties which they feel they require experience.

The trainee needs to apply to attend a clinic via a study leave form and they are required to give the normal 6 weeks notice, both to their current specialty and the ‘taster specialty’ holding the clinic. The list of available clinics is available from the GP office.
Study Leave Guidance for GP Specialty ST3 Trainees

Each trainee has a study leave allowance of 30 days each year. This is an allowance and NOT an entitlement and needs to be negotiated between each trainee and their Trainer, after ascertaining the Trainee’s educational needs. Many trainees will use less than 30 days but certainly no more.

The Chertsey ST3 Thursday Teaching Sessions uses 15 days of study leave.

Attendance at the nMRCGP exam (AKT and CSA) should not be included in study leave allowance.

This leaves the Trainee 15 days which can be used if required after discussion with the Trainer and as part of their educational plan.

Preparation for the nMRCGP – The CSA is an OSCE style exam based solely on the ability to consult with patients. It is difficult to envisage how taking study leave to prepare can be beneficial. Preparing for the CSA is best undertaken through receiving regular feedback over a period of time but the GP school does recognize the need trainees have expressed to collect their thoughts and undertake final preparations for the exam. Therefore from August 2014 trainees are able to request study leave for up to three days before this exam. However for repeated attempts each request would need to be considered on its merits with the Trainer and Programme Director and within the study leave allowance.

The AKT does require preparation and it is not unreasonable for a request to be granted for formal study leave.

Preparation for exams other than nMRCGP – The focus of the ST3 year is the successful acquisition of competencies deemed essential for work as a GP. Formal leave to pursue other Specialty Diplomas and courses excepting Family Planning is unlikely to be supported but Trainers do have discretion and such requests should be discussed in conjunction with the Programme Director who can seek further Deanery guidance.

Attendance at exams other than nMRCGP is unlikely to be agreed but trainers do have discretion and such requests should be discussed in conjunction with the Programme Director who can seek further Deanery guidance.

As a guide, courses that may be sanctioned by Trainer are: Deanery Study Days relating to OOHs and nMRCGP, Family Planning, CHS and Child Protection, Minor Surgery, GUM and Palliative Care.

Private study leave without clear purpose is unlikely to be agreed.

Professional leave – ST3s representing their peers on Local Faculty Groups / KSS ST3 Subcommittee / ST3 LMC reps and ST3 representation on Boards such as the National ST3 Subcommittee / GPC, this should not come from formal study leave entitlement.

Study leave requests can on occasions be contentious and it is difficult to issue guidance which relates to each and every request. Trainees need to be aware that requests for leave need to be seen in the context of the individual and their learning needs and comparison between peers may be misleading.

The nMRCGP exam is best prepared for by seeking patients and learning from them. The more exposure a ST3 has and the better able to consult effectively and efficiently adopting a patient centred approach, the more likely a successful outcome will occur.

Any ST3 who feels they are experiencing difficulties with study leave is encouraged to raise this concern with their Trainer. If concerns are raised and after discussion the trainee feels that concerns remain, they should discuss this with one of the Programme Directors. After further discussion and no resolution of concerns the Programme Director will refer to the Patch Associate Dean.
Annual Leave Guidance for ST3 Trainees

Annual Leave entitlement for ST3 is 30 days if on third pay increment. Annual Leave should not be considered as six weeks, ST3 should not be expected to take their leave solely as units of a week.

When a ST3 takes a full week off work that equates to ten sessions or five days leave.

When a ST3 takes a week with a bank holiday that equates to eight sessions or four days leave.

If a ST3 takes a day’s leave on a VTS/personal study day that equates to two sessions or one day study leave.

ST3s and Trainers should share their leave plans well in advance to allow the Practice to prepare.

There should be a clear plan for support / tutorials whilst a Trainer is on leave which is shared with the ST3 and the rest of the team.

Motor Mileage Allowance

During ST3 year, trainees can claim a motor mileage allowance, details can be downloaded from the website http://kssdeanery.org/sites/kssdeanery/files/Car%20Mileage%20Guidance%20rev%20Jan%202014_0.pdf

For more information please access the KSS GPSTR Handbook at http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies
APPENDIX A

Study Leave for GP Training

a. Introduction

The GP training programme is a continuing period of learning and development over, at present, three years. The aim of study leave within GP Specialty Training Programmes is to facilitate GPStRs in achieving full coverage of the GP Curriculum and success in the MRCGP assessments, and the framework for all learning should reflect the overall intentions of the three year programme and support the successful achievement of MRCGP and a Certificate of Completion of Training (CCT) in GP from the GMC.

It is therefore important that any study leave activity is congruent with these aims. This document outlines the KSS GP School policy on study leave and provides guidance on how this can be achieved.

b. Acknowledgement

Background
The Department of Postgraduate GP Education KSS Deanery and GP School have supported the KSS Deanery guidance on study leave for all trainees. GPStRs have a relatively short training period of three years, with a number of placements in different environments and locations, but all subsuming the achievement of the learning outcomes of the GP curriculum. As programme rotations and learning environments differ for each GPStR, study leave should be used flexibly to support the personal learning needs of individuals, and negotiated and organised at the start of the three year training programme. With the introduction of the new GP training programmes in 2007, the Department introduced a new policy (Guidance for GP speciality trainee (GPStR) Attachments in general practice in Kent, Surrey, and Sussex (KSS) GP Deanery and following an external audit evaluation of the delivery of this by the London South Bank University, the following has been agreed.

This means that the guidance for GPStRs, whilst within the overall principles of the KSS study leave guidance is appropriately specific for GP training.

c. Overview of Study Leave Policy

The KSS GP study leave policy has the following elements:

- GP practice placements during hospital placements; Regional study days;
- Regular organised learning sets
- Discretionary training linked to an agreed and appropriate personal development plan (PDP) linked to the achievement of a GP CCT (or CEGPR)

Further guidance on each of these elements is given in this document.

d. Operational Framework

The policy operates within the following framework:

- Study leave is not an entitlement but an allowance and the ability to take it has to be subject to other factors, e.g. the need to provide an appropriate service to ensure patient safety, which must always take precedence.

- Study leave for GPStRs is normally permitted up to a maximum of 30 days per year (not normally more than 15 days in any six month period). This will be reflected in the contract that the GPStR holds with their employer, the Acute Trust or the GP Practice.

- Established learning sets organised for GPStR5 (normally in the ST3 year) will form part of the study leave allowance.
• Each GPStR should plan their study leave at the beginning of their training programme in collaboration with his/her educational supervisor and GP Programme Director. The educational activity for which leave is taken should be considered in the context of the entire GP Specialty training programme and not necessarily restricted to the speciality in which it is taken. If there is any doubt about the suitability of a study leave application the final decision will be made by the GP Programme Director. Any variations to the planned activity should be discussed further at the beginning of each post.

• For study leave that is applied for and taken within a hospital placement, this will also need to be approved by the appropriate hospital Clinical Tutor who holds the study leave budget for all trainees employed by the acute NHS Trust.

• GPStRs should use the KSS GPSTP Handbook for Hospital Specialties to help them identify learning objectives that are mapped to the GP Curriculum and relevant to their current hospital post.

• Each GPStR will develop a Personal Development Plan (PDP) that will be recorded on their RCGP e-Portfolio. Any study leave learning objectives need to be recorded in this way.

• Study Leave in order for GPStRs to take GP exams as a necessary part of the MRCGP will be provided (normally one day only per exam). Examination fees are not reimbursed.

i. GP Practice days for GPStRs undertaking substantive hospital posts

There should be a minimum one day in every four month substantive hospital posts spent with the GP Educational Supervisor, normally in that Educational Supervisor’s GP Practice for ST1 and ST2s.

While these GP Practice days have a number of aims, a principle one is to increase trainees’ understanding of general practice and primary care during their hospital based ST1 and ST2 years.

Planning for GP Practice days

In order to maximise the educational benefit from these days GPStRs should use the GP Practice Placement Application Form (Appendix A). This needs to be mutually agreed between the GPStR and the GP Educational Supervisor in advance.

Planning for GP Practice days involves 3 processes:

• Identifying learning objectives and mapping these to the GP Curriculum;
• Identifying activities to meet these objectives;
• Agreeing a timetable for the day.
KSS GP Specialty Training Registrar Year 1 & 2 GP Practice Study day Programme guidance

Introduction

The purpose of this document is to highlight what the GP specialty trainee and Educational supervisor (GP trainer) might aspire to achieve in the study days to attend General Practice that are provided for the GP trainee in years one and two of their GP training envelope while they are in hospital placements.

For one day in every 4 month hospital based placement it will be mandatory for the trainee to arrange a day in GP practice. Please note that if a trainee is undertaking a 4 month placement in a GP based Integrated Training Placement (ITP) the trainee is not expected to go to another practice during that 4 months.

These study days are part of a package of learning opportunities. It is hoped that the days will ground the GP trainee in the culture of primary care so that focus and progress through the hospital attachments is enhanced and personalised.

This brief programme should also enable a more rapid induction into the year in general practice (the final year of the GP training programme) where the trainee is fully based in the training practice in particular since it is hoped that in most cases the GP trainee will enter the trainer’s practice for their GP Year.

During this transitional period experience and expectations of primary care will vary considerably and trainers will be learning how the new system works too. GP Trainers will devise timetables to suit individual learners and practice considerations. Some initial suggestions that would support day to day practice activity are suggested at the end of this document.

Aims

The GP Trainer, as educational supervisor, will arrange a structured programme of activity which meets the needs of the trainee as defined by the new GP Curriculum and Workplace based Assessment (WPBA) and articulated in the trainee personal development plan. This will involve the whole primary care team. The trainer will work to the guidance provided by KSS Deanery and the principles of adult learning theory.

Objectives

1. Staged Introduction to Primary care in keeping with Trainee confidence and competence and with particular reference to patient pathways and the organisation and management of primary care

2. Enable the Trainee as an adult learner integrate learning in the hospital and GP setting

3. Support and enhance the Trainee educational experience. This will include a regular review of the e-portfolio and general checking out of progress as well as requisite 6 monthly nodal reviews and reports

4. Provide evidence for trainer re-accreditation. This will include personal record keeping on behalf of the trainer that supports the trainer PDP

5. The trainee will develop robust reflective practice by recording their learning and reflections on the day in their e portfolio and regularly updating their personal development plan
APPENDIX B

ASHFORD & ST PETER’S HOSPITALS NHS TRUST
APPLICATION FOR STUDY LEAVE

GP RUN THROUGH DOCTORS ONLY

THIS FORM MUST BE TAKEN TO THE EDUCATION CENTRE SIX WEEKS BEFORE COMMENCEMENT OF STUDY LEAVE. ALL PARTS OF THIS FORM MUST BE COMPLETED (or deleted as appropriate) BEFORE PRESENTING FOR APPROVAL.

Surname________________________________________ Forenames____________________________________

Speciality________________________________________ Site____________________ Bleep No.________

Dates of Contract at Ashford/St Peters From________________________ To ____________________________

Dates of Contract in present post From____________________________ To_____________________________

PLEASE USE SEPARATE FORM FOR GP RESIDENTIAL VISITS

TASTER DAYS IN HOSPITAL BASED SPECIALTIES

Day Attending:________________________________________ Time:______________ No. of days:_____

Specialty Attending: ________________________________________________________________________

Contact Organiser within Specialty: ________________________________ Signature______________________

It is the responsibility of the trainee to organise and obtain approval with both the Specialty Clinic and your current Directorate before submitting this form to PGEC for approval. If you need to cancel a clinic it is the trainee’s responsibility to cancel with the Specialty Clinic. Please give at least 7 days notice of any cancellation to both the Clinic and PGEC.

COURSES (Must be directly relevant to the new GP Curriculum and sanctioned by the Programme Director)

From: __________________________________To: ______________________________ No. of days: ___________

Course name: _______________________________________________________________________________

Venue: _______________________________________________________________________________________

Programme details must be attached

ESTIMATED EXPENSES:

Course Fee: £_____________________________

Travel: £________________________ Meals: £________________________

========================================================================================================

IF YOU REQUIRE LOCUM COVER – YOU MUST INFORM YOUR DEPARTMENT
Under no circumstances is it appropriate to take study leave without the approval of the Course Organiser who is the budget holder. Expense claim forms and evaluation forms must be returned to the Education Centre as soon as possible after the event. All enquiries regarding approval should be made to extension 2041.

RETROSPECTIVE APPLICATIONS FOR STUDY LEAVE OR EXPENSES WILL NOT BE CONSIDERED

Signature of Applicant _______________________________ Date __________________

Signature of Consultant _______________________________ Date __________________

Directorate Office Manager or designated leave co-ordinator _______________________________ Date __________________

APPLICANT IS RESPONSIBLE FOR OBTAINING THE SIGNATURE OF THE DIRECTORATE OFFICE MANAGER OR DESIGNATED LEAVE CO-ORDINATOR BEFORE FORWARDING THIS FORM TO THE EDUCATION CENTRE.

PLEASE NOTE THAT, UNLESS YOU HAVE COMPLETED AND RETURNED THE APPRAISAL PAPERWORK FROM YOUR INDIVIDUAL LEARNING AGREEMENT FOLDER, STUDY LEAVE WILL NOT BE GRANTED.

For GP Course Organiser’s use only

Appraisal paperwork returned to Education Centre ☐ Yes ☐ No

Educational approval Taster Clinics _____________________________ No. of days approved

GP scheme based learning _____________________________ No. of days approved
(organised study days)

Expenses approved £_______________________

Signature _______________________________ Date Approved _____________________________

Comments:
Form revised June 2010

APPENDIX C
ASHFORD & ST PETER’S HOSPITALS NHS TRUST

APPLICATION FOR GP PRACTICE DAY STUDY LEAVE

GP RUN THROUGH DOCTORS ONLY

Surname____________________________________ Forenames____________________________________

Speciality__________________________________________ Site____________________    Bleep No.__________

Dates of Contract at Ashford/St Peters  From________________________ To ____________________________

Dates of Contract in present post  From____________________________ To_____________________________

========================================================================================

VISIT TO GP TRAINER’S PRACTICE (AS OF 1ST APRIL 2011 - 3 VISITS PER YEAR)
Please note you need to visit your Educational Supervisor once during each rotation.

Date of Visit: ____________________________________________________________________________

GP Trainer: ______________________________________________________________________________

Practice Details: ___________________________________________________________________________

Signature of Applicant ______________________________________________ Date ________________

Signature of Consultant ____________________________________________ Date ________________

Directorate Office Manager or designated leave co-ordinator ____________________________________________ Date ________________

APPLICANT IS RESPONSIBLE FOR OBTAINING THE SIGNATURE OF THE DIRECTORATE OFFICE MANAGER OR DESIGNATED LEAVE CO-ORDINATOR

IF YOU REQUIRE LOCUM COVER YOU MUST NOTIFY YOUR DEPARTMENT

ONCE COMPLETED, TRAINEE NEEDS TO ENSURE FORM IS SIGNED BY THEIR EDUCATIONAL SUPERVISOR AT THE PRACTICE TO CONFIRM ATTENDANCE. PRACTICE WILL THEN ATTACH FORM TO THEIR INVOICE BEFORE FORWARDING TO PGEC

TRAINEE DOES NOT NEED TO SUBMIT THIS FORM TO PGEC BEFORE ATTENDING VISIT

For GP Trainers use only:

Educational Supervisor Signature ____________________________________________

Date Approved: ____________________________

Information for Practice Manager
Please could a copy of this form be attached to your invoice before forwarding to the following address for the attention of Claire LeHoux:

Post Graduate Education Centre
Ashford & St Peter’s Hospitals NHS Trust
Guildford Road
Chertsey
Surrey KT16 0PZ
KSS GP School
Guide to Assessing OOH Competence
Of GPStRs in GP training
# Index

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>Rationale</td>
<td>3</td>
</tr>
<tr>
<td>The Key Out of Hours Competencies</td>
<td>3</td>
</tr>
<tr>
<td>ASSESSMENT OF OOH COMPETENCE</td>
<td>4</td>
</tr>
<tr>
<td>1. Trainee self-assessment</td>
<td>4</td>
</tr>
<tr>
<td>2. Assessment of knowledge of common OOH and important emergency scenarios</td>
<td>4</td>
</tr>
<tr>
<td>3. Declaration by OOH Supervisor</td>
<td>4</td>
</tr>
<tr>
<td>4. Audio-COT assessment</td>
<td>4</td>
</tr>
<tr>
<td>5. OOH CbD assessment</td>
<td>4</td>
</tr>
<tr>
<td>CLINICAL SETTINGS</td>
<td>5</td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
</tr>
<tr>
<td>Appendix A – GPStR OOH Self-Assessment Tool</td>
<td></td>
</tr>
<tr>
<td>Appendix B – OOH Care Short Answer Questionnaire</td>
<td></td>
</tr>
</tbody>
</table>

**HYPERLINKS**

(press Ctrl + click to follow link)

- RCGP Curriculum Section 7: Care of Acutely Ill People
- RCGP Curriculum Map: 07 Care of Acutely Ill People
- COGPED Out of Hours Position Paper.
INTRODUCTION

The purpose of this document is to provide guidance on how to assess competence in out of hours clinical practice (OOH Competence) of GP Specialty training Registrars (GPStRs).

This document should be read in conjunction with:

- RCGP Curriculum Section 7: Care of Acutely Ill People;
- COGPED Out of Hours Position Paper.

Background

The assessment of OOH Competence is an essential element of the workplace based assessment component of the nMRCGP examination. Educational Supervisors are therefore required to sign off their GPStR as being competent in OOH as part of the final review. A GPStR cannot therefore apply for their Certificate of Completion of Training (CCT) without this OOH Competence box being ticked.

Rationale

This guide is intended to help with two potential problems:

1. Many Educational Supervisors do not directly supervise their GPStRs in OOH practice. Therefore it can be difficult to know what evidence can be used to assess the OOH Competence of their GPStR.

2. To ensure good clinical governance OOH providers need some kind of assessment to know when a GPStR is ready to move from closely supervised (Amber) shifts to remotely supervised (Green) shifts.

The Key Out of Hours Competencies

The six generic competencies, embedded within the RCGP Curriculum Statement on ‘Care of acutely ill people’, are defined as the:

1. Ability to manage common medical, surgical and psychiatric emergencies in the out-of-hours setting.

2. Understanding of the organisational aspects of NHS out of hours care.

3. Ability to make appropriate referrals to hospitals and other professionals in the out-of-hours setting.

4. Demonstration of communication skills required for out-of-hours care.

5. Individual personal time and stress management.

6. Maintenance of personal security and awareness and management of the security risks to others.
ASSESSMENT OF OOH COMPETENCE

GPStRs need to demonstrate competency in the provision of OOH care. The overall responsibility for assessment of competency is with the Educational Supervisor but GPStRs have a duty to keep the record of their experience, reflection and feedback in the competency domains. This record should be kept within the e-Portfolio.

The assessment of OOH Competence should be triangulated from several sources of evidence. This may include:

1. An initial trainee self-assessment against GP Curriculum learning outcomes
2. An assessment of knowledge of common OOH and important emergency scenarios
3. A declaration by the OOH supervisor
4. An audio-COT assessment
5. An OOH CbD assessment

An Educational Supervisor may also use additional evidence from in-hours practice that may demonstrate competence of learning outcomes from the RCGP Curriculum Statement on ‘Care of acutely ill people’.

1. Trainee self-assessment
GPStRs should be encouraged to complete the OOH Self-Assessment Tool (Appendix A) prior to starting their OOH sessions. This will not only familiarise them with the learning outcomes from the GP Curriculum, but also allow them to set specific learning objectives which they may wish to record on their PDP.

The Self-Assessment Tool may be re-visited at intervals throughout the training programme and prior to the final review to assess progress.

2. Assessment of knowledge of common OOH and important emergency scenarios
GPStRs need to be able to manage both common conditions and recognise important medical emergencies with which they may be faced whilst doing OOH clinical practice. This can be assessed using the OOH Care Short Answer Questionnaire (Appendix B).

3. Declaration by OOH Supervisor
Before the GPStR can progress from doing closely supervised (Amber) shifts to remotely supervised (Green) within the OOH organisation it is good practice for the OOH Supervisor who has been supervising the GPStR to sign a declaration that they have no concerns with the GPStRs performance. This should then be shared with both the OOH organisation and the GPStR’s Educational Supervisor. Such a declaration will be based on observed practice whilst under close supervision.

4. Audio-COT Assessment
An assessment of the GPStR’s performance can be made using an audio recording of a telephone consultation that the GPStR has performed whilst doing an OOH shift. This should be recorded in the GPStR’s e-Portfolio in the same way as one would record a video-COT, using the same assessment framework.

The OOH provider would need to provide the audio recording for the purpose of this assessment. Alternatively the assessment could be done “live” using a training headset or in a observed OOH surgery if the opportunity arises.

5. OOH CbD Assessment
A CbD assessment can be done using cases from the GPStR’s OOH practice. The OOH provider would need to provide a print out of the OOH clinical records for the purpose of this assessment. The Educational Supervisor may wish to focus the discussion around relevant learning outcomes from the RCGP Curriculum Statement on ‘Care of acutely ill people’. The assessment would be recorded in the GPStR’s e-Portfolio.
CLINICAL SETTINGS
- that can provide evidence to support assessment of OOH Competence

• OOH Provider
  - OOH Base Surgery
  - OOH Telephone Triage
  - OOH Home Visit Car

• Primary Care Walk in Centre
• Primary Care Centre in A&E department

N.B. In-hours on-call duties can provide some supporting evidence. However, in-hours work does not provide the opportunity to demonstrate the six key OOH competencies (p.3). It is therefore essential that GPSTRs work in settings that provide this opportunity as outlined in the COGPED Out of Hours Position Paper.
Appendix E

GP Specialty Training Programme

OOH Care Short Answer Questionnaire

This short answer questionnaire has been adapted from the Canbury Emergencies in General Practice Questionnaire. It can be used to assess knowledge of both common conditions and medical emergencies that may present in OOH clinical practice. The questionnaire can be conducted either as an oral or written assessment.

For each scenario the following questions should be asked:

1. What is your diagnosis
2. What is your differential diagnosis
3. How would you manage this scenario in an OOH situation

**Cardiovascular system**

- 78yr man SOB at night in winter
- Middle-aged man, central chest pain and refers to left arm
- 27yr woman with sudden onset of pleuritic pain and haemoptysis
- 58yr sudden onset painful, cold pale leg
- Faintness, abdominal and back pain in 81yr man
- 41 yr woman with sudden onset of occipital headache
- 21 yr woman unilaterally painful swollen lower leg
- 33yr man sudden onset unilateral headache
- 61yr female increasingly severe chest pain and shortness of breath over a few days
- 66yr female palpitations and breathless

**Gastrointestinal**

- 28 yr old man with haematemesis after stag night
- Worsening abdominal pain in a 46yr old man with history of dyspepsia
- Vomiting in a 6 week baby boy
- Blood stained diarrhoea in 70 year old
- Severe bleeding PR in 51yr old woman
- Abdominal pain after minor RTA in 33yr old
• 44 year old woman with right upper quadrant abdominal pain and fever
• 14 yr old boy with severe abdominal pain and vomiting
• Diarrhoea and vomiting 26yr old woman for 48hrs
• Diarrhoea and vomiting 6yr old boy with fever

**Orthopaedics**

• 18 month old refusing to walk
• 14 year old with painful hip
• 75 year old lady unable to move one leg
• 49 yr man with back pain and unable to pass urine
• 3yr old girl with painful arm and not moving her elbow
• 22yr old footballer with tender swollen ankle

**Ophthalmology**

• 30 yr old man with sore eye after changing car exhaust
• Severe painful eye with vomiting in 50yr old woman

**Respiratory**

• 3yr old feels hot, looks ill, breathing sounds chesty, quiet
• Chest pain in 33yr man, sudden onset of breathlessness
• Hot, sweaty child, sore throat and dribbling, unable to swallow
• 5yr old boy with fever and earache
• Acute shortness of breath in 78yr woman known to have COPD
• 4yr old girl has just woken up struggling to breathe and barking cough
• Cough and chest pain with haemoptysis

**Obstetrics and Gynaecology**

• 28 week pregnancy with slight pv bleed
• 36 week pregnant with headache & oedema
• 15 year old with heavy and painful blood loss
• 28 week pregnant with chest pain
• IUD fitted today, now has abdominal pains
• 32yrs iliac fossa pain, period late
• 17yr brown PV discharge and pelvic pain
• 21yr foul smelling PV discharge, feeling faint & fever

**Neurological**

• 39yr woman sudden onset of severe occipital headache
• Unexpectedly confused 80yr lady, more than a week after a fall
• A pyrexial twitching child
• Pyrexial child with mottled rash
• 59 year old woman 1 hr history of weak right arm

**Urological**

• 39yr man with agonising loin pain
• 28 yr cyclist with pain in left testicle for past hour
• Elderly man has not passed urine for 12 hours
• Child with vomiting and rigors
• 18 yr man swollen penis for 6 hours

**Psychological**

• Agitated, excited young man talking nonsense
• Withdrawn morose nurse with access to insulin
• 34yr old man who split up with girlfriend, has been drinking & now threatening suicide
• 42yr schizophrenic man increasingly agitated & agressive

**Miscellaneous**

• Expected death of a 90 yr old woman in a nursing home
• Unexpected death of 67 yr old man at home, history of angina
How to use this tool
To help you identify your learning needs in relation to the GP Curriculum we have attached a list of learning outcomes and the knowledge base taken from section 7 in the form of a confidence rating scale. You will then be able to use it to help you identify areas that require development.

<table>
<thead>
<tr>
<th>WHAT learning needs identified? (where rated as less confident)</th>
<th>HOW may this be addressed? Learning objective</th>
<th>How will you ASSESS your learning? e.g. CbD / COT / DOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT learning needs identified? (where rated as less confident)</td>
<td>HOW may this be addressed? Learning objective</td>
<td>How will you ASSESS your learning? e.g. CbD / COT / DOP</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Please rate your confidence in your knowledge of the following areas

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Not Confident</th>
<th>Slightly Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular – chest pain, haemorrhage, shock.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory – wheeze, breathlessness, stridor, choking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central nervous system – convulsions, reduced conscious level, confusion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health – threatened self-harm, delusional states, violent patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe pain.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Common and/or Important conditions</th>
<th>Not Confident</th>
<th>Slightly Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock (including no cardiac output), acute coronary syndromes, haemorrhage (revealed or concealed), ischaemia, pulmonary embolus, asthma.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dangerous diagnoses: e.g. MI, PE, SAH, appendicitis, limb ischaemia, intestinal obstruction, meningitis, AAA, ectopic pregnancy, acute psychosis, visual problems that can lead to blindness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common problems that may be expected with certain practice activities: anaphylaxis after immunisation, local anaesthetic toxicity and vaso-vagal attacks with, for example, minor surgery or intra-uterine contraceptive device</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please rate your confidence in your knowledge of the following areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Not Confident</th>
<th>Slightly Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parasuicide and suicide attempts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-hospital management of convulsions and acute dyspnoea.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other investigations are rare in primary care because acutely ill patients needing investigation are usually referred to secondary care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The ‘ABC’ principles in initial management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciate the response time required in order to optimise the outcome.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understand the organisational aspects of NHS out-of-hours care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Understand the importance of maintaining personal security and awareness and management of the security risks to others.

<table>
<thead>
<tr>
<th>Please rate your confidence in your knowledge of the following areas</th>
<th>Not Confident</th>
<th>Slightly Confident</th>
<th>Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Appropriate use of emergency services, including logistics of how to obtain an ambulance/paramedic crew.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Familiarity with available equipment in own car/bag and that carried by emergency services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Selection and maintenance of appropriate equipment and un-expired drugs that should be carried by GPs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Being able to organise and lead a response when required, which may include participation by staff, members of the public or qualified responders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Knowledge of training required for practice staff and others as a team in the appropriate responses to an acutely ill person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Advice to patients on prevention, e.g. with a patient with known heart disease, advice on how to manage ischaemic pain including use of glyceryl trinitrate (GTN), aspirin and appropriate first-line use of paramedic ambulance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care management</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>I can recognise and evaluate acutely ill patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe how the presentation may be changed by age and other factors such as</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gender, ethnicity, pregnancy and previous health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can recognise death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an ability to make complex ethical decisions demonstrating sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to a patient’s wishes in the planning of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can provide clear leadership, demonstrating an understanding of the team approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to care of the acutely ill and the roles of the practice staff in managing patients and relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can take responsibility for a decision to admit an acutely ill person and not be</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unduly influenced by others, such as secondary care doctors who have not assessed the patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can coordinate care with other professionals in primary care and with other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>specialists.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person-centred care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe ways in which the acute illness itself and the anxiety caused by it can</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>impair communication between doctor and patient, and make the patient’s safety a priority.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I can demonstrate a person-centred approach, respecting patients’ autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow-up arrangements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe the needs of carers involved at the time of the acutely ill person’s presentation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific problem-solving skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe differential diagnoses for each presenting symptom.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can decide whether urgent action is necessary, thus protecting patients with non-urgent and self-limiting problems from the potentially detrimental consequences of being over-investigated, over-treated or deprived of their liberty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an ability to deal sensitively and in line with professional codes of practice with people who may have a serious diagnosis and refuse admission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an ability to use telephone triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate the use of time as a tool and to use iterative review and safety-netting as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum</td>
<td>strongly disagree</td>
<td>disagree</td>
<td>agree</td>
<td>strongly agree</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>A comprehensive approach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can recognise that an acute illness may be an acute exacerbation of a chronic disease.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe the increased risk of acute events in patients with chronic and co-morbid disease.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can identify co-morbid diseases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community orientation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an ability to use knowledge of patient and family, and the availability of specialist community resources, to decide whether a patient should be referred for acute care or less acute assessment or rehabilitation. Thus using resources appropriately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can deal with situational crises and manipulative patients, avoiding the inappropriate use of healthcare resources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A holistic approach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I can demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death.

<table>
<thead>
<tr>
<th>Please rate your confidence against the following statements taken from learning outcomes of the GP Curriculum</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

I can demonstrate an awareness of cultural and other factors that might affect management of an acutely ill patient.

**Contextual aspects**

I can demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and treatment.

I can demonstrate an awareness of the tensions between acute and routine care and impact of workload on the care given to the individual patients.

I can demonstrate an awareness of the local arrangements for the provision of out-of-hours care.

**Attitudinal aspects**

I can demonstrate an awareness of my personal values and attitudes to ensure that they do not influence my professional decisions or the equality of patients' access to acute care.

I can identify patients for whom resuscitation or intensive care might be inappropriate and take advice from carers and colleagues.

I can demonstrate a balanced view of benefits and harms of medical treatment.

I can demonstrate an awareness of the emotional and stressful aspects of providing acute care and an awareness that I need to have strategies for dealing with personal stress to ensure that it does not impair the provision of care to patients.
<table>
<thead>
<tr>
<th>Scientific aspects</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can describe how to use decision support to make their emergency interventions evidence-based, e.g. Cochrane, Clinical Knowledge Summaries (PRODIGY), etc..</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can demonstrate an understanding of written protocols that are available from national bodies and how these may be adapted to unusual circumstances.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can evaluate my performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses and take appropriate action.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychomotor skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can perform and interpret an electrocardiogram.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can perform cardiopulmonary resuscitation of children and adults including use of a defibrillator.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can control a haemorrhage and suture a wound.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can pass a urinary catheter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can use a nebuliser</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**
KSS GP School

A Guide to

Completing the e-portfolio learning log

Guidance for Programme Directors
and Educational Supervisors
and GP Specialty Trainees
**Introduction**

Your GP training programme is a continuing period of learning and development. Over the duration of the programme you are expected to achieve full coverage of the GP curriculum and undertake the nMRCGP assessments. The e-portfolio is intended to support you in this process and the learning log component of the e-portfolio is a journal which evidences your learning and professional development. It is not just a diary or record of “What you have done” but a record of what you have learnt tried and critically reflected upon.

Once you have commenced a Learning Log you will find it a valuable and useful ‘tool’ to help your learning and to help you to think about and structure your own learning. We would like you to share your learning log with your Educational Supervisor to ensure you are progressing. A similar model of reflective learning will be part of the future GPs’ CPD Credit model. The experience might be slow to start with but it will improve over time (keep going).

**Why is advice on learning logs needed?**

1. Currently, there are many different interpretations by trainees as to how much evidence needs to be included in the learning log.
2. Inequalities between trainees actual data input into the learning log.
3. Widely varying interpretations as to how an individual learning log needs to be completed.
4. Difficulties expressed by trainees as to what constitutes a satisfactory learning log
5. Understandable concerns expressed by Educational Supervisors, Programme Directors and Faculties when it comes to your 6 monthly reviews as to what constitutes a satisfactory learning log.

The RCGP have produced guidelines as to the acceptability of learning log entries:

<table>
<thead>
<tr>
<th>NOT ACCEPTABLE</th>
<th>ACCEPTABLE</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Descriptive lists of learning events</td>
<td>- Uses a limited range of evidence gathering tools. Some reflection on learning and personal development</td>
<td>- Extensive range of log entries using a wide variety of discriminating tools as evidence of competence</td>
</tr>
<tr>
<td>- Scanned documents and certificates only</td>
<td>- Some contextual application of knowledge and evidence but not well developed</td>
<td>- Uses feedback to critically assess developmental needs</td>
</tr>
<tr>
<td>- No reflection of learning and professional development</td>
<td>- Some reflection on feedback</td>
<td>- Critical reflection of significant and negative events, eg develops PDP in response to reflection on complaints</td>
</tr>
<tr>
<td>- Limited range of evidence presented</td>
<td></td>
<td>- Contextual application and critical appraisal of evidence to justify decisions and development</td>
</tr>
<tr>
<td>- Poorly populated learning log. Entries scant and descriptive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What should be included in a learning log?**

a) **Naturally occurring evidence**

1. Throughout any General Practitioners career areas of learning are identified. The hope is that you will recognise these areas of learning, document them within their eportfolio, subsequently reflect on what you need to learn and demonstrate how this learning will be addressed.
2. This learning can be identified from many sources and can include clinical encounters, professional conversations with colleagues, tutorials, personal reading, courses, significants events and complaints.
3. Naturally occurring evidence is one component of Work Place Based Assessment (WBPA).
4. It is this evidence, in addition to the assessments included within WBPA, which will determine the outcome given to you by your Educational Supervisor in their 6 monthly reviews.
5. The Annual Review of Competence Progression need to be satisfied there is sufficient evidence within your eportfolio, in order for you to move to your next year of training or to obtain your certificate of completion at the end of your training programme.

6. This learning entry needs be linked to the curriculum headings, which once shared with your Educational Supervisor and marked as read by allows you to demonstrate coverage of the GP curriculum headings.

7. Once your learning log has been read by your Educational Supervisor, if you have identified learning needs then you can move this into your PDP – also within the eportfolio.

8. Assessments often drive learning. Learning through naturally occurring evidence adds another dimension to your learning over and beyond that provided by assessments.

9. Documented naturally occurring evidence assists you in demonstrating competence progression to yourselves, your supervisor and the ARCP panel.

b) In a GP Placement all of the below should be included:

1. Tutorials
2. VTS teaching sessions (Day Release Courses) (file in courses / certificates) (supplied by the VTS administrator) demonstrating 80% of expected attendance over the year
3. OOH sessions
4. Clinical encounters and Professional conversations
5. Complaints (if any) (file in Professional Conversations)
6. Significant event analysis

You should be aiming for 2 reflective entries per week. This is a minimum requirement. Any less may mean that you have to attend the ARCP panel and this may delay your training.

c) In a hospital placement all of the below should be included:

1. In-house teaching which is relevant to GP
2. Clinical encounters and Professional Conversations
3. Complaints (if any) (file in Professional Conversations)
4. Significant event analysis

You should be aiming for 2 reflective entries per week. This is a minimum requirement. Any less may mean that you have to attend the ARCP panel and this may delay your training.

From August 2009, to overcome the inequality of entries made by the GP Specialty trainees into their learning logs the following mandatory requirements will also be required. These reflect some of the mandatory elements within the GP NHS appraisal process, which all GPs have to undergo annually.

1. Significant event analysis (file in Significant Event Analysis)

One SEA in every 4 month post

It is suggested that there is balance between significant event analysis which focus on individual learning, team issues and positive events. This needs to be demonstrated at a minimum to have minor impact, i.e.

- Confirming current practice but with the new knowledge acquired aiding understanding or implementation of the trainees knowledge base
- Some change in practice required and what this change should be
- To be discussed with others, either the people concerned or the trainee ES

2. Reflection on key learning points from each placement (file in Reading)

- Concise summary of learning points, including reflections on learning achieved (in terms of knowledge, skills and attitudes), and how this relates to a career in GP. This reflection will result in new learning objectives for next posts. (Expected length up one page A4)
- The level of challenge needs to be at a minimum of minor, with the hope this could demonstrate moderate challenge i.e.

(MINOR challenge) –

- Some planning needs to be involved, either as a result of the PDP, or from the aims of the post identified at the start of the rotation
- Learning needs to be demonstrated from the post which involves the individual, i.e. to have read articles relevant to the rotation, NICE guidelines etc
- Self testing through online modules if applicable

(MODERATE challenge)

As above but if possible to include

- A method of self testing to which standards apply, on line MCQ, data collection of performance or reflection on change
- The learning although part of a planned needs driven activity involves a degree of difficulty in the organisational sense, i.e. teaching other trainees, being involved in presentations, learning sets etc

3. Audit (during GP attachment) (file in Audit/Project)

(This requirement is for only one of these during the GP Specialty training programme)

One audit using the eight point audit format is required to be available for the ARCP panel

This should demonstrate significant challenge whereby

- The audit has involved a literature search with multiple sources identified
- It is a recognised need for the practice, so will benefit the primary care team not just the individual trainee
- The subject of the audit is linked to the PDP in that learning should be involved then audit of the topic

(And moderate impact)

- The audit needs to be a complete cycle
- The audit needs to demonstrate current practice against accepted best practice.
- The audit should be presented to the primary care health team and current practice changed accordingly, i.e. altering the practice protocol in order to implement change
- Significant impact would also be demonstrated if the presentation to the primary health care team was in the form of a teaching session which could demonstrate a change in the learners through evaluation or if a new service was introduced to patients, i.e. disease monitoring for the housebound

4. Statement of total leave taken (file in courses / certificates)

Sick Leave/ Maternity Leave / Paternity Leave / Carer Leave / Adoptive Leave / Study Leave/ Other

5. Attendance record at VTS teaching (file in courses / certificates)

(supplied by the VTS administrator)

Demonstrating 80% of expected attendance over the year.

6. Complaints and adverse incident reports (if any) (file in Professional Conversations)

How should a learning log be completed?

Learning logs are not about quantity, but relate much more to the quality of the entries. BUT, if there is insufficient quantity within the learning log then it is unlikely that an adequate quality will have been demonstrated and the areas of the curriculum are unlikely to have been covered.

All learning logs should be documented in such way to demonstrate to anyone reading the entry that a GP Specialty trainee is reflecting, researching and discussing their learning. This is much more authentic and useful in terms of competence progression than entries which just list all the patients you saw that morning.

A list of descriptive entries are not acceptable. You have to reflect.
What is Reflection?

There are many definitions of reflection:

“a systematic, rigorous, disciplined way of thinking with roots in scientific inquiry”

“The “purposeful deliberate act of inquiry into one’s thoughts and actions….” through which “a thoughtful, reasoned response might be tested out”

“… a form of mental processing with a purpose and/or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is not an obvious solution”

Reflection is a process inherently linked to the development of professionals:

• It is how we make sense of the experiences we have had and it encompasses how and what we have learnt from them
• Through reflection we can examine our own thoughts and actions and make sense of what we already know, explore how our knowledge, actions and beliefs relate to others and
• Consider whether a change in our perspective, beliefs, knowledge or our behaviour is needed
• The process of writing these thoughts down in a structured way cements the above process more fully than just thinking through the process.

Levels of Reflection

A seminal work on reflective practice in the professions was proposed by Schon who was particularly interested in how professionals think and how they work in areas of uncertainty when the protocols that guide practice cannot easily be applied (particularly relevant to general practice). He identified differing levels of reflection which occurred at different times.

“Knowing that” – or textbook knowledge for example the symptoms and signs of appendicitis
“Knowing -in- action” - or the integration of skills and knowledge to do the job - examining an abdomen in a patient complaining of abdominal pain and reaching a diagnosis
“Reflection - in –action” – or when in the midst of tasks we examine what is happening – the history suggested appendicitis but the physical findings don’t fit what is going on? Do I need to re-think?
“Reflection – on – action” – after the event so what about the decision to admit the patient was I right?

BUT HOW TO FILL IN THE e – PORTFOLIO TEMPLATE?

A Learning Log contains your record of your experiences, thoughts, feelings and reflections. One of the most important things it contains is your conclusions about how and what you have learnt is relevant to you and how you will use the new information/knowledge/skills/techniques in the future.

To help you complete the log you need to ask yourself a series of questions:

First Stop and Think!
• Why did I choose to write about this entry?
• How does this entry relate to:
  o The GP curriculum?
  o The wider roles and responsibilities of a doctor?
  o My development as a GP?
### Example - Clinical Encounter Template (from the e-portfolio)

| What happened? | Provide a brief description of the clinical case.  
Think about the following questions – not all may be relevant but give you a guide to reflective through processes:  
- Were there any significant background details?  
- How did I feel?  
- How did this experience relate to others I have had?  
- Why did I act as I did?  
- What other factors may have impacted on my actions/behaviour?  
- What other choices did I have?  
- How did my actions relate to evidence or the views of others?  
- Did it go well or badly?  
- What did the patient / other professionals think / feel?  
- Am I being honest with myself about this learning event? |
| What if anything happened subsequently? | Provide a brief update if needed to the clinical case.  
Then think about:  
- Has this experience affected the way I manage this type of case?  
- Has the experience affected my confidence/feelings?  
- What feedback did I get?  
- Did I undertake any other actions because of the case? |
| What did you learn? | Think about the following questions – not all may be relevant but give you a guide to reflective through processes:  
- What new knowledge / skills have I gained?  
- What have I learnt about my own abilities?  
- What are my strengths/what concerns do I have about myself?  
- Have I had to examine my values / beliefs?  
- How can I apply this new learning to other cases?  
- What are the wider implications of the learning for me/the patient/the NHS? |
| What will you do differently in future? | Consider the following:  
- What choices may I make when faced with a similar case?  
- How will I use this experience to benefit patient care?  
- How can I put any new learning into practice? |
| What further learning needs did you identify? | Consider the following:  
- What exactly is it I need to learn?  
- Now?  
- To help me as a GP in the future?  
- How do I break it down into manageable tasks?  |
| How and when will you address them? | Consider the following:  
- What is the best way to learn this?  
- What resources do I need?  
- What time span do I need to do this learning over? |

### Example - Tutorial Template (from the e-portfolio)

| What was the subject and aims of the tutorial? | Provide a brief description of the topic area(s) covered?  
Think about the following questions  
- What broad areas did I want to cover? |
| What led to this particular subject being chosen? | Provide a rationale for the choice of topic  
It may have been for example:  
- A specific case that highlighted a lack of knowledge / skills  
- A specific case that highlighted difficulties in management  
- A specific case that aroused negative emotions  
- A concern over curriculum coverage  
- A discussion over the wider role of the GP  
- Feedback received |
|-----------------------------------------------|------------------------------------------------|
| What did you learn? | Think about the following questions  
- What new knowledge / skills have I gained?  
- What have I learnt about my own abilities?  
- How have I developed my own skills to find out for myself the information I need?  
- Have I had to examine my values / beliefs?  
- How can I apply this new learning?  
- What are the wider implications of the learning for me / patients / the NHS? |
| What will you do differently in future? | Consider the following:  
- How can I use this tutorial to help me plan for the future?  
- How will I use this experience to benefit patient care?  
- How can I put any new learning into practice? |
| What further learning needs did you identify? | Consider the following:  
- What exactly is it I need to learn?  
- Now?  
- To help me as a GP in the future?  
- How do I break it down into manageable tasks? |
| How and when will you address them? | Consider the following:  
- What is the best way to learn this?  
- What resources do I need?  
- What time span do I need to do this learning over? |

**Example – Professional Conversation (from the e-portfolio)**

<table>
<thead>
<tr>
<th>When did it take place?</th>
<th></th>
</tr>
</thead>
</table>
| What were the circumstances of the conversation? (who / when / where) | Think about the following:  
- What preceded the conversation?  
- What are the significant background factors? |
| Why were you having this conversation? | Think about the following questions – not all may be relevant but give you a guide to reflective through processes:  
- What questions or issues were raised for me?  
- What feelings did I have?  
- What thoughts / emotions did my colleague have?  
- How can I understand a colleague’s decision making process?  
- What experience / evidence / knowledge do I hope to gain insights into? |
| What will you do differently in future? | Consider the following:  
- How can I use this conversation to help me plan for the future?  
- How will I use this experience to benefit patient care?  
- How can I put any new learning into practice? |
|----------------------------------------|-----------------------------------------------------------------|
| What further learning needs did you identify? | Consider the following:  
- What exactly is it I need to learn?  
- Now?  
- To help me as a GP in the future?  
- How do I break it down into manageable tasks? |
| How and when will you address them? | Consider the following:  
- What is the best way to learn this?  
- What resources do I need?  
- What time span do I need to do this learning over? |

Once you begin to critically examine your own thoughts and actions through this internal process of asking questions the process of reflection does get easier and can be used to complete all the reflective templates in the portfolio.

**Feedback on your reflective entries**
It is important to check the comments box when you note your educational supervisor has read your entries. The comments are designed to help you deepen the level of reflection, encourage you to think more widely about the issue, make the linkage in the case of hospital based experience to how this relates to working as a GP and how to develop your action plan more fully.

**References**

**Professor A Tavabie**  
GP Associate Dean

**Dr Hilary Diack**  
GP Associate Dean

**Dr Susan Bodgener**  
GP Associate Dean
Introduction

Your GP training programme is a continuing period of learning and development. Over the duration of the programme you are expected to achieve full coverage of the GP curriculum and undertake the nMRCGP assessments. This process is supported by the e-portfolio. The portfolio is intended to be a record of professional development through the use of the learning log.

How should a learning log be completed?
Learning logs are not about quantity, but relate much more to the quality of the entries. BUT, if there is insufficient quantity within the learning log then it is unlikely that an adequate quality will have been demonstrated and the areas of the curriculum are unlikely to have been covered.

All learning logs should be documented in such way to demonstrate to anyone reading the entry that a GP Specialty trainee is reflecting, researching and discussing their learning. This is much more authentic and useful in terms of competence progression than entries which just list all the patients you saw that morning.

A list of descriptive entries are not acceptable.

What is Reflection?

There are many definitions of reflection:

“a systematic, rigorous, disciplined way of thinking with roots in scientific inquiry”

“The “purposeful deliberate act of inquiry into one's thoughts and actions....” through which “a thoughtful, reasoned response might be tested out”"¹

“... a form of mental processing with a purpose and/or anticipated outcome that is applied to relatively complex or unstructured ideas for which there is not an obvious solution”²

Reflection is a process inherently linked to the development of professionals:
• It is how we make sense of the experiences we have had and it encompasses how and what we have learnt from them
• Through reflection we can examine our own thoughts and actions and make sense of what we already know, explore how our our knowledge, actions and beliefs relate to others and
• Consider whether a change in our perspective, beliefs, knowledge or our behaviour is needed
• The process of writing these thoughts down in a structured way cements the above process more fully than just thinking through the process.

Levels of Reflection

A seminal work on reflective practice in the professions was proposed by Schon 3 who was particularly interested in how professionals think and how they work in areas of uncertainty when the protocols that guide practice cannot easily be applied (particularly relevant to general practice). He identified differing levels of reflection which occurred at different times.

“Knowing that” – or textbook knowledge for example the symptoms and signs of appendicitis
“Knowing -in- action" - or the integration of skills and knowledge to do the job - examining an abdomen in a patient complaining of abdominal pain and reaching a diagnosis
“Reflection - in –action” – or when in the midst of tasks we examine what is happening – the history suggested appendicitis but the physical findings don’t fit what is going on? Do I need to re-think?
“Reflection – on – action” – after the event so what about the decision to admit the patient was I right?

BUT HOW TO FILL IN THE e – PORTFOLIO TEMPLATE?

Clinical Encounter Template

<table>
<thead>
<tr>
<th>Core Question</th>
<th>What information do I need access to in order to learn through this experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenomenen</td>
<td>Describe the “here and now” experience</td>
</tr>
<tr>
<td>Causal</td>
<td>What essential factors contributed to the experience?</td>
</tr>
<tr>
<td>Context</td>
<td>What are the significant background factors to this experience?</td>
</tr>
<tr>
<td>Clarifying</td>
<td>What are the key processes for reflection in this experience?</td>
</tr>
<tr>
<td>Reflection</td>
<td>What was I trying to achieve?</td>
</tr>
<tr>
<td></td>
<td>Why did I intervene as I did?</td>
</tr>
</tbody>
</table>

The above template begins the process of requiring us to think reflectively but does not provide enough guidance on how to complete it in a way that demonstrates the reflective process we have gone through. The following sections help to explore more fully how to write in a more reflective way.

One reflective template which expands the process is provided below. This asks you to consider a series of core questions:

Johns’ Structured Reflection Template 4
By combining the core questions in this model with the questions on identifying your further needs and developing an action plan to address them you will begin to write more reflectively.

When completing the e portfolio template

Consider answering the following question

**Why you have selected to write about this specific case?**

The experiences you have chosen to write about should be important meaningful ones for you – filling in the e portfolio with no thought to this question can lead to a quantity of entries but they will not demonstrate the higher skills needed for reflective practice.

Entries can reflect areas where you feel you have performed well but better still should be examples of where you can demonstrate your increasing awareness of the wider aspects of the GP curriculum, the roles and responsibilities of the doctor, your professionalism and how your experience through real life experience in hospital and general practice is shaping your ongoing professional development.

**What happened?**

Reflective writing is not a detailed description of what actually took place it should be a brief synopsis only. The reader does not need to know all the exact details but the relevant ones that put the experience in context.

So for example

“I was called to see an 86 year old patient with heart failure at the end of the working day – earlier in the day her relatives had told me they wanted very active management of her condition the patient had expressed a wish not to be actively treated – the staff on the ward were concerned about her deterioration”

It is important to make evident any emotional context to the entry and reflect why this might be.

So for example

*in the setting of perhaps giving a presentation how anxious were you and why? Have other presentations gone well or badly?*

*With patients or staff did the experience connect to other experiences you have had in your professional or personal life?*
If there is an emotional content do you think you past experience or the level of emotion impacted on your behaviour/ actions?

In considering what happened try to develop a written dialogue between yourself, your past experiences of similar situations and the views of others (be this colleagues or the medical evidence base)

So for example
“a 35 year old patient with chest pain seen in the surgery. His symptoms suggested muscular pain however – I was aware from my FY2 job in A and E of a patient of the same age with similar symptoms who had had an MI. I asked one of the partners for advice – he suggested given the age of the patient the history exam the likely diagnosis was not cardiac and that further investigation may increase patient anxiety. Having experienced one patient in whom a diagnosis of MI had occurred I felt unhappy at sending this patient home without full investigations or referral to A and E. This case raised my awareness of the role of the GP in managing risk – we will see lots of patients who could have something seriously wrong but most will not – given resource limitation all of them cannot be referred. I felt I had to approach the GP again, I was nervous of doing this as he may have felt I was questioning his judgement – I explained my previous case and he reviewed the patient.

Consider your own actions in a critical light

So in the above case –
“how do you reconcile your personal experience of a rare occurrence with evidence and guidelines? What is the prevalence of heart disease in this age group? What is the evidence for cardiac investigations increasing anxiety? What are the professional duties of a doctor in training when they are unhappy about managing a case? What professional guidance is there on this?”

Consider why the views of others may be as they are?

So in the above case the trainer may have been trying to help you manage risk and uncertainty

What if anything happened subsequently?

This section is often completed by updating the story – the unfolding of a diagnosis for example but should also be used for you to stand back and given the passage of time how do you now feel / how has your this experience impacted on you

So for example
“the readmission of a patient you discharged from A and E / the surgery returns the next day and is significantly more unwell – how has this experience impacted on your practice – has it for example changed your referral pattern?”

What did you learn?

You may have learnt some new piece of medical knowledge and if so this is the section to record this. It is important when you record this new piece of learning that you think about the wider perspective and how you will put this knowledge into practice so for example:

How will you use this new learning to benefit patient care in the future?

In this section you are being asked to summarise the experience much more fully:

What have you learnt about your abilities? What areas of concern did you identify in yourself? How has the experience helped your develop as a professional and in what way?

Have you had to examine your attitudes and values?

What are the wider implications for you / the patient / the practice / the NHS?

so for example –
“I learnt that I can manage aggressive patients when a 36 year old attended A and E with chest pain – although I still feel anxious inside the feedback I got from my senior colleague demonstrated that I could appear calm on the surface and use a range of skills that calmed the situation rather than inflamed it.

I also learnt to think more widely as to why the patient was aggressive by asking more about their concerns, finding out more about his worries – his father had died suddenly when the patient was 12. He had attended A and E on several occasions with the same problem and felt no one was listening. He had had ECGs but his father’s problem was not cardiac but a perforated DU and no one had examined this man’s abdomen.

Remember to include reflections on the impact of your learning and the challenge (see guide to learning logs)

What will you do differently in future?

In this section you need to turn all your learning points into actions so from above:

“I will make sure I am familiar with how to summon help quickly in the department I am working in when the patient is becoming aggressive”

“I will work on recognising patient’s cues and exploring their ideas about the problem and their concerns early in the consultation”

What further learning needs have you identified?

In this section you may want to consider some specific short terms goals relating to the current post you are in. These may be linked to knowledge, skills, behaviours or more difficult but often most important to your attitudes and beliefs. You need to reference the GP Curriculum in doing this – what relevant learning outcomes are there in it relating to this specific piece of learning. Try to think of the GP curriculum not just as a list of topics but the core themes that run through it on holistic care, problem solving etc can be applied to any one area of medicine.

However you need to think towards the future – how will learning assist you in your future career as a GP?

It is useful to ask yourself a series of questions:

What do I already know?
Why do I need to do this learning?
What exactly is it I need to learn? Now? To help me as a GP in the future?
How do I break it down into manageable tasks?
What is the best way to learn this?
What resources do I need?
What time span do I need to do this learning over?

By asking the above questions you have begun to formulate items for your PDP.

You should put all this information about the how and when you will undertake learning into your e portfolio template and then move to your PDP section to update it.

Using the other templates

This guide has featured the clinical encounter template but a similar process can be applied to the differing log entries.

Feedback on your reflective entries

It is important to check the comments box when you note your educational supervisor has read your entries. The comments are designed to help you deepen the level of reflection, encourage you to think more widely about the issue, make the linkage in the case of hospital based experience to how this relates to working as a GP and how to develop your action plan more fully.
References

1 Laughran J (1996) *Developing Reflective Practice*. Routledge Falmer
4 Johns C (1994) Nuances of reflection *Journal of Clinical Nursing* 3 pp71-75

Dr Hilary Diack
GP Associate Dean
Educational Agreement

The purpose of this agreement is to help both clinical supervisor and GP trainee get the most out of each 4 month clinical attachment. My research has shown that a successful and enjoyable educational relationship between trainee and supervisor needs to be based on the ‘Five Rs’:

- Respect
- Relationships,
- Relevance
- Replay (feedback)
- Realism.

This agreement should be read and signed by both GP Trainee and Clinical Supervisor at the initial appraisal in each speciality and discussed at the interim and final appraisals. It needs to be use in conjunction with the suggested GP curriculum learning objectives for the speciality which are found in the GPKSS GP/Hospital Speciality Training Handbook. This can be found on the GPKSS Deanery website or Ashford/St Peters website (details below). Before the initial appraisal with the clinical supervisor, the GP trainee needs to have reviewed the suggested learning objectives for the speciality they will be going into so that they can plan their PDP with their clinical supervisor at the initial appraisal.
Respect.

*Our duty* as a doctor, that is, to look after patients and consider the needs of our colleagues, should always take priority over individual needs. This will ensure professional integrity and respect from patients and our colleagues.

**Supervisor Expectations of Trainee:** e.g. (punctuality, teamwork, asking for help, keeping eportfolio up to date, access to trainee’s eportfolio)

**Trainee Expectations of Supervisor:** e.g. (being available, coming to appraisals, doing assessments, help trainee to identify learning from doing.)
Relationships.
An educational relationship between supervisor and trainee can only flourish through mutual respect, protected time to meet up and also knowing how to contact one another.

Clinical Supervisor:
GP trainees learn best within an apprentice/master framework. As their clinical supervisor, you act as their role model during these 4 months. Within this relationship both clinical supervisor and GP trainee can learn from each other, using clinical experiences that are relevant to both specialities. Young doctors identify enthusiasm, compassion, openness, integrity and good relationships with patients, as attributes they seek in their role models. They are also drawn to senior figures that embody responsibility and status.

Contact details of CS:

GP Trainee:
GP trainees learn best from their clinical supervisor acting as a role model. This relationship depends on shared clinical activity recognised as relevant to general practice and through constructive feedback from both clinical supervisor and trainee. The clinical supervisor values enthusiasm, integrity, professionalism, compassion and good team working skills in trainees.

Contact Details of trainee:

Educational Supervisor:
Each GP trainee has a named educational supervisor who is their eventual GP trainer. The educational supervisor acts as their mentor for the 3 years of training. Their role is to support both the GP trainee and clinical supervisor. All educational supervisors are experienced local GPs who value contact with their hospital colleagues and are happy to answer any specific questions about GP training.

Contact Details of ES:
**Initial Appraisal.**
At the initial appraisal it is important to discuss the expectations of both clinical supervisor and GP trainee, during the 4 months. The GP trainee needs to show the clinical supervisor their learning objectives, which have been mapped to the GP curriculum using the GPKSS Hospital Speciality Handbook (on Ashford/St Peters website). The clinical supervisor then needs to help the GP trainee map their working timetable to these learning objectives and help the GP trainee produce a PDP. Putting down dates for interim and final appraisals, at this stage, helps to maintain the momentum to learn.

**Date of initial appraisal:**

---

**Interim Appraisal.**
The clinical supervisor and GP trainee need to sit down formally to discuss progress with learning objectives and also discuss any issues that may have arisen.

**Date of interim appraisal:** (pencil in at initial appraisal)

---

**Final Appraisal.**
The clinical supervisor should check that the GP trainee has achieved their learning objectives and done some workplace based assessments and then fill in and discuss the Clinical Supervisors’ Report with the GP Trainee.

**Date of final appraisal:** (pencil in at initial appraisal)

---

*All appraisal discussions between GP trainee and CS should be recorded on the trainee’s eportfolio learning log under *professional conversation* and the proposed PDP should be recorded on PDP tab of eportfolio.*
Relevance

Relevance means that the trainee can relate their everyday work in the speciality to their future career as a GP. Any patient/colleague interaction in hospital is relevant as general practice is about patient’s lives and helping them solve problems with the help of our primary health care team. Sometimes trainees need their clinical supervisor to help them recognise the relevance of their day to work to learning and being a professional (a good doctor).

Work Place Based Learning and Assessment

PMETB guidelines on GP training in hospital stress the importance of clinical experience relevant to general practice, for example, clinics and working within a multi disciplinary team. Therefore the GP trainee timetable, within a speciality, must include such experience. Learning and assessment is work place based and operates well within the apprentice/master relationship which is underpinned by learning from doing. Learning needs to be opportunistic and pragmatic and congruent with the needs of trainee, supervisor and patient.

Suggested Methods of Learning (not exhaustive and suggestions welcome):

Clinical supervisor and GP trainee working together in a clinic.

GP trainee working effectively within the MDT.

Clinical supervisor and GP trainee discussing hot topics during patient care, such as ward rounds, theatre work etc, (both CS and GP trainee need to be constantly reflecting on practice).

Clinical supervisor monitoring the GP trainee learning trajectory by doing CBDs and Mini CEXs as part of ongoing assessment.

GP trainees leading educational sessions for the whole team.

GP trainees doing audit within the speciality.

GP trainees helping to supervise junior colleagues as appropriate.

The Clinical Supervisors’ Report.

By using shared learning experiences, the clinical supervisor is then well placed to comment on the GP trainee’s educational development using the Clinical Supervisors’ Report on the trainee’s eportfolio. This should be filled in at the final appraisal. The educational supervisor values these comments and also appreciates the clinical supervisor taking time to fill in the report, as it helps to inform their mentoring role. It is vital that the trainee allows their CS access to their eportfolio so that the CS can make informed decisions based on a good knowledge of the trainee’s educational progress to date.

I am happy for my clinical supervisor to have access to my eportfolio and am willing to share my log in details with them. YES/NO (trainee to circle their response.)
Replay or Feedback.

It is important that both supervisor and trainee give feedback to each other during the 4 month attachment. Feedback should be non-judgemental and constructive. Below are two useful feedback frameworks.

Pendelton:
What went well?
What could be done differently?
How will things go next time?

ECO
Emotion, deal with that first (doing something wrong is upsetting but we all have been there).
Content, what actually happened? What went well, what could have been done better?
Outcome, how can we plan for things to go better next time?

Feedback can be recorded on the learning log under professional conversation, using the CBD and mini CEX assessments, the clinical supervisor report and also using the MSF forms when appropriate (ST1 and ST3).
**Realism**

Realism means being pragmatic about learning opportunities and considering the competing needs of service, patients and colleagues (remember we are professionals as well!).

**Educational Timetable.**
Please use timetable template below to record suggested GP trainee timetable and map activity to specific learning outcomes (e.g. learning outcome: Management of common gynecological problems. Activity: general gynecology clinic or Activity: helping in theatre learning outcome: knowledge of operation to help inform patient in General Practice or hot topic case discussion with consultant. (Please amend timetable to suit individual contexts.)

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical supervisor signature         Date                   GP Trainee signature
------------------------------------------     ---------                 ------------------------------
Resources.

Royal College of General Practitioners: www.rcgp.org.uk
GP Training at Ashford/St Peters: http://www.ashfordstpeters.nhs.uk/gp-training
The GP Curriculum: www.rcgp-curriculum.org.uk
GPKSS Deanery: www.gpkss.ac.uk click on trainee resources, then GP specialty training curriculum.

This agreement is a living document and will grow in the light of feedback. If you have any questions or suggestions on developing agreement further please contact one of the Programme Directors.
Appendix H
Being a Family Doctor.

Involves six core competencies:
1 Primary Care Management.
2 Patient Centred-Care
3 Specific Problem-Solving Skills.
4 Comprehensive Approach
5 Community Orientation.
6 Holistic Care

To practice the specialty, the competent practitioner implements these competencies in three important areas. These areas will need to be incorporated into all of the learning outcomes. The three areas of implementation are:

Clinical Tasks: the ability to manage the broad field of complaints, problems and diseases as they are presented

To master long-term management and follow-up
To balance evidence and experience in an effective way.

Communication with Patients: the ability to structure the consultation
To provide information that is easily understood and to explain procedures and findings
To understand and deal adequately with different emotions

Practice Management: to provide appropriate accessibility and availability to the patients
To effectively organise, equip and financially manage the practice, and collaborate with the practice team
To cooperate with other primary care staff and with other specialists

As a person-centred scientific discipline, the three background features should be considered as fundamental. These are:

a) Contextual: using the context of the person, the family, the community and their culture Use contextual aspects of the patient, his history, his situation and social background in diagnosis, decision making and management planning.

Show personal interest in the patient and his environment and be aware of the possible consequences of disease for family members and the wider environment (including working environment) of the patient.
b) **Attitudinal:** based on the doctor’s professional capabilities, values and ethics being aware of one’s own capabilities and values

Identifying ethical aspects of clinical practice (prevention/diagnostics/ therapy/ factors influencing lifestyles)

Justifying and clarifying personal ethics

Being aware of the mutual interaction of work and private life and striving for a good balance between them

c) **Scientific:** adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement being familiar with the general principles, methods, concepts of scientific research, and the fundamentals of statistics (incidence, prevalence, predicted value etc.)

Having a thorough knowledge of the scientific backgrounds of pathology, symptoms and diagnosis, therapy and prognosis, epidemiology, decision theory, theories of the forming of hypotheses and problem-solving, preventive health care

Being able to access, read and assess medical literature critically

Develop and maintain continuing learning and quality improvement

The interrelation of core competencies, areas of application and fundamental background features characterises the discipline and underlines the complexity of the specialty.
## Chertsey GP Speciality Training Faculty

### GP Trainee on hospital based placement feedback form

<table>
<thead>
<tr>
<th>Question (tick answer as appropriate)</th>
<th>Department</th>
<th>Period</th>
<th>Question (tick answer as appropriate)</th>
<th>Department</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a named Clinical Supervisor (CS) in the department? Usually a consultant CS</td>
<td>Yes</td>
<td>No</td>
<td>How was your induction to the department? How useful was it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain if you answer no</td>
<td></td>
<td></td>
<td>Did you meet with your hospital clinical supervisor with in 2 weeks from starting the post?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a named Educational Supervisor (ES)-usually a GP ES</td>
<td></td>
<td></td>
<td>Did you meet your hospital Clinical Supervisor at least every four weeks? Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain if you answer no</td>
<td></td>
<td></td>
<td>Did you experience any difficulty in completing your assessment tools ie Minicex, DOPs, CBDs &amp; MSF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How was your induction to the department?</td>
<td></td>
<td></td>
<td>Explain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How useful was it?</td>
<td></td>
<td></td>
<td>Were you ever asked to undertake duties you did not feel adequately trained for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you meet with your hospital clinical supervisor with in 2 weeks from starting the post?</td>
<td></td>
<td></td>
<td>Describe (example F2 attachment, Taster days, Medical Student etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you meet your hospital Clinical Supervisor at least every four weeks? Explain</td>
<td></td>
<td></td>
<td>After you finished your post, did you feel adequately trained to deal with GP presentations of common conditions within the speciality?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you experience any difficulty in completing your assessment tools ie Minicex, DOPs, CBDs &amp; MSF</td>
<td></td>
<td></td>
<td>Were there times when you felt that the necessary supervision for you in the post was lacking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain</td>
<td></td>
<td></td>
<td>How would you improve the timetable for the department? Any suggestions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever asked to undertake duties you did not feel adequately trained for?</td>
<td></td>
<td></td>
<td>Have you ever felt discriminated against because of your race, age, disability, sexual orientation or religious beliefs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your previous GP placement experience? Describe (example F2 attachment, Taster days, Medical Student etc)</td>
<td></td>
<td></td>
<td>If you have ticked any of the shaded boxes did you discuss this with your trainer or programme director.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After you finished your post, did you feel adequately trained to deal with GP presentations of common conditions within the speciality?</td>
<td></td>
<td></td>
<td>Please describe on the back what went well in the department and what could be improved? (use free text, bullet points if possible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were there times when you felt that the necessary supervision for you in the post was lacking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As part of your induction process, the PGEC will arrange sessions for you to complete all of the mandatory training that you are required to do as a condition of employment in the Trust. If you however you miss any of these sessions, it will become your responsibility to ensure that you catch up by attending a session at another time. Additional sessions are held for all mandatory training subjects and across both sites. To see when these are being held and to book onto a session, you must go to the training page on Trustnet.

Here is a table which shows you which mandatory training courses you must complete and how regularly you must update them.

<table>
<thead>
<tr>
<th>Training Course</th>
<th>Level</th>
<th>Frequency</th>
<th>Type</th>
<th>Details</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection - Annually for GP trainees</td>
<td>2</td>
<td>3 Yearly</td>
<td>E-Learning or Face to Face</td>
<td>90 min</td>
<td>Level 3 required if working in paediatric settings</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>3 Yearly</td>
<td>E-Learning or face to face</td>
<td>30/45 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equality And Diversity</td>
<td>3 Yearly</td>
<td>E-Learning or face to face</td>
<td>30/45 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td>2 Yearly</td>
<td>Face to face</td>
<td>30 to 60 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene &amp; Infection Control</td>
<td>Annually</td>
<td>Face to face</td>
<td>45 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Safety (Includes slips, trips and falls; inoculation injuries)</td>
<td>3 Yearly</td>
<td>E-Learning or face to face</td>
<td>30 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Management</td>
<td>3 Yearly</td>
<td>E-Learning or face to face</td>
<td>30 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Governance</td>
<td>Annually</td>
<td>E-Learning or face to face</td>
<td>60 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Handling</td>
<td>3 Yearly</td>
<td>E-Learning or face to face</td>
<td>30 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines Management</td>
<td>Annually</td>
<td>E-Learning and face-to-face</td>
<td>Regular 30 mins sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitation</td>
<td>BLS: Annually</td>
<td>Face to face</td>
<td>60 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding Adults, Mental Capacity Act / Deprivation of Liberty</td>
<td>2 Yearly</td>
<td>E-Learning or face to face</td>
<td>90 mins</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K

Weekly Teaching at the Trust

Monday

Paediatrics:
13.00-14.00 weekly: Case Presentations & Guidelines (General Paeds) @ PGEC
12.30-14.30 monthly: Neonatal mortality and morbidity meetings @ NICU (see dept. for exact dates)
13.00-14.00 monthly: Neonatal Guidelines @ NICU (1st Monday of the month)
12.00-13.00: Cranial USS Teaching @ NICU (see dept. for exact dates)

Tuesday

Paediatrics
13.15-14.00: Radiology Meeting @ NICU

GI Surgical
08.00-08.45: Benign MDT GI Disease @ X Ray Seminar Room

Colorectal Surgery
08.45 onwards: Consultant Led Ward Round & Teaching – Colorectal Disease @ Falcon Ward
13.00-14.00: MDT Colorectal Cancer Cases @ X Ray Seminar Room

Wednesday

Paediatrics
08.30-09.00: Journal Club @ NICU
13.00-14.00: Registrar Teaching @ NICU or Ash Ward Educational Room
14.00-15.00: SHO Teaching @ NICU or Ash Ward Educational Room

Emergency Medicine
10.00-12.00 Emergency Medicine Teaching @ PGEC

Thursday

GP
09.00-12.00: GPST3 Teaching @ PGEC
12.00-13.30: GPST1&2 Teaching @ PGEC

Friday

Colorectal Surgery
08.00-11.00: PGMC Grand Round Colorectal Patients @ PGEC

Medicine
13.00-14.00: Core Medical Teaching, PGEC – GP trainees welcome
**APPENDIX L**

**POSTGRADUATE DEANERY FOR KENT, SURREY & SUSSEX**

Department of Postgraduate GP Education  
CAR MILEAGE ALLOWANCE REIMBURSEMENT for GP PLACEMENTS  
Health Education KSS  
7 Bermondsey Street  
Guidance Notes for: GPStRs, BBT Trainees, GP Trainers and Single Employer Acute Trusts  
London  
SE1 2DD

**Introduction**

The following describes the arrangements for GPStRs or BBT trainees in GP Practice placements to claim for Car Mileage Allowance from their employer. The schedules are derived from the Direction to Strategic Health Authorities concerning GP Registrars were amended and published on 31st July 2007) with 2011 Amendments (21 April 2011) [http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm](http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm)

It is acknowledged that there are variations between the allowance as described below and the arrangements Single Employer Trusts utilise. GPStRs & BBT Trainees employed under the Single Employer Acute Trust should use this document as a guide only and in conjunction with Trust policy, forms and processes.

**Finance Procedures for claiming the New Car Mileage Allowance**

1. **Record keeping**

Trainees must keep a record of all business activities that require them to use their car. These records must be verified and signed by their GP Trainer and a copy must subsequently be kept in their files in their GP Training Practice for audit purposes. GP Trainers will verify the trainee’s claim, based on the details below. The trainee’s employer will reimburse the trainee according to their policy. The employer will be reimbursed these expenses from the HEKSS GP Department via the appropriate channel.

2. **Claims**

If the trainee is employed under the Single Lead Employer Acute Trust Process, GP Trainers will authorize the trainee’s Car Mileage claim (whilst they are in the GP placement) and forward it to the Lead Employer for payment. (The Lead Employer will be reimbursed via quarterly reconciliations)

If the trainee is employed by the Practice, the claim will be paid by the Practice to the trainee and the Practice will claim these sums from the PCSS Shared Services Agency on a monthly basis as part of the usual claiming process.

3. **Authorised User Form**

An Authorised Vehicle User Application Form (from the Lead Employer) is required to be completed by the Trainee and authorised (countersigned) by his or her GP Trainer and kept on file in the Practice and by the Employer*. A copy of an up to date insurance certificate and the completed form must be kept on the trainee file in the GP Training Practice (*please note that : trainees employed under the Single Lead Employer Acute Trust process will be required to complete the Trust forms, these trainees should consult with their medical staffing department).

It is an audit requirement that an up to date car insurance certificate is held on file for each Trainee who submits travel claims, and is resubmitted each year as the insurance is renewed, or if there is a change of vehicle.

4. **Business Insurance Cover**

Trainees will require business insurance motor vehicle insurance if they use their own vehicle in the course of their work, including the carriage of goods and passengers as part of this. Advice should be sought from the relevant Motor Vehicle Insurer if the trainee is not clear if their personal cover is adequate.
5. Definition of GPSiR’s Business activities

The HEKSS definition of trainee’s business activities relating to the use of a motor vehicle includes all activities required by them to discharge their responsibilities as a doctor in training. These will include: visiting patients in their home, or other locations such as residential or nursing homes, travelling to out of hours provider, travelling to other Practices or clinics for educational purposes and travelling to the locations for HEKSS organised educational courses, which will include the Training Programme (half) day release courses.

(Trainees are still able to claim their course fees and travel by public transport for attending deanery approved courses from their individual study leave allowance. Trainees must be mindful of their claim applications which will be cross reference and audited regularly.)

6. Home to Base Mileage Concession

Trainees in line with other NHS employees cannot claim for normal daily travel to and from work*. However on the days that they undertake business activities as described in paragraph 3 above, such as a home visit or attendance at the local day release course, they can claim up to 20 miles (return journey) from home to practice. This is in addition to the mileage they will claim for undertaking the home visit. An example would be a GPSiR undertakes a home visit on a Thursday and incurs 15 miles of travel as a result. They also live 5 miles from the surgery – so they are entitled to claim 25 miles for that day. However the concession mileage IS NOT mileage that contributes to total business mileage when considering the amount of business mileage generated.

7. Trainees who do not use a car for their GP placement

Whilst the majority of Trainees will have their own motor vehicle for use in the GP placement, if they do not have this, then they will have agreed to make appropriate alternate arrangements to cover the travel requirements to allow them to carry out their domiciliary duties, including the provision of emergency care as part of their duties in the post. If this is the case, those Trainees must write a letter to HEKSS (in advance) clarifying the arrangements they have made, with a supporting letter from their GP Trainer confirming the acceptability of the arrangements, in order that appropriate reimbursement for travelling expenses can be instructed. Trainees should use the most economical form of transport (which may include walking or cycling) and public transport where applicable (Public Transport rate – 24p per mile). Use should not be made of private taxis, unless there is a compelling and unavoidable need, which is agreed beforehand by the GP Trainer and signed off by the HEKSS GP School.

- Trainees who have specifically relocated their primary residence to be near their location of their first placement in order to take up a GP/BBT Training Programme, may be eligible to claim travel from their residence to subsequent training placement locations.
## GPST1/2 JOB DESCRIPTION

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Doctor at GPST Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department / Directorate</td>
<td>Various</td>
</tr>
<tr>
<td>Band:</td>
<td>MN37</td>
</tr>
<tr>
<td>Hours:</td>
<td>40+</td>
</tr>
<tr>
<td>Responsible to:</td>
<td>Lead Consultant</td>
</tr>
<tr>
<td>Accountable to:</td>
<td></td>
</tr>
<tr>
<td>Professionally Accountable to:</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Responsible for:</td>
<td></td>
</tr>
<tr>
<td>Base:</td>
<td>SPH, but may be required to cover Ashford</td>
</tr>
<tr>
<td>Disclosure Barring Service Check</td>
<td>Yes</td>
</tr>
<tr>
<td>Job Summary:</td>
<td>Working on the SHO rota in each department at GPST level.</td>
</tr>
<tr>
<td>Key Result Areas:</td>
<td>To have made an effective contribution to reaching the Trust’s vision, strategic objectives and key work programmes.</td>
</tr>
<tr>
<td>Date of last review:</td>
<td>June 2014</td>
</tr>
</tbody>
</table>
ASHFORD & ST. PETER’S HOSPITALS NHS FOUNDATION TRUST BACKGROUND INFORMATION

Ashford & St. Peter's Hospitals NHS Foundation Trust is the largest provider of acute services to residents of Surrey and a growing proportion of west London residents, totalling more than 380,000 people. Our main catchment area is the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow, and Surrey Heath.

To achieve Foundation Trust authorisation in December 2010, The Trust underwent a rigorous two-year process during which the Trust were assessed against new quality standards and were required to demonstrate superior governance systems and sustainable leadership.

With a workforce of around 3,500 staff and £213m income, the Trust has an impressive track record of developing integrated models of care, both across and within its two main hospital sites – Ashford in Middlesex; and St. Peter’s in Chertsey, Surrey – and in community settings.

The Trust provides a whole range of services across its two hospital sites. The majority of planned care, like day case and orthopaedic surgery and rehabilitation services, is provided at Ashford Hospital, with more complex medical and surgical care and emergency services at St. Peter’s Hospital.

The acute services are provided at the St Peter’s Hospital site, which has modern Intensive Care and Coronary Care units and sees approximately 100,000 A&E attendances annually, with a full general medical take supported by acute medical beds. The Ashford Hospital site provides the Trust’s 24 Hour Walk-in Centre and Rapid Access Centre, along with Rehabilitation Wards. Ashford and St Peter’s have a combined total bed allocation of approximately 600 beds.

**Ashford Hospital provides:**
- day case surgery
- stroke and rehabilitation care
- elective orthopaedic surgery
- ophthalmology
- outpatients (including paediatrics)
- and diagnostics; X ray, ultrasound,
- Endoscopy (using cameras to look inside the body) and MRI scans.

**St. Peter’s Hospital provides:**
- accident and emergency services
- intensive care
- emergency surgical and medical care
- elective and day case surgery
- orthopaedics (Rowley Bristow Unit)
- specialist brain injury unit
- maternity care
- paediatric services (children’s services)
- neonatal intensive care unit which provides care for acutely ill babies
- outpatients and diagnostics; X ray, ultrasound, CT scans, endoscopy and MRI scans
- Pathology services.

Patients are also offered convenient access to our services and our consultants in a range of polyclinics and general practices.

Quality remains the top priority at Ashford and St Peter’s and the Trust Board maintains a strong focus on the needs of patients. It works to enhance its links with frontline staff and this investment has shown demonstrable improvements for our patients.

For example, the Trust has:
- One of the lowest mortality rates in the country.
- Significantly reduced hospital acquired infections such as MRSA and Clostridium Difficile over the last few years.
- Developed a Quality Dashboard which has strengthened quality management across a range of measures which are benchmarked locally and nationally; and is
- One of the fastest improving Trusts in employee engagement and satisfaction.

The Trust sits within the Surrey Primary Care Trust and acts as its host purchaser, Hounslow Primary Care Trust purchases approximately 25% of the activity of the Trust. The Trust supports two local community and one mental health trust.

**Specialist Services**

The Trust has a variety of specialist services; specialist NICU, specialist Orthopaedic services, Neurophysiology services, Cardiac Angiography, Cardiac MRI and Nuclear Cardiology. Within the angiography suite cardiology undertakes percutaneous coronary interventions (PCI), electrophysiology studies and ablations, biventricular device (pacemaker and ICD) implantations. The Trust links with a number of tertiary units including Atkinson Morley, Charing Cross, St Helier, St George’s, Harefield and Royal Brompton. The Trust links with St Luke’s (Guildford) and the Royal Marsden for cancer services.

**Overview of Responsibilities :**

- To be able to take a history and examine patients, prescribe safely and keep an accurate and relevant medical record.
- To show appropriate attitudes to patients and their symptoms and to respect their wishes.
- To clearly and openly explain treatment options and side-effects and to obtain informed consent where appropriate.
- Understand different consultation styles
- Take the psychosocial aspect of patients presentations
- Awareness of the role of other allied health services
- To have realistic expectations of tasks to be completed by self and others and be willing to consult and
work as part of a multidisciplinary team.

- To structure an interview with a patient and relatives when giving bad news and act with empathy, honesty and sensitivity.

- To seek to involve other professionals in the management of patients and their illnesses where appropriate.

The Trust expects all staff to behave in a way which recognises and respects this diversity, in line with the appropriate standards.

---

**General Responsibilities for all staff in the Trust:**

All Trust employees will carry out their duties in accordance with Trust vision, strategic objectives and values:

**Vision**

To become one of the best healthcare Trusts in the country.

**Strategic Objectives**

- To achieve the highest possible quality of care & treatment for our patients.
- To recruit, retain and develop a high performing workforce.
- To deliver the Trusts clinical strategy of joined up healthcare.
- To ensure financial sustainability of the Trust through business growth and efficiency gains

**Our Pledge**
2. **Appraisal and Personal Development**

All staff subject to appraisal and personal development reviews and you should maintain a record of your own development. The Trust Appraisal Policy will be found at [http://trustnet/documents/menu274.htm](http://trustnet/documents/menu274.htm)

3. **Communication and Confidentiality (Information Governance)**

You must communicate clearly by actively listening and responding to what people are saying:

- a) check information from other people and check its accuracy
- b) establish any help people require and act on this appropriately
- c) ensure confidentiality at all times

Employees of the Trust must not without prior permission disclose any information regarding patients or staff obtained during the course of employment except to authorised bodies or individuals acting in an official capacity. The Data Protection Act may render an individual liable for prosecution in the event of unauthorised disclosure of information. See Confidentiality Policy [http://trustnet/documents/menu113.htm](http://trustnet/documents/menu113.htm) and Information Governance Policy [http://trustnet/documents/menu1107.htm](http://trustnet/documents/menu1107.htm)


Employees who use a computer, must abide by the terms of the Trust’s Information and Technology Policies at: [http://trustnet/documents/menu11.htm](http://trustnet/documents/menu11.htm)

4. **Development, Modernisation and Change**

The Department of Health, the Trust, and Directorate/Departments have targets to achieve in respect of service delivery and improving and progressing patient care. We ask that you are aware of these targets and contribute and work to achieve them.
All staff are to be familiar with the Trust’s policies and procedures, which are available on the Trust Intranet [http://trustnet/documents/menu.html](http://trustnet/documents/menu.html) or externally via [http://www.ashfordstpeters.org.uk/organisational](http://www.ashfordstpeters.org.uk/organisational).

This job description is an outline of the role and responsibilities. From time to time due to the needs of the service, we may ask you to undertake other duties that are consistent with your role / band. Details and emphasis of your role may change but this would be in consultation with you and in line with the needs of your work area.

### 5. Diversity and Rights

All staff have a duty promote people’s equality, diversity and rights, and treat others with dignity and respect. The Trust is unreservedly opposed to any form of discrimination being practiced against its employees whether on the grounds of gender or marital status, sexual orientation, disability, race, colour, creed, ethnic or national origin or age.

A copy of the Trust’s Single Integrated Equality Scheme is available on the Trust’s Intranet site. You are required to familiarise yourself with the terms of the policy at: [http://www.ashfordstpeters.org.uk/attachments/054_Single_Equality_Scheme.pdf](http://www.ashfordstpeters.org.uk/attachments/054_Single_Equality_Scheme.pdf)

### 6. Monitoring and Maintaining Good Health and Safety

The safety of patients, staff and visitors is paramount. All staff have a duty to recognise safety as a fundamental element of their role and to comply with Trust policies, procedures, protocols and guidelines related to safety and well-being.

Under the Health and Safety at Work Act 1974, all employees have a duty:

- a) to take reasonable care of ourselves and others at work
- b) to co-operate in meeting the requirements of the law
- c) not intentionally or recklessly interfere with or misuse anything provided in the interests of health safety or welfare

You are required to familiarise yourself with the details of the Trust’s Health and Safety Policies posted on the Intranet at [http://trustnet/documents/menu3.htm](http://trustnet/documents/menu3.htm). A department policy which will cover your usual place of work is available through your head of department. There are a number of health and safety training sessions which will be mandatory for you to attend depending on your type of work.

### 7. Mandatory Training

All staff have a responsibility to ensure that they are up to date on essential knowledge and skills related to their sphere of work. Some areas of training are common to all staff, such as Health & Safety, Safeguarding and Information Governance. Staff must ensure that they attend Mandatory Training sessions as required.

### 8. NHS Constitution

The NHS commits:

- To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
To provide support and opportunities for staff to maintain their health, well-being and safety.

To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Staff responsibilities:

- **You have a duty** to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.

- **You have a duty** to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.

- **You have a duty** to act in accordance with the express and implied terms of your contract of employment.

- **You have a duty** not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

- **You have a duty** to protect the confidentiality of personal information that you hold unless to do so would put anyone at risk of significant harm.

- **You have a duty** to be honest and truthful in applying for a job and in carrying out that job.


9. **Quality and Risk Management**

The Trust, as a public organisation is committed to acting with honesty, with integrity and in an open way. We are working together to achieve the highest levels of compliance with risk management via the NHS Litigation Authority (NHS LA) and Clinical Negligence Scheme for Trusts (CNST) for maternity services. You are expected to become familiar with these standards as they relate to your work and further details are available from your manager.

You must ensure your actions help to maintain quality and reduce risk. This involves accepting individual responsibility for meeting required standards, and for following quality and safety processes and procedures. These include national requirements set out by the Healthcare Commission, Trust policies, the Trust’s Standards for Practice and Care, local Codes of Practice and local service or departmental standards. ([http://trustnet/documents/Standards%20for%20Practice%20and%20Care.doc](http://trustnet/documents/Standards%20for%20Practice%20and%20Care.doc))

It is expected that you understand and comply with current emergency resuscitation techniques (where appropriate), infection control procedures, and fire regulation procedures.


10. **Whistle-blowing**

All employees working in the NHS have a contractual right, and a responsibility, to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. Details of when and how concerns may properly be raised within or outside the Trust are available in the Trust’s Whistle-blowing Policy which you can access on the
The Trust’s policy on whistle-blowing enables everyone to raise any concerns they have about any malpractice at an early stage and in the right way.

The Trust welcomes your genuine concerns and is committed to dealing responsibly, openly and professionally with them. It is only with the help of our staff that the Trust can deliver a safe service and protect the interests of patients and staff. If you are worried, we would rather you raised the matter when it is just a concern, rather than wait for proof.

We hope that you will be able to raise concerns with your manager or Head of Service. However, we recognise that this may be difficult and therefore the policy enables you to raise a matter directly with Senior Management. The Director of Workforce and Organisational Development is the designated Director for Whistle-blowing, but you can approach any member of the Trust Board.

Your concerns will be taken seriously and investigated. We also give you a guarantee that if you raise concerns responsibly, we will endeavour to protect you against victimisation. The policy also gives guidance on how to seek independent or external advice.

11. Requirement for Flexibility in an Emergency Situation

In the event that the Trust is affected by an emergency situation (including but not limited to a flu pandemic or a pandemic of any other disease or illness), whether relating to its staff and/or patients, you agree that the Trust may require you to:

(a) Carry out additional and/or alternative duties to those contained in your job description; and/or

(b) Without prejudice to the other terms of your employment, perform duties (including any additional and/or alternative duties as mentioned above) at any other location where NHS services are provided.

All employees are responsible for participating in or cooperating with measures to ensure effective business continuity/resilience for key core services

12. Safeguarding

All Trust employees have a responsibility to take appropriate action if they believe that a child or vulnerable adult is in need of services or in need of protection and they must be committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. Everyone is responsible for accessing the relevant level of training and following the Trusts local and SSCB’s Child Protection and Safeguarding procedures.

Information on the Abuse or Suspected Abuse of Vulnerable Adults is at: http://www.ashfordstpeters.org.uk/attachments/723_Abuse%20or%20suspected%20abuse%20of%20vulnerable%20adults.pdf

The Trust complies with the requirements of the Criminal Records Bureau (CRB) and the requirement to report safeguarding issues to the Independent Safeguarding Authority (ISA). All staff required to have a CRB disclosure for their post will undergo a recheck every three years. Employees must cooperate with the renewal process and submit their CRB applications promptly when requested.