NHS
Health Education England

Training Handbook

for

General Practice Specialty Training

2020

Health Education England
working across Kent, Surrey and Sussex

Developing people
for health and
healthcare

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This guide follows RNIB's clearprint guidelines. If you have additional accessibility needs, we can provide you with the document in electronic format. We welcome your input with suggestions to develop this document further (please visit PGMDE Support Portal).

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Introduction

Welcome to your General Practice specialty training programme in the Health Education England Kent, Surrey and Sussex (HEE KSS) GP School.

We hope you will find your time in your training programme, both in hospital and as a GP specialty trainee in a training practice, exhilarating and inspiring. We also hope that with your hospital clinical supervisors and GP educational supervisors (trainer) you will develop an enthusiasm and a passion which will sustain you throughout your career as a GP.

GP specialty training in KSS is overall subject to the criteria, requirements and guidance of the General Medical Council (GMC), Royal College of General Practitioners (RCGP), and those described in 'A Reference Guide for Postgraduate Medical Training in the UK' (commonly known as the Gold Guide). The latest version is available here.

This document has been created to guide you through the requirements of your GP training – it is updated annually. You are advised to refer to the latest web version throughout your three-year training programme as changes will be made.

You should also refer to your e-Portfolio for all dates and documentation, as this will ensure you access the current information. You should ensure that you read the bulletins prepared by the GP school, any messages on the e-Portfolio and keep an eye on the relevant websites (e.g. HEE, KSS Education and RCGP).

This information pack has been created by the KSS GP School Healthcare Education Team (HET) with the support of a number of former GPSTs, it seeks to help GPSTs and GP Trainers (Educational Supervisors) to understand the purposes and process of the MRCGP and final certification, and to help you integrate this requirement into the General Practice training period. It is common to use acronyms in this kind of guidance, and you will find a Glossary list of common acronyms at the end of this document.

Employment of GP specialty trainees

In 2011, the Kent, Surrey and Sussex GP School commenced a pilot for a Single Employer Acute Trust (SEAT) process for GP trainees to have one employer (the Acute Trust) throughout their GP training programme. The outcome of this pilot was successful and beneficial to GP trainees, Acute Trusts and GP training practices and as a result the SEAT arrangement is now an established process in KSS.

All GPST1 trainees commencing a GP training programme in Kent, Surrey and Sussex from August 2017 will be employed under the **Single Employer Acute Trust**. This means that trainees employed under SEAT will be employed by the local acute hospital trust throughout the duration of the training programme (even when the training placement is hosted within another organisation) such as General Practice.

Who's who

During each secondary care post, you will have a **Clinical Supervisor (CS)** who will be one of your hospital consultants in that post. Your CS will be responsible for ensuring that appropriate clinical supervision of your day-to-day clinical performance occurs at all times. In addition, your CS will:

- meet with you regularly throughout the placement;
- provide feedback which may be obtained by direct observation and from gathering the views of others working with you;
- undertake some of your assessments required in the specialty.

For the duration of your programme you will also have a **GP Educational Supervisor (ES)**, who will be a **GP Trainer.** Educational supervisors are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress. In addition, your ES will:

- meet you regularly throughout each of your training programmes;
- provide regular appraisal opportunities and completion of formal reviews;
- provide feedback on your overall progress.

In ST1 or ST2 you will have at least one four-month GP placement. This may be in the practice where your Educational Supervisor works, or another GP practice. When you are working in the same practice as your ES, they will also take on the role of Clinical Supervisor. Where you are based in a different practice to your ES you will have a GP Trainer in that practice who will act as your CS.

The local **GP Training Programme Directors (GP TPD)** will put you in contact with your ES. If you have concerns about your education and training that cannot be dealt with by your CS, then your ES is there to offer help and support. In addition, each GP Specialty Training Programme has two or three GP TPDs who are employed by HEE to support and facilitate the running and delivery of the training for the whole programme for that area. The TPD will organise your training programme placements throughout your three-year programme.

Each programme area is part of a larger geographical patch, normally two per county in KSS, which is supported by a **Patch Associate GP Dean (PAD)** who is part of the central HEE KSS Department of Primary and Community Care Education, led by the **Primary Care Dean,** and the GP School is led by the **Head of GP School (HoS)**.

In each Postgraduate Medical Education Centre (normally located at each main Acute Trust hospital) there is a **Medical Education Manager (MEM),** who will often be your first contact for any concerns and sharing of information. In some locations, there will also be a GP Administrator who assists the GP specialty training programme.

How to contact the GP School

The GP School/KSS Education website will keep you updated on local information, training days and courses approved for GP training. The National GP Recruitment Office, RCGP and KSS Education websites are regularly updated, and any comments and suggestions you have for their improvement would be welcomed and should be sent to the GP School via the PGDME Support Portal.

If you have any questions or would like further information, please contact the HET team.

Health Education England working across Kent, Surrey and Sussex
Department of Primary and Community Care Education
Stewart House
32 Russell Square
London
WC1B 5DN

The HET team is normally available on weekdays from 08.00-17.00.

Contacts in the GP School

Name	Title	Email
Professor Christopher Warwick	Primary Care Dean	christopher.warwick@hee.nhs.uk
Dr Liz Norris	Head of GP School	liz.norris@hee.nhs.uk
Dr Andy Charley	East Kent Associate GP Dean	andy.charley@hee.nhs.uk
Dr Tariq Hussain	North/West Kent Associate GP Dean	tariq.hussain@hee.nhs.uk
Dr Cathy O'Leary	East Surrey Associate GP Dean	catherine.o'leary@hee.nhs.uk
Dr Andrew Cochrane	West Surrey Associate GP Dean	andrew.cochrane@hee.nhs.uk
Dr Raya Al-Jawaheri	East Sussex Associate GP Dean	raya.al-jawaheri@hee.nhs.uk
Dr Sadhana Brydie	West Sussex Associate GP Dean	sadhana.brydie@hee.nhs.uk
Administrative and general training enquiries should be submitted via https://lasepgmdesupport.hee.nhs.uk/support/home		

Useful weblinks and addresses

The Royal College of General Practitioners (RCGP)
30 Euston Square
London NW1 2FB

The e-Portfolio sign in page.

Royal College of General Practitioners (RCGP) Certification Unit.

Starting GP specialty training

Before starting your GP specialty training programme, you must:

- Ensure your GMC registration is current;
- register on GMC Connect with the designated body of HEE KSS (Professor Graeme Dewhurst, Postgraduate Dean for HEE KSS, will be your Responsible Officer);
- contact your training programme directors and clinical and educational supervisors;
- complete an 'Enhanced Form R' - see guidance below;
- return the 'Conditions of Joining a Specialty Training Programme' form to the HET team;
- contact the HR department at your Acute Trust.

Two months before starting any GP placement, you will need to:

- Organise a Disclosure and Barring Service Certificate – please see further guidance below;
- register on the National Performers List (you must have completed Safeguarding Children level 2 in advance);
- ensure your Hepatitis B vaccination is up to date, and immunity checked (an occupational health assessment is required for all trainees, this will be done by the Acute Trust for trainees employed under SEAT).

The National Performers List

All GP specialty trainees who wish to practise in NHS General Practice need to be added to the National Medical Performers List (NPL). The list provides an extra layer of reassurance for the public that GPs practising in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks.

NHS England (NHSE) and Health Education England (HEE) are currently seeking an amendment to legislation that will change the way GP STs are included on the NPL. In the meantime, GP STs commencing their General Practice placements **will not need to complete and submit an application form (NPL1)**.

National Performers List status is undergoing change; please see the latest information here.

Please note STs on completion of training will need to notify the NPL of their change in status and complete the correct paperwork to transition into working General Practice.

Additionally, your practice manager will ask to see the following when you start your practice placement:

- DBS with online update;
- occupational health assessment;
- medical indemnity;
- GMC registration.

It is your responsibility to inform the NPL of any changes to your circumstances, such as:

- Resignation/removal from training;
- dismissal;

- failure to achieve CCT;
- referral to the GMC.

Your HEE local office should also inform NHS England of any of the above.

HEE local offices will update NHSE when GP STs gain their CCT, but you must still complete an NPL3 at that time to update your status on the NPL.

If you have any queries about joining the National Performers List, please speak to your HEE local office or use their website.

Updates to this evolving process will be sent directly to those GPSTRs affected and will be circulated in our bulletin.

Medical indemnity

Different arrangements apply to working in hospitals than in General Practice. If you are working in a hospital trust, they will organise your indemnity under the Crown Indemnity for NHS Hospital Trusts (CNST). If you are entering a GP placement, you will be utilising the new national Clinical Negligence Scheme for General Practice (CNSGP).

All GP trainees placed in General Practice settings for training purposes will automatically be covered by CNSGP for clinical negligence liabilities. Following further lobbying by GPC and its trainee representatives, comprehensive personal indemnity cover for all GP trainees will be funded by HEE until qualification. Further details, and FAQs, are available from the BMA here.

Information from NHS England

Please note the new indemnity procedures covering GPSTs.

It is **your responsibility** to ensure you have the appropriate medical indemnity for your GP placement. If you have a placement in a hospice (Palliative Care), you should check with the hospice how they organise the medical indemnity for trainees prior to starting and discuss this with your medical indemnity organisation, as some hospices organise different arrangements.

Support for reasonable adjustment

If you have a disability which might require adjustments to help support you in your work, you must make your employer aware at the earliest opportunity. Failure to do so may prevent the employer from being able to make reasonable adjustments.

Registering with the Royal College of General Practitioners

The MRCGP is in place to ensure that doctors who have achieved membership have competence for independent General Practice. It is the licensing exam for General Practice; without it you cannot gain your Certificate of Completion of Training (CCT) in General Practice and work as a GP in the United Kingdom. All new entrants to GP specialty training **must** register with the RCGP to enable access to an e-Portfolio in which you will record developmental progress and attainment of the mandatory assessments.

Any doctor in GP specialty training, whether in a hospital or a General Practice post, needs to collect evidence of their development and progression through training, and their competence to practice as an independent GP, from the start of their training. This will be done using the RCGP e-Portfolio.

The evidence recorded will form part of the final assessment for the award of the MRCGP and is therefore essential evidence required by the RCGP for certification. The RCGP is the certificating authority which will provide a CCT if the doctor in training reaches the required standard of competence. The e-Portfolio will provide a location for doctors in GP specialty training to record their learning experiences and assessments (further information on this below).

Before you start, you must register to get a username and password.

Completing the Form R

All specialty trainees need to complete the 'Registering for Postgraduate Specialty Training (Form R)'. This is a GMC requirement when entering training and again annually prior to each Annual Review of Competency Progression (ARCP). Consequently, you **must** remember to complete an 'Enhanced Form R' prior to every annual review and all other ARCP reviews which may occur as a consequence of time out of training or extensions to training.

This form must be completed and uploaded and shared to your e-Portfolio. Guidance on completing the Form R is available here.

For ST1 trainees, your National Training Number (NTN) is also essential for you to be registered with the RCGP. This will be issued by the HEE KSS GP School when your Form R is received. It is a requirement of the RCGP for the GP School to collect Form R's as registration for training each year. Trainees are required to complete a Form R (part A & B) at the start of training and again for each ARCP. An email will be sent to you each year before this is due reminding you to complete the Form R electronically and add this to your e-Portfolio.

The Form R now collects information required to support the revalidation process. Doctors in training are required to complete the self-declarations and provide further information on any unresolved significant untoward incidents or serious unresolved complaints.

Contacting your GP Educational Supervisor (GP Trainer)

Your Educational Supervisor (ES) will provide you with educational support and monitor your progress through your training. The ES will be a GP Trainer – your Training Programme Director (TPD) will organise this for you. If possible, you will have the same ES throughout your training and they will be your GP Trainer in your last year; however, you may have more than one ES.

If you are entering your ST3 training year, or if you are about to commence a GP training placement in your ST2 training year, it is especially important to contact your ES.

Honorary contract for trainees employed under SEAT

Whilst your employer for the duration of the programme is the Acute Trust, for your General Practice and psychiatry placement (or other externally hosted placement, e.g. hospice), you will be required to sign an honorary contract with the host training organisation.

GP placements during GP specialty training

Your final year (ST3) will be spent entirely in a GP placement. You will also experience a four-month GP placement in your ST1 or ST2 year. This placement may be an Integrated Training Post (ITP), in which you will be based in GP but also gain experience in an attachment to a hospital specialty. Your post rotations and placements in GP will be organised by your TPD.

You will need to meet your ES to discuss your introduction to General Practice and to have a preliminary look at major educational needs and wants. Your ES, or more usually the practice manager, will discuss with you all the logistical arrangements for you to commence your GP year. Again, this should be organised at least two months before you start, preferably longer.

An overview of GP training over three years

Over the course of at least three years of training in General Practice you will work to attain the MRCGP, which is now the licensing exam for entering General Practice. The regulatory body is the GMC who will issue you with a Certificate of Completion of Training (CCT) after successfully completing the training programme (or a CEGPR (AP) for those GPSTRs who passed the RCGP exams after their training was complete and no longer have a national training number).

The GMC at present requires no less than 12 months in approved hospital training posts and no less than 12 months in a GP training practice in an overall programme that must be no less than three years. As per the Medical Act 1983 legislation, these are the minimum periods of training you must achieve. Therefore, time out of this training program is carefully monitored by the Healthcare Education Team (HET) on behalf of the GMC.

Induction training

You must attend the induction programme arranged for new employees in the trust. All trainees entering the training programme in August must attend the trust induction, even if your first placement is outside of the Acute Trust in a Mental Health Trust, Hospice, community setting or General Practice.

You will also be expected to undertake an induction into the department in which you are working.

Your GP training programme director will arrange a further induction for GPST's to provide an overview of GP specialty training, the programme, use of the e-Portfolio and the assessment strategy. Your non-Acute Trust placements will also arrange a site-specific induction to help you settle into the environment.

The HEE KSS GP School has developed a series of helpful e-learning packages: 'Trainees Starting GP' that can be accessed via the e-Learning for Health (e-LFH) website. This provides you with a useful introduction to registration with the RCGP, the GP curriculum, learning logs and personal development plans, the Educational Supervisor Review and ARCP.

You should register your details on the e-LFH site to be able to receive your certificate of evidence of course completion - which you can upload to your e-Portfolio. Other resources are available; please see further details available on KSS Education.

Guidance on the ST3 working week

The new Junior Doctor Contract has not changed the COGPED recommended working week for ST3s.

For a full time ST3 the working requirements are 40 hours per week. The 40 hours are made up of:

- 28 hours clinical sessions;
- 4 hours structured educational time (includes tutorial);
- 4 hours half-day release (HDR) specialty GP scheme; and
- 4 hours independent educational activity.

In addition, trainees will need to undertake acute and unscheduled care duties. We are aware that COGPED is currently reviewing the guidance regarding urgent and unplanned care training. This guidance will therefore change in line with the review. The new guidance is expected to reduce the emphasis on hours served, but will not remove the need to be able to work in out of hours settings at a 'green' (remote supervision) status prior to the final ARCP.

Notwithstanding, the nature of the sessions which are available will depend upon local arrangements. It is expected a GP ST3 will undertake a minimum of 48 hours in a traditional/recognised Out of Hours (OOH) setting to achieve the acute and unscheduled care capabilities.

These hours are in addition to the 40-hour working week; for those on the new contract the hours are taken in lieu from the 40-hour working week.

The above reflects an overview of activity likely to equip a GP trainee to meet the learning outcomes of the GP curriculum and meet standards sufficient to reach a CCT. The balance of activities may have flexibility, based on the individual training needs of GP trainees as identified in discussions between trainee and ES. Actual timings can vary each week, as flexibility is also needed to reflect education and service provisions. Educational sessions may be structured so that activity occurs over several activities on different days.

Attendance at the HDR is covered by study leave arrangements and accounts for 15 days of the 30 days available to trainees.

Duties and activities that contribute to clinical sessions:

- Supervised/supported consultations within the practice, with a minimum appointment length of ten minutes for face to face consultations. There should be adequate time provided (at the end of any consulting period) to allow a trainee to debrief with the supervising GP;
- telephone consultations;
- supervised/supported home visits, nursing home visits, community hospital duties including time for debriefing and travelling;
- administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, and general administration;
- time spent with other members of the practice and healthcare team for the purposes of care and learning e.g. practice nurses, community nurses, nurses with a role within chronic disease management, receptionists, triage nurses, GPwSIs, other healthcare professionals, dispensing and pharmacy professionals, gaining experience in these areas.

These activities should link to specified learning outcomes and should be planned and agreed with the Educational Supervisor.

Activities that may be considered educational:

- Time spent in activities relating to Work-Placed Based Assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Case-based Discussions (CbDs);
- time spent analysing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose;
- time spent in specialist clinics; especially where these are arranged to gain exposure to patient

groups and illnesses not covered elsewhere in a trainee's programme, e.g. family planning clinics, joint injection clinics;
- participation in clinics run by other GPs – such as minor surgery, especially where direct. supervision is required in the process top get formal verification of procedural competences;
- attendance at specialist outpatient clinics if this area is felt to be absent within the trainee's coverage of the GP curriculum.

Non-clinical activities suited to educational sessions:

- Locally organised educational events, e.g. specialty-specific educational programmes run by HEE KSS, including "half-day release" or "day-release" sessions;
- structured and planned educational activities, such as tutorials delivered in the GP practice;
- primary care team meetings;
- educational supervisor meetings and other educational reviews;
- audit and research in General Practice;
- independent study/revision;
- commissioning services.

For trainees on less than full time rotations the number of hours for clinical and educational events will be calculated on a pro-rata basis.

The RCGP will need evidence of the successful completion of training in all the posts and the satisfactory completion of the MRCGP. This will enable the RCGP to issue a CCT. The RCGP provides information about the MRCGP which you should read.

MRCGP

The MRCGP is an integrated assessment package, made up of:

- E-Portfolio requirements on learning logs, and PDPs;
- Applied Knowledge test (AKT);
- Clinical Skills assessment (CSA);
- Workplace based assessment (WPBA) which includes:
  - Case-based Discussion (CbD)
  - Consultation Observation Tool (MiniCEX in ST1 and ST2 and COT in ST3)
  - Clinical Examinations and Procedural Skills (CEPS)
  - Multi-Source Feedback (MSF)
  - Patient Satisfaction Questionnaire (PSQ)
  - Clinical Supervisors reviews (CSR)
  - Educational Supervisor reviews (ESR)

These assessments are based around capabilities derived from the GP curriculum. The MRCGP has a component of WPBA and you must ensure your assessments are uploaded as you undertake them onto your e-Portfolio, as well as documenting the learning you have undertaken on your electronic e-Portfolio throughout the three years.

This e-Portfolio will allow you to demonstrate your progress in achieving the competences expected in the GP curriculum and required for your MRCGP. The WPBA carries equal weight with the

examinations in determining progression and completion of your training and should not be neglected in order to prepare for exams.

Learning logs

This is an essential part of the evidence you will offer on your e-Portfolio and needs to provide sufficient evidence to cover the whole breadth of the RCGP curriculum. There is a guide to the requirements for this.

Summary of requirements for learning log:

- A minimum of **two reflective, clinical entries must be included per month** (24 per ST year) within the learning log. These need to reflect real-life experienced clinical encounters, where you can demonstrate reflective learning from the encounter. If training less than full time, the requirement is adjusted pro rata;
- one significant event in every four-month post in General Practice. When completing a significant event, evidence of team working, and learning should be included in your reflections;
- at the start of every post, you need to meet with your supervisor for a pre-placement planning meeting which needs to be documented in your learning log;
- 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 a Quality Improvement Project (QIP) or an audit must be completed before the annual review, and active involvement in audit is also encouraged throughout GP training (the annual review normally occurs two months before the end of your training time);
- if you feel it is appropriate, any learning which you identify following your learning log entries or assessments needs to be documented within the PDP on the e-Portfolio;
- you need to enter and share learning log entries on a regular basis – ESs are also busy, and dumping vast numbers of entries on them shortly before a review is not acceptable.

Personal Development Plan

The Personal Development Plan (PDP) is also an extremely important part of your e-Portfolio and is something you will be required to do every year as part of your annual appraisals as a qualified, independent GP, so it is a good opportunity to practice.

Each PDP entry needs to follow the SMART criteria – specific, measurable, achievable, relevant and within a specified timeline. For each four-month rotation in ST1 and ST2, you need to identify something you didn't know which is relevant to the post you are working in and complete this learning, by documenting how you achieved it before the post is complete. In ST3 the expectation is that you will also document and complete up to three PDPs, which needs to be something relevant to workplace learning.

Educator notes

This is another useful section on the e-Portfolio and it is a way that your ES can communicate with you, either to remind you of your e-Portfolio requirements and meetings or for them to document learning objectives following tutorials/conversations. You will need to check your educator notes to see if anything has been added, since there is no automatic alert.

Overview of timing of assessments in ST1 and ST2

	August	December	April	August	December	April
Assessment	ST1	ST1	ST1	ST2	ST2	ST2
Hospital jobs	Aug – Nov	Dec – Mar	April – July	Aug - Nov	Dec - Mar	April – July
Clinical Supervisor	review Oct	review Feb	review June	review Oct	review Feb	review June
Clinical Supervisor or other trained clinical staff	MSF – 5		MSF – 5			
	Replies		Replies			
	2 CBD	2 CBD	2 CBD	2CBD	2 CBD	2 CBD
	2 MiniCEX	2 MiniCEX	2 MiniCEX	2 MiniCEX	2 MiniCEX	2 MiniCEX

Please note that during any four-month General Practice post in the first two years of the programme, a Patient Satisfaction Questionnaire (PSQ) comprising of 40 patient responses is also required (only one PSQ is needed if you have a General Practice post in both your ST1 and ST2 years).

In addition to the above, NODAL reviews of your progress are undertaken by your ES. These occur at six months and 11 months into each training year (six months and ten months in ST3)**.** At these reviews, your ES will use your e-Portfolio to look at the learning logs (particularly your reflection within these logs), clinical examination and procedural skills completed, curriculum coverage, the assessments you have done and your self-rating.

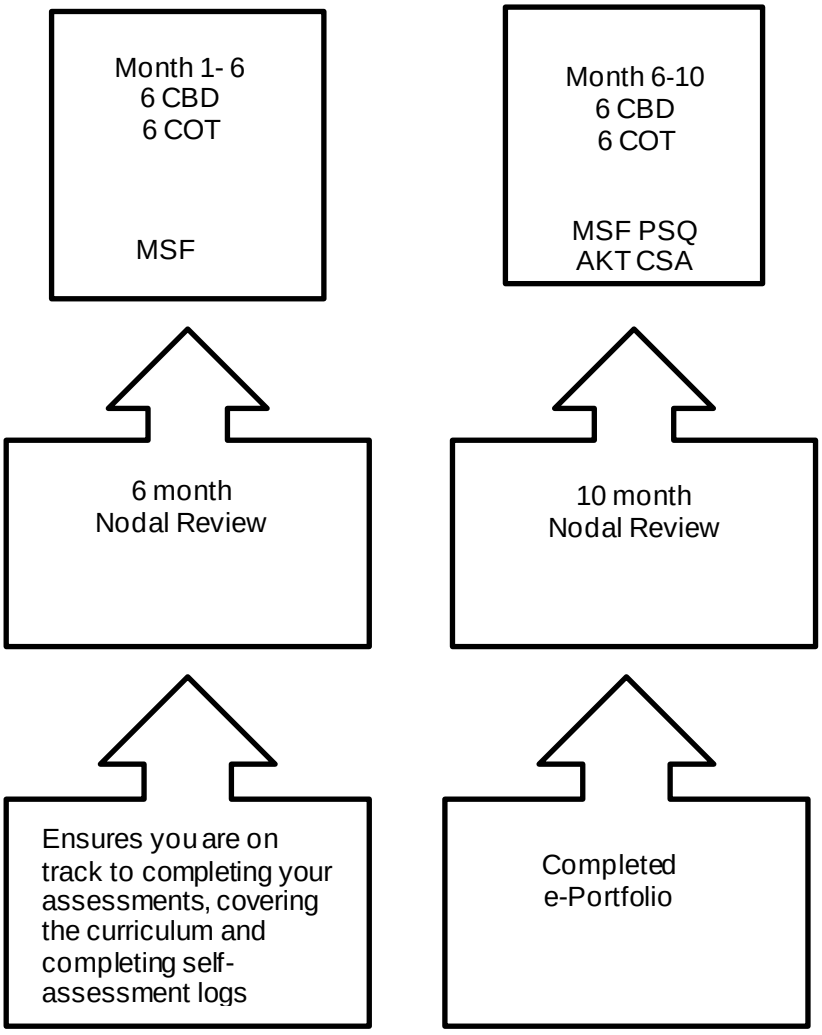
The following assessments and CS reviews **must** be completed prior to the Educational Supervisor's review, or you will be considered to have been performing as unsatisfactory:

- Consultation Observation Tool (COT);
- Case-based Discussion (CBD);
- Mini Clinical Evaluation Exercise (MCEX);
- Clinical Examination and Procedural Skills (CEPS);
- Clinical Supervisors Report (CSR) (one required for each post **including GP posts / ITP** in ST1/2);
- Multi-Source Feedback (MSF);
- Patient Satisfaction Questionnaire (PSQ);
- Applied Knowledge Test (AKT) (Like an MCQ);

- Clinical Skills Assessment (CSA) a clinical examination with simulated patients;
- Please note, MSF in ST1 is undertaken twice and includes a minimum of five replies each time (five x clinical MSF); in ST3, MSF is undertaken twice but includes a minimum of ten replies each time – five clinical and five non-clinical.

As stated above, the RCGP website has a lot of useful information about the assessments for MRCGP and will have the full updated guidance needed for training.

Assessment flow chart of ST3 year in General Practice



Additional training requirements

HEE KSS has additional requirements that need to be completed during each training year and need to be evidenced within the RCGP e-Portfolio:

- Up to date Basic Life Support Certificate;
- Safeguarding Children/Adults training – Safeguarding procedures are under RCGP review, please see the latest guidance here;
- Equality and Diversity training - trainees must complete training in this area at the beginning of the ST1 year. Training is provided through the Trust;
- GMC National Training Survey – all trainees in each training year are expected to take part in this 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)".* You will be considered to have an unsatisfactory e-Portfolio if the GMC survey has not been completed and documented in your learning log.

Leadership and Doctors

Leadership is a key part of doctors' professional work regardless of specialty and setting. It is already a requirement of all doctors, as laid out in the General Medical Council's (GMC) publications, '*Good Medical Practice, Tomorrow's Doctors* and *Management for Doctors'*.

While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is a vitally important fact that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and therefore have an intrinsic leadership role within healthcare services. They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. The development of leadership competence needs to be an integral part of a doctor's training and learning.

To demonstrate this vital competency the KSS Deanery expects every trainee to show a demonstration of leadership in their learning logs. This **must** be separate to your audit or quality improvement activity.

More information can be found on the RCPG website, including a helpful toolkit.

The Medical Leadership Competency Framework document might also be useful.

E-Learning modules to support GP trainees

The GP School has developed a series of e-learning modules which will help support GP trainees during their training programme. Trainees should register their details on the e-Training for Trainers website, complete the courses and upload the certificate onto their e-Portfolio. These can be accessed via e-Learning for Health

GP specialty training e-Learning modules are:

- Trainees starting GP (induction) Work Place Based Assessment;
- introduction;
- mini-CEX;
- COT;
- CBD;
- MSF;
- PSQ;
- CSR;
- ARCP (Annual Review of Competency Progression).

The GP curriculum

Royal College of General Practitioners curriculum website.

The Royal College of General Practitioners (RCGP) has produced a comprehensive and valuable curriculum for the three-year GP specialty training programme. This is updated annually and due for a major review this year**.** We hope that you will refer to this to establish your learning needs in each of your hospital and GP placements. Consultants will have access to the curriculum and will be encouraged to be aware of those areas pertinent to their own specialty. It will be very helpful to discuss your specific learning needs as an intended GP, as they will be supervising trainees in their specialty as well as General Practice. The GP School has made available Guidance for GP Curriculum learning outcomes and their assessment in Hospital Specialty Posts.

Look at the curriculum at the beginning of each job to orientate yourself and discuss it with your Educational Supervisor (ES). Help your Clinical Supervisors (CS) mould your teaching to the curriculum and to your learning needs. Most teachers like a curious learner!

The different assessments in the MRCGP

Applied Knowledge Test (AKT)

- The Applied Knowledge Test lasts for 3 hours 10 minutes and is a 200-item multiple choice paper (see Appendix 2 for HEE KSS revision guidance). It is sat at a computer terminal at an invigilated test centre.
- It is an assessment of the knowledge base that underpins current independent General Practice across the United Kingdom and tests your ability to recall and apply relevant knowledge.
- 80% of the questions are on core clinical medicine and its application to problem solving, 10% are on critical appraisal and evidence-based clinical practice, 10% are on Health Informatics and the organisational structures that support General Practice.
- Examples of the types of questions you might be asked are available on the RCGP website
- You can sit this exam during ST2 or 3. We recommend discussing your plans to attempt the AKT with your ES before applying. A pass will be valid until a CCT is awarded.
- You apply for the AKT through the RCGP website.

The total number of attempts at passing the AKT is limited by the RCGP to **four**. The RCGP restrict attempts out of programme to **one** attempt only in the immediate **six-month** period following completion of training, regardless of the number of previous attempts in training.

This is also dependent on your successful completion of the other components of the MRCGP (particularly Work Place Based Assessment). Therefore, you may not then get the opportunity to sit the exam four times. (This needs to be taken into consideration when deciding when to the take the exam).

Clinical Skills Assessment (CSA)

"*The ability to apply and integrate appropriate clinical professional, communication and practical skills in General Practice*".

This assessment is run by the RCGP and will take place regularly throughout the year from November to May. Testing will be held at the RCGP, 30 Euston Square, London, NW1 2FB.

The CSA is a "live" assessment of your consulting skills using simulated patients. There will be 13 consecutive consultations, each lasting 10 minutes. The assessment looks at your ability to consult using cases which have a pre-determined standardised level of challenge. These reflect consultations that you could have in a normal daily surgery but will allow the assessor to make an objective measurement of your behaviour. You will be expected to complete as much of the consultation as you can in 10 minutes. You will be stopped at that point if you have not finished. You will be able to practice the skills required with your GP Trainer throughout your GP attachments.

Again, these cases are linked to the GP curriculum topic areas. The assessment is graded across three main areas:

- Data gathering, technical and assessment skills;
- clinical management skills;
- interpersonal skills.

Please note it is recommended you complete a minimum of six months in General Practice before applying for the CSA. More details are available via the RCGP website, where you can also apply within a GP Training Programme.

The current RCGP limit the number of attempts at the CSA examination to **four** as detailed above for the AKT (see appendix 1 for HEE KSS guidance on the CSA).

You must aim to sit both the AKT and CSA during your three training years.

Work Place Based Assessment (WPBA)

The RCGP has developed detailed descriptions of the capabilities required of a GP: see the RCGP website.

The GP School has developed a series of e-Learning modules which will help support GP trainees during their training programme. Trainees should register their details on the site, complete the courses and upload their certificate to e-portfolio. These can be accessed via the e-Learning for Health (e-LFH) website.

General Practice capabilities include:

- Fitness to practice;
- maintaining an ethical approach;
- communication and consultation skills;
- data gathering and interpretation;
- clinical examination and procedural skills;
- making a diagnosis/decisions;
- clinical management;
- managing medical complexity;
- working with colleagues and in teams;
- maintaining performance, learning and teaching;
- organisation, management and leadership;
- practising holistically and promoting health; and
- community orientation.

Work Place Based Assessment is important as it assesses what you do rather than what you know. This is particularly important in maintaining patient safety. You will be assessed by your CS and team in your hospital jobs. Every six months your ES will meet you for a formal review of your progress and future learning needs, producing a Personal Development Plan (PDP).

The grades vary depending on the assessment.

In ST1 and 2, you will be graded by your supervisors in comparison to other doctors at a similar level of training. The Mini-CEX and Clinical Supervisors reviews are graded as either:

- Below expectation;
- borderline;
- meeting expectation;
- above expectation.

In ST3 you are rated against the capabilities we expect a fully qualified General Practitioner to demonstrate. Grades are as follows:

- Needs further development – rigid adherence to taught rules or plans; superficial grasp of unconnected facts; unable to apply knowledge; little situational perception. Early on, you will get many of these as you are being judged against the level you should reach at the end of the three years;
- competent – accesses and applies coherent and appropriate chunks of knowledge; able to see actions in terms of longer-term goals; demonstrates conscious and deliberate planning with increased level of efficiency; able to prioritise;
- excellent – intuitive and holistic grasp of situations; identifies underlying principles and patterns to define and solve problems; relates recalled information to the goals of the present situation and is aware of the conditions for application of that knowledge.

Everyone is graded 'needs further development' at first and your ES will help you identify your learning needs. Assessments are formative, or developmental, so don't be discouraged not to be excellent from day one of your training.

Case-based Discussion (CbD)

This is a structured oral interview you will have with your CS while in your hospital attachments and with your ES during your General Practice attachment. CbDs are designed to test your professional judgment across a range of competency areas. By professional judgement we mean how you have made holistic, balanced and justifiable decisions in consultations which were a little uncertain or complicated. In other words, it is looking at whether you acted in a safe and sensible way in a difficult consultation.

In the ST1 and ST2 years you will undertake a minimum of six CbDs per year. You will select two cases one week before the assessment and present them to your Clinical Supervisor. The assessor will choose one of the cases and will prepare questions to ask you which will cover the competency areas. A CbD should take 20 minutes and you will also receive 10 minutes' feedback at the end, at which point your grades will be discussed.

In the ST3 year, you will have to do a minimum of 12 CbDs. You will select four cases and present them to your assessor one week before your assessment. The assessor will choose two cases. The

same format as above is used with each complete CbD, marking and feedback taking 30 minutes in total.

Trainees working less than full time will complete a pro-rata number of assessments.

Mini-Clinical Evaluation Exercise (mini-CEX)

The mini-CEX is an observation of a clinical episode of care. It will often be a ST or your Consultant who will assess you but might also be a suitably trained Nurse. In General Practice it is replaced by COT.

Consultation Observation Tool (COT)

Consultation Skills Training is a central part of the GP Specialty training programme. It will enable you to increase the amount and quality of information you elicit from patients, therefore improving the accuracy of your diagnosis. You will learn to find out concerns of the patients as well as their ideas about what might be wrong, and their expectations of you and your help. This will allow you to employ specific skills to reach a shared, patient-centred, relevant and workable treatment plan. Improving your consulting skills is about improving outcomes for patients.

The Consultation Observation Tool is used with your trainer in your time in GP to give you feedback on your progress towards competence and then excellence in consulting in the year. It will help you identify your learning needs. It is likely that early in the year many of the areas will be graded "Needs Improvement". Arranging a COT early will help you identify which areas you need to work on. By the end of the year you should be able to hit 'competent' in all the areas in any consultation. Consultations vary in complexity and content so you will normally not cover all capabilities in any one consultation. By month 10 in GP you should have demonstrated competence in each area at least a couple of times.

Our advice is to start videoing early after you have been consulting for approximately one month. Do videos regularly and learn how to observe and analyse consultations in detail; read through the 'Detailed Descriptors of Capabilities' on the college website; bear in mind the definitions of 'competence' and 'excellence'. You will need to do many more videos than the 12 COTs in the year. This will also help you rehearse for the CSA.

Please note you **must** gain the patient's consent for the video. The sample consent forms are on the RCGP website. The videos you use should be deleted after they have been assessed.

Clinical Examination and Procedural Skills (CEPS)

You will already have a range of clinical skills when you begin your GP specialty training programme and you are expected to demonstrate progress in applying these skills both in the GP workplace and also within the CSA. When you complete your training, you must be competent to apply your skills unsupervised however complex the clinical context might be.

There is no prescribed list of Clinical Examinations or Procedural Skills which must be demonstrated, but it is **essential** to show evidence of at least one Educational Supervisor or Consultant-watched and evaluated competence in:

- Breast examination;
- male genital examination;

- female genital examination - including bimanual and speculum techniques;
- per rectal examination;
- prostate examination;
- as well as a range of other CEPS.

You are expected to discuss your learning needs during placement planning meetings and to record your plans in your learning log and PDP. The range of examinations and procedures, and the number of observations, will depend on your learning needs and the professional judgment of your ES. Observation and assessment of CEPS may be made by CSs and other colleagues (including senior nurses and trainees at ST4 or above).

It is essential for you to document your CEPS in your learning log. As with all log entries these will need to be linked to the relevant curriculum headings and will need to include a range of entries from specific areas, for example cardiovascular/respiratory/children/the elderly and patients with mental health problems. Log entries should include reflection on any communication, cultural or ethical difficulties encountered.

You should complete CEPS as opportunities arise during training. Evidence for this will occur regularly during consultations and joint surgeries. It is expected that your supervisors will also observe you performing CEPS, and these can be documented within the log by you or by the supervisor completing an assessment form.

Multi Source Feedback (MSF)

When learning, it is always useful to get feedback from different sources. It helps us to reflect and continuously improve. It also feeds back to our ability to work in a team.

MSF is undertaken twice in ST1; one prior to each six-month review. Five clinicians need to answer two questions. These ask for their assessment of your overall professional behaviour and for their assessment of your overall clinical performance. The RCGP have strict rules on how an MSF must be carried out.

Via your e-Portfolio, you produce a ticket code and web address which you give to five clinicians. They must go into the website and complete the assessment within a six-week period. The results can only be amalgamated if this six-week deadline is followed. It is therefore probably advisable to ask six clinicians to complete the assessment just in case one of them is not able to do so.

The MSF is not required for the ST2 year but is needed again in ST3; both at the 30-month and 34-month review. In the ST3 year, five clinicians complete both questions as before, and also five non-clinicians on both occasions. The five non-clinicians are just asked to assess your overall professional behaviour. Again, it is probably advisable, if possible, to ask more than 10 people on each occasion to complete the assessment for you.

Patient Satisfaction Questionnaire (PSQ)

The CARE questionnaire is used to look at patients' views of how empathic you were during their consultation. This is completed when you are in a General Practice placement only, so it may be done only once in your ST3 year. However, if you have a four-month attachment to General Practice in either your ST1 or ST2 year, it will also need to be done then. (This also includes if you are in an ITP GP placement).

The PSQ is handed out to 40 consecutive patients in the practice when you are in a GP placement and the results from this added electronically to the RCGP website by the Practice Manager. You must receive 40 responses for each PSQ (in any training year) to be satisfactory for the Annual Review of Competency Progression (ARCP). The RCGP will produce a report that appears in your e-Portfolio. You should discuss this with your ES along with the MSF.

You will need to arrange this with the help of your Practice Manager and ES. Forms are available through the e-Portfolio.

The PSQ is carried out between months 31 and 34 of your training in ST3. In addition, one PSQ needs to be completed in either ST1 or ST2, even if you have a GP placement in both ST1 and ST2 years.

Clinical Supervisor Report (CSR)

At the end of every rotation in ST1 and ST2, your CS needs to complete the Clinical Supervisor report. This looks at your progress against several key capabilities and suggests feedback for further development. This includes GP placements (even if your CS is also your ES**).** Any post without a CSR may not count towards training time.

During an ITP placement (a combined placement where you are based in the GP Practice for 2 or 3 days per week and spend the rest of the week in an additional placement, normally in hospital) the GP supervising you must complete the report, and if required the consultant supervising the hospital component of this rotation will also complete a report.

Urgent and Unscheduled Care (UUSC)

Out of Hours (OOH) experience is viewed by the GP School and the RCGP as an important and necessary educational component of the GP specialty training year. The skills developed are part of the competences that will need to be present for your trainer to sign the Educational Supervisors review.

Separate, OOH training for GP specialty trainees has been necessary since the change of the GP contract in 2004. The increasing diversity of types of care provided by GPs in the urgent and unscheduled care setting dictates the need for all GP trainees to develop skills and competencies in this area. It is likely in the future that an increasing range of care will be provided outside of normal surgery hours with different models of care, including Urgent Care Centres, Walk-In Centres, and 7-to-7 services across a range of practices. However, it is expected that you will complete 48 hours in a traditional and recognised OOH setting e.g. IC24/MedOCC/Care UK Healthcare.

COGPED has re-issued a statement confirming the need for separate OOH training for GP trainees.

You will get feedback from the CS and you will have a workbook to record your learning, which should be shared with your ES. Recording of the sessions should be done in your learning log, with scanned evidence of your attendance and the hours covered. Satisfactory evidence from this, with your ES's own observation of your skills and abilities, will allow these capabilities to be signed off in the e-Portfolio.

The key out-of-hours capabilities and their assessment includes:

- Delivering safe patient care;

- demonstrating effective communication skills;
- maintaining continuity for patients and colleagues;
- coordinating across services;
- enabling patient self-efficacy.

E-Portfolio

Please use the RCGP e-portfolio login. The Electronic Portfolio will allow you to collect all the evidence of your increasing competence in one place and will then form the evidence you submit to the RCGP for MRCGP towards your Certification of Completion of Training (CCT). This gives you a license to practice.

It is very important that you register and start using the e-Portfolio as soon as you start your GP training programme (either in hospital or in a GP placement).

It is your opportunity to show your learning experiences, both formally and informally. There will be a happy medium to be struck between over-inclusiveness and under-recording. Remember if you don't record the evidence of learning you cannot be credited with it.

Although access to your e-Portfolio is only available to those assessing it, remember that if anything did go wrong, this is potentially a public document forming part of your certification (Freedom of Information Act 2000). Recent legal precedent should remind you that all reflective entries should be very carefully anonymised to avoid potential exposure to the courts requiring access to your e-Portfolio in cases where things have gone wrong.

Your CS will add assessments to your e-Portfolio. They can access blank assessment forms by going to the e-Portfolio page. They can also complete trainee reviews after you generate a ticket code for them through your e-Portfolio. After they have completed the assessment, this will be logged into your e-Portfolio. ES's have their own log-in details. They will complete your assessments in the ST3 year, complete your reviews and sign off learning experiences you share with them. They will only have access to information you share with them.

If there are any incorrect details on your e-Portfolio, then you must contact the Healthcare Education Team for these to be changed. It is very important that your rotations are correct and that any periods of extended leave are documented on your e-Portfolio. If these details are incorrect it can affect your CCT. Do not wait until the last minute to tell us of any inaccuracies.

It is particularly important to ensure that all posts have a named location – please advise your local administrator if any of your posts do not have a location specified – particularly those in GP or psychiatry placements.

Educational Supervisor Reviews

Your ES needs to complete a six-month and 11-month review in each training year (ST3 six-month and 10-month). It is your responsibility to contact your ES to ensure this is done. Work needs to be completed by you before these can occur. Your learning log needs to be kept up-to-date and your assessments need to be complete; these must include CS reviews.

You **must** complete a self-assessment in the 13 capability areas before every review – the underlying theme to the MRCGP is your ability to reflect on your learning and to demonstrate a developmental

progression within the competency areas. Each capability area must contain specific evidence to justify your comments, i.e. references to certain logs and assessments. It is extremely important that this self-assessment is completed: please note that the RCGP will reject your e-Portfolio if it is incomplete.

At the review, your ES will go through the above and then make a rating with evidence-based comments on the same 13 capability areas. They are also asked to comment on your curriculum coverage, clinical examinations, procedural skills and the quality of the evidence presented in the e-Portfolio. Finally, they will make an overall judgement on your progress. This is then submitted to your e-Portfolio and signed off to become part of your evidence for ARCP.

The Annual Review of Competency Progression (ARCP)

Local faculties will initially review your e-Portfolio following the six-month and 11-month ES reviews (at ST3 six month and 10 month). ES reviews must be submitted on time otherwise this may result in you not being able to progress to the next training year, or a delay to obtaining a CCT. It is your responsibility to ensure that you have completed your assessments and organised your ES review at the appropriate time. In addition, it is essential that all trainees complete the Form R and submit it on their e-Portfolio in advance of each ARCP. The ARCP will not be held without an up to date Form R and this will result in a holding outcome at the ARCP (outcome 5). Timelines are available on the website and you are advised to record these dates in your calendar. Guidance for trainees who are working Less Than Full Time (LTFT) is also available here. Information following these reviews will be fed back to the GP School after the 11-month review (10-month for ST3). Your e-Portfolio will then be presented to the ARCP panel.

The panel consists of a Panel Chair (usually a Patch Associate Dean), and two Programme Directors and/or Educational Supervisors, who will make a decision on whether the evidence you have presented in your e-Portfolio – along with the ES review – is adequate for you to progress to the next level of training, or in the ST3 year whether or not you can apply for your CCT. Lay members and representatives from the RCGP may also be sitting on the panel.

If you have completed the required elements of WPBA, have submitted an Enhanced Form R and have a satisfactory ES Review you will not usually be required to attend the ARCP. If you have an unsatisfactory review and/or incomplete e-Portfolio, you will be required to attend the panel. If you have an unresolved complaint, a Serious Untoward Incident or capability or conduct issues reported by yourself, your ES, or your employing Trust or the Local Area Office (for complaints occurring in General Practice) you may be required to attend the ARCP so that more information can be obtained relating to the issue concerned. The ARCP will not make a judgement on this information. If the information is inadequate you will be invited to the panel for feedback and plans for how these areas can be corrected will be discussed.

There is an appeals mechanism in place for the investigation of complaints in relation to the management and outcome of the ARCP. HEE KSS ARCP Quality Management Guidelines can be downloaded here.

The HEE KSS GP School has developed a policy to clearly define the process for approving Remedial Extensions to General Practice Training. A copy of this can be found on the website.

Certification and revalidation for doctors in training

From December 2012 the GMC set out requirements for all doctors in training to be revalidated:

- If your training lasts less than five years, your first revalidation will be at the point of eligibility for Certificate of Completion of Training (CCT);
- if your training lasts longer than five years, you will be revalidated five years after you gained full registration with a license to practice, and again at the point of eligibility for CCT.

The Annual Review of Competency Progression (ARCP) process is the vehicle for obtaining evidence for Fitness to Practice from which the Responsible Officer will make a recommendation to the GMC for revalidation.

This national process requires HEE KSS to collect data in two parts: information from GP trainees and from employer(s). The employer(s) will be supplying information to HEE KSS in order to inform the revalidation process through the ARCP. The area team will also be required to supply information relating to GP trainees who have undertaken a placement in General Practice (and thus been registered on the National Performers List).

This information will be provided under three headings:

- Conduct/capability investigation;
- serious untoward incident;
- complaints.

The HEE KSS GP School will be liaising directly with employing Trusts and Local Area Offices to seek this information and ESs will also complete similar information in a specific section of the ES Review.

GP Trainees will need to complete the Form R. All doctors in training are required to complete the form R and the GP School are required to have this available in advance of each ARCP. The Form R is the document that all specialty trainees complete at the start of their training, annually prior to ARCP, and prior to CCT. This enhanced version requires you to answer questions about whether you have been involved in any complaints or investigated incidents over the last year.

HEE KSS has created a web page with further information, including some FAQs.

The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented, which is significant enough to be investigated by your employing organisation. This is an educational requirement for all doctors as part of the evidence they will submit for revalidation. They are required to record and reflect on significant events in their work, with the focus on what they have learned as a result of the event/s.

The HEE KSS Postgraduate Dean is the Responsible Officer (RO) for all HEE KSS-managed trainees. A revalidation recommendation will be made by the HEE KSS RO for all trainees according to the GMC regulations, which is currently five years after a doctor's full registration and at CCT.

Where a doctor has an outstanding complaint or case which has not been resolved at the time of gaining a CCT the RO may decide not to recommend revalidation until the matter is resolved. This

deferral does not affect a doctor's ability to work as a GP. The doctor will be informed, and the doctor's new RO will take forward the revalidation process.

The process of certification with the RCGP

All new entrants to GP training from August 2008 will be undertaking the full three-year programme, which, provided all assessment are met, will lead to a CCT. You will need to register with the RCGP at the beginning of training and following a satisfactory final ARCP you will be able to proceed to obtaining a CCT via the e-Portfolio and the online application form.

Changes to the process for applying for a CCT

On its website, the GMC has published an important notification about changes to the process for applying for a CCT or specialist and GP registration through the Combined Programme (CEGPR - AP). From 31 March 2013, all applications for a CCT (or CEGPR - AP) must be made within 12 months of a doctor's expected completion of training date.

Find more information about CCT and CEGPR – AP here.

Six months before you finish GP specialty training

- You must think about certification with the RCGP;
- if you have transferred into HEE KSS as part of an inter-deanery transfer, you should check that this is recorded on your e-portfolio and you have the appropriate evidence from any ARCP completed in a previous deanery;
- are all your Work Place Based Assessments up to date?
- have you applied for AKT and CSA via the RCGP?
- in the coming four months you must complete the remaining WPBA. These must be undertaken so that your e-Portfolio is complete at nine months into your ST3 year.

Other qualifications

The MRCGP is the only assessment process in GP training and will provide both developmental and summative assessment during the whole of the three-year programme. It is intended that this will cover all that is needed during training for General Practice, and thus no other certificates, diplomas or higher qualifications will be needed. The study leave support is primarily to ensure that the GP curriculum is covered and that the CCT is achieved within the normal timeframe.

You may want to undertake additional training, e.g. for contraception and IUCD training (Diploma of the Institute of Family Planning) and if so, you should discuss this with your Educational Supervisor and Programme Director.

Guidance to study leave for GPSTs

The KSS Study Leave Guidance can be found on the portal. This is updated as per the 1 January 2020 guidance.

It is important that all GP trainees plan their study leave at the beginning of each training year with their GP Training Programme Director (GP TPD). Trainees should read the HEE KSS Study Leave Guidance. The GP School provides several free facilitated learning and training events, a study leave allowance, as well as e-Learning training to support GPSTs.

All GPSTs will need to have their requests for study leave approved by their Educational Supervisor (ES) and TPD.

Educational programme during training

- In ST3 there will be a weekly half-day release course for 30 weeks in the year. This is intended to support doctors in the final part of their GP training whilst in the GP placement. The topics covered will normally be linked to the GP curriculum and the remaining assessments for the MRCGP.
- In ST1 and ST2 other arrangements will be made for continuous regular teaching, attendance at which is mandatory, and has been agreed with all trusts to support your attendance – arrangements vary between different trusts and programmes.
- During each of your hospital jobs there will be opportunities to spend a half-day in General Practice, meet other GPSTs and meet your ES. This will help orientate you and your learning to General Practice.
- During your GP Specialty training in Hospital and General Practice you will have a GP ES to support you for the duration of your training programme. S/he will meet with you regularly to assess your progress and help you define your learning needs.
- During each four-month hospital placement, in normal circumstances you will be able to spend a half-day in General Practice working with your ES. This will help to orientate you to General Practice and help identify what it is you need to learn from your hospital posts to help you in your future career (further information can be found in the HEE KSS Study Leave Guidance – you must organise a meeting to plan your study leave at the start of your training year with your TPD).
- These placements will be organised by the TPDs, working with you and your Clinical and Educational Supervisors.
- There are often lunchtime meetings organised for local GPs and GP Trainers in different localities. In some hospitals there may be separate teaching sessions organised for GPSTs during their hospital training placements.

Problems during training

GP specialty training can bring to light different kinds of personal and professional stresses which can be difficult to cope with. Should this happen then there are several routes of support. Maybe your first port of call could be your colleagues in your peer group, many of whom may have had similar experiences. Otherwise you should consult your GP Training Programme Director (GP TPD), your Educational Supervisor (ES), Clinical Tutor, or Director of Medical Education within the Trust. Problems which are not resolved at that level can then be referred to the Patch Associate GP Dean (PAD) responsible for your area. HEE KSS also has access to professional support for trainees with health problems that may be affecting their training.

There is a GP Specialty Trainee ST Committee within the GP School, which normally has a GPST representative from each training programme. The Committee reports to the Head of GP School and Primary Care Dean directly. For details, check the HEE KSS GP School website GPST page or check with your TPD. The GP School will always seek to support GPSTs with problems as effectively as possible.

Remember, you are not on your own; there will always be someone to turn to for advice.

What happens if a trainee does not make the expected educational progress?

For a small number of GP trainees, educational problems may be identified at any stage. Although these may have several causes, it is likely that problems will be picked up through the formative Workplace Based Assessments, or through difficulties in passing other mandatory components of the MRCGP in the final year of training (e.g. the AKT, CSA). If progress for any GP trainee is not as satisfactory as expected, then this may mean that the ARCP panel will be unable to recommend an outcome that indicates satisfactory progress. This may mean that further targeted learning development needs to take place within the normal time, or that a discretionary extension to the training programme is required for educational purposes (normally at the end of the ST3 year when any or all of the components of MRCGP have not yet been passed).

Additional periods of training for remedial reasons are not a right and will be given at the discretion of HEE KSS.

Opportunities for this will depend on the training capacity of the GP School at any one time. GPSTs who are offered a remedial extension may need to go on a waiting list and/or undertake remedial training with reduced weekly sessions. Posts may be in General Practice or in hospital. Further details can be found in the HEE KSS policy for Approving Remedial Extensions to GP Training, available on the website. HEE KSS also provides support to Trainees in Difficulty and comprehensive information can be found on the website.

The GP School will actively seek to be aware of any educational difficulties for any GPST so that appropriate and specific support can be given.

However, the ultimate responsibility for the educational progress of any GPST rests with the individual, and should appropriate progress ultimately fail to be demonstrated by any GPST, then they will be discharged from training as per the guidance given in the Gold Guide.

Less Than Full Time training

Organising Less Than Full Time training (LTFT) (part-time or flexible training) is the responsibility of the GPST. This will need thought, planning and time to organise. It is generally easier to arrange in GP placements than in hospital. You will need to demonstrate eligibility to train less than full time.

The following guidance explains the main issues you need to consider, which should help you make an informed decision. It is divided into information for LTFT in hospital placements and LTFT in GP placements. You should also read the LTFT training guidance on the PGDME Support Portal.

All offers made for GP training following the national recruitment and selection process are for full-time posts. If you want to train LTFT then you should contact the Healthcare Education Team (HET) via the portal to seek eligibility and funding approval. You will need to apply a minimum of 16 weeks prior to the date you wish to start LTFT – refer to the guidance regarding this at the link above.

Once you have received eligibility and funding approval you should contact your GP Training Programme Director (GP TPD) to agree possible placements and sessions to be worked. The form will need to be signed off by your Trust Medical Staffing and Finance representative.

Undertaking LTFT in hospital posts

The current arrangement is for two LTFT trainees to occupy substantive approved GP training posts in hospitals under a slot-share arrangement (which is like a modified job-share) though in some cases (e.g. a slot-share partner leaves employment before the end of the post) reduced sessions in a full-time post may be possible. If you are contemplating training at LTFT you should work towards identifying a slot-share partner and HET will be able to help you do this. You should also work very closely with your GP TPD who will help you identify the posts and suggest a suitable programme. You will need to provide a copy of your weekly timetable to the LTFT department and the GP Training Recruitment Manager.

Placements less than two months in duration will be externally scrutinised by the RCGP. It is vital that any placement shorter than four months whole time equivalent is accompanied by plentiful learning log entries and assessments, in order to count towards GP training, and this decision is made by the RCGP when reviewing the individual's e-Portfolio. Trainees are advised to ensure that they pay particular attention to this when undertaking any placement less than four months in duration, to avoid the disappointment of being informed that they have to return to hospital at the end of their GP training in order to make up the relevant training time.

Undertaking LTFT in a GP post

This is generally easier and will just require the support of your GP Trainer and the Training Practice, with whom you will define a weekly timetable according to the percentage of full-time that you wish to work. This timetable will need to be approved and signed-off by the GP School (see below).

LTFT trainees must work pro rata Out of Hours (OOH) based on the full-time trainees in the same department. They should be prepared to work at any time of the week and at any time of the year, in the same way as their full-time colleagues. Two GPSTs undertaking a slot-share arrangement will undertake the normal OOH requirements of that hospital post between them.

It is for this reason that you should consider doing your hospital posts as training full-time. Once you are in GP it is much easier to train part-time. However, the HEE KSS LTFT team and the GP School

will work with you to smooth this process and provide the most appropriate training for you in the context of your circumstances.

If eligibility for LTFT training is agreed, the timetable and educational content and support must be agreed with the GP School. Applicants will need to submit these details through the HET team and complete an application form, for the consideration and agreement of the Head of the GP School.

LTFT in GP Placements is not normally a problem when in ST3 year, provided the GP Trainer and Training Practice are able to accommodate this. An application form is available from the HET team which should be completed and sent back to the GP School along with a copy of the proposed timetable. This is also available on the website.

LTFT in General Practice training must be **at least 50%** of that of a full-time trainee. The GP training week is 10 sessions plus the on-call commitment of a six hour shift every month (pro-rata). 50% is usually considered to be five sessions per week, equivalent to two and a half days but this is to be negotiated with your Trainer. You are still expected to attend the half-day release (HDR) for GP specialty training, which is part of your study leave, on the same pro-rata basis.

The GP School provides a calculator to allow you to work out, in conjunction with your GP Trainer, the structure and content of your training week to fit the percentage of full-time that you wish to undertake. The calculator also allows you to work out how long you will need in the placement to complete your training. This calculator is printed as part of the LTFT training application document which can be found here. The proportions of your working week for seeing patients, for personal study and attendance at the Half-Day Release (HDR) must mirror the full-time commitment. For example, if you worked 50% of the time you might only be able to attend the HDR every other week, or for half the total number of sessions, so that at the end of your training you had received access to the same number of sessions as a GPST doing full time.

Your salary will be calculated on a pro-rota basis. Your mileage allowance will be claimed as normal.

There is also information on LTFT training on the BMA website.

Work Place Based Assessments (WPBA) and LTFT training

Doctors undertaking less than full time training are now expected to do their assessments pro-rata of that of full-time trainees and should see the links to the RCGP guidance regarding this.

If you are doing less than full-time training, you should discuss this requirement with your Educational Supervisor (ES).

Maternity or extended leave leading to short (less than four month) placements

Any trainee who ends up working less than four months whole time equivalent in any specialty post should bear in mind the need for sufficient evidence in their e-Portfolio in order to ensure that short posts count towards their GP training. This decision is ultimately made by the RCGP, depending on the views of ARCP panels, but would be looking for plenty of assessments and learning logs, and a Clinical Supervisor Report, in order to count the post towards a training programme. It is wise to be proactive about this – learning that you need to repeat a hospital post at the end of your three-year programme causes enormous disappointment. Your ES or TPD can provide personal advice about whether you are obtaining enough evidence.

Posts below two months (WTE) are very unlikely to count without significant effort on the part of the trainee.

UK training for overseas doctors

Overseas doctors are those who, regardless of where they obtained their primary medical qualification, are not nationals of the European Economic Area (EEA). It will normally not be possible to be employed in the UK unless the doctor has a right of residence, is covered by a visa status tier, or has an extant work permit.

Normally, these appropriate checks will be made at the recruitment stage or when any offer of employment is made. Any doctor who is uncertain as to his/her status under the immigration and nationality law is advised to check with the Border and Immigration Agency.

Successful applicants who need to apply for a work permit will need to get this signed by the employer. When moving into a GP placement this process will need to be repeated by the GP Practice.

The application requires an overseas doctor to produce evidence in the form of a formal document from the Postgraduate Dean to show their appointment and progress as a GP trainee. The FLR(O) form is found here.

You should remember that you cannot undertake GP training unless you have full GMC registration. Refer to the GMC for registration and to the National Advice Centre for Postgraduate Medical Education [NACPME] of the British Council.

There are special opportunities within the NHS for overseas doctors who are asylum seekers or refugees interested in training for General Practice. Again, consult the Department of Health website.

The visa and work eligibility guidance is subject to constant change. For further advice and support please contact the HET team.

Contractual and administrative information

Employment contracts

All HEE KSS GP trainees starting in August 2017 will be on the new junior doctor contract, employed for the duration of their training by the local Acute Trust under the SEAT process.

For information regarding the 2016 Junior Doctors' Contract, please visit the website.

Travel expenses/mileage

You will be expected to satisfy the community and domiciliary aspects of delivering GP care whilst in training, such as doing home visits, both acute and planned, and you should make arrangements to ensure that you can do this. The amount of travelling involved varies from practice to practice and depends on the locality, with more rural practices often having more need for this. Most GP trainees will use their own car, and you will need to ensure that you keep a record of your mileage with this travelling in order to reclaim travel expenses. Expenses will be paid in line with the junior doctor contract and varies according to the local policy of your employer.

All GPSTs in their General Practice placement will need to complete an authorised Vehicle User Application Form (available on the website) and get this countersigned by their GP Trainer (for trainees employed by the Lead Single Employer you will need to use the Trust documentation, however, the KSS guidance will be a useful resource). A copy of an up to date insurance certificate and the completed form must be kept on the GPST file in the Training Practice.

Relocation expenses

Doctors relocating to another area in order to undertake a programme of specialty training may be eligible for relocation expenses. For GPSTs in their hospital placements or employed by the Single Employer Acute Trust (SEAT), this process is administered by HEE London by arrangement with HEE KSS (as is the case for all specialty trainees in HEE KSS). Guidance to this is available here. However, if you are claiming these expenses when you are employed in a GP placement and if you are not part of the Lead Single Employer arrangement, you will need to apply to the Local Area Office (Shared Services) via your employer (the GP Training Practice). In this case you should approach the Practice Manager.

Family/parental leave

Before taking a period of family leave it is important that your Educational Supervisor undertakes the ES review and you tell KSS when this has happened as you will need an ARCP. This is a requirement for revalidation. Trainees are entitled to take up to 52 weeks Maternity leave.

You should ideally inform your Trust and the GP School of the date you wish your maternity leave to start by the end of the fifteenth week before your expected week of childbirth (EWC). You will also be required to provide a MatB1 from your Midwife or Doctor. HR will be able to inform you of any entitlements.

HEE KSS has developed a useful Family/Parent Leave Guide which can be found on the website. Please note trainees taking family leave should liaise with their employing Trust, their Training Programme Director (TPD) and their ES and complete the notification form which forms part of this document. A Maternity Leave Notification form should be completed to enable the GP School to

organise an ARCP panel before you take your Maternity leave, and to ensure that a training programme and funding is reserved for your return.

When returning from Maternity leave your employer, the Trust, TPD, GP School office and ES will need to be informed no later than 28 days before you intend starting back at work.

When returning to GP specialty training following Maternity leave your employer will organise your next placement in an appropriate post and will seek to take your wishes into account. Your training will be extended to consider the time missed.

GP Trainers will occasionally have space for their GPSTs to return to training in the same Practice, but it must be noted that this is not a right for the trainee and is not always possible to organise.

It is worth recognising that there can sometimes be difficulties with Maternity leave, taken at the commencement of the ST year, as the employing authorities can occasionally take time in processing this. Should you wish to take Maternity leave late towards the end of your three-year training programme, this will have implications for your final ARCP and signing off. In this case you should contact HET, who will be able to give you further advice. GPSTs are eligible for paid Paternity leave up to two weeks, and for a longer period unpaid at the discretion of their employer.

The NHS guidance to Maternity leave regulations is covered in the following directions.

GP specialty trainees are eligible for paid Paternity leave up to two weeks provided that they have 12-months continuous service with the NHS 11 weeks prior to the EWC. Longer periods unpaid are at the discretion of their employer.

Educational Supervisor Reviews and ARCP

It is extremely important, just before you go on Maternity leave/extended leave/sick leave, that your ES completes a review through your e-Portfolio, putting you out of programme. This effectively suspends your e-Portfolio until your return.

Trainees with less than four weeks of training remaining following return from Maternity leave

As it can take up to four weeks for your CCT to be awarded, for those trainees with less than four weeks of training time remaining a final review can be completed by your ES while you are on Maternity leave. This can be done provided all your assessments are complete and your ES is happy with your e-Portfolio and competency areas and is prepared to sign you off on leave. Your final review can only be undertaken within eight weeks of your final finishing date.

It is extremely important that the GP Training Team (at the GP School) is contacted regarding any trainees who will need to be signed off outside of the six-month and 10-month review periods.

Sickness absence

As per the 1983 Medical Act you must complete a minimum of three years in training to qualify as a GP. Any additional time beyond approved study leave or regulated annual leave is called Time Out of Training (TOOT) and may need to be made up. Please ensure your dates on your e-Portfolio are correct on a monthly basis, including as a separate post any periods of prolonged (greater than 30 days) sick leave. Your Form R must include all the other ad-hoc sick days, all of which may need to be made up.

If you are off sick, then you should immediately inform your employer (Acute Trust, other organisation, or GP Training Practice). Periods of sickness for up to seven days should be covered by the production of a self-certificate to be given to your employer. Sickness lasting longer than that period will require a formal Medical Certificate which can be obtained from your own GP. You should give a copy to your employer and the HET team. Most episodes of sickness are fortunately for short periods, and do not generally interrupt the progress of the training. For longer periods of sickness, the employer may request you to attend Occupational Health prior to your return to work, to ensure that you are fit to return to working and training. Occupational Health referrals will be organised by the Acute Trust for trainees employed under SEAT arrangement.

The RCGP require all GP trainees to have completed 36 months of training, less statutory and study leave, to be eligible for a CCT. Sickness for duration of less than 14 calendar days in any one year will be at the discretion of an ARCP panel and will not normally need to be made up. Over 14 days a year, time out of training will need to be made up in time added on to training.

If you are sick for more than 14 calendar days your training will need to be extended by the relevant time period. You are responsible for keeping your employer (and GP trainer if in a GP placement) informed about your progress during this time, and you should provide appropriate sickness certificates.

It is important to say that all GP trainees should be registered with a GP, but you should not be registered as a patient within your Training Practice (although if this is unavoidable due to specific geographical factors, you should definitely not be a registered patient of your GP Trainer).

There is more information on sickness leave on the BMA website.

Again, if you have a period of extended sickness absence you will need to be marked as Out of Programme (OOP) on your e-Portfolio if you are absent when you are due an Educational Supervisor's Review.

Supportive return to training for those on prolonged sick or parental leave is available and details are here.

Changes to your circumstances

It is very important for the GP School to know how to contact you during your training. You must inform the HET team if there are any changes in your circumstances, and complete and return the Changes in Circumstances form which you can obtain from the HET team and the website. Similarly, if your posts change from the planned training programme, please ensure this is kept up to date and report any changes that need to be made.

Income tax

It is worth, throughout your training for General Practice, keeping a log of all your work-related expenses such as journal subscriptions, equipment, registration fees etc. These may be claimed back against tax. There is a very helpful leaflet available from the BMA which explains this in much more detail.

Guidance on social media

The use of social media by doctors in training is increasing, particularly in areas that enhance learning, sharing of knowledge and developing professional relationships. The ethical principles that apply in your professional interactions also apply to social media. Many people may see what you post, and not necessarily those you intended to see it. Once posted, content can be very difficult to remove.

The GMC provides guidance on the use of social media based upon the principles of Good Medical Practice (2013). This guidance sets out the principles of maintaining boundaries and confidentiality, respect for colleagues and patients and issues of privacy and anonymity. Further guidance has also been produced by the British Medical Association that references the GMC guidance and has further information about protecting yourself online. Both sets of guidance are attached to this statement for information.

HEE KSS expects doctors in training within the region to follow these principles in their use of social media. Doctors in training should not use publicly accessible social media to discuss individual patients or their care with those patients or anyone else. It should not be used to discuss colleagues, supervisors or placements where there may be negative comments. In addition, most employers will have a social media policy to which you will be contractually compelled to adhere, as well as a process for escalating concerns about incidents that are witnessed in working environments.

The trainee voice

Feedback

HEE KSS considers the giving of feedback a necessary professional obligation for all doctors in training and places great importance on the feedback received from our trainees about the placements that they have experienced.

There is an opportunity to feedback on placements online (see more details below). In addition, your GP Trainer will have an Exit Interview with you at the end of your GP placement to undertake a final reflection on the placement.

As described earlier you are expected, professionally, to provide feedback through the annual GMC National Trainee Survey (NTS).

GPST committee

There is an active committee of GP trainees in KSS that draws representation from every training area and provides direct and close communication with the Primary Care Dean and the Head of the GP School.

The GPST committee is a group of trainee representatives within the KSS GP School who represent their GP training programme. The Committee meets once every three months to discuss the various issues that arise from their training programmes. With protected time away from their practice, it provides an interesting and social forum where ideas are exchanged with colleagues from neighbouring schemes. The aim of the committee is to provide constructive and supportive guidance for any difficulties that are encountered, and to effect change within the school if appropriate.

Involvement with the committee can broaden the GPST experience, as opportunities within the School are discussed, and various projects (e.g. the website) are explored and developed. Representatives from the Committee also have membership on the KSS GP specialty training Committee. To find out more about the Committee and to contact them please contact the HET team.

Local Faculty Group (LFG)

The LFG meets three times a year to review the educational provision of training programmes against the GMC Generic Standards for Training. Trainee representatives are also invited.

Membership of the LFG includes GP Programme Directors, GP Patch Associate Deans, GP Trainers, Clinical Supervisors in the specialities contributing to the GP programme, the Director of Medical Education (DME) for the Trust, the Trust Medical Education Manager (MEM), LFG Administrators, as well as input from Libraries and other support services.

Trainee representatives are selected locally to attend the LFG and provide feedback and represent the trainees. The LFG is keen to hear of things that are working well as well as areas of concern. The feedback is really valued.

There is a second confidential part to the meeting where trainee progress is discussed (Trainee Representatives are asked to leave at this point).

Quality management processes

Feedback is essential to the development of our GP Trainers and Educational/Clinical Supervisors, both in hospital and in General Practice, and to the quality of the training placements. As mentioned above, this feedback can be delivered online and does not take long to do, and we would like every doctor in GP training in the KSS GP School to feedback at the end of each of their placements in ST1 and ST2, both in hospital and in General Practice. In your ST3 placement in GP you should do this both after your first six months and the end of the placement.

HEE KSS has a responsibility to ensure that Medical Training and Education for all KSS trainee doctors is carried out according to the principles, criteria and guidance of the GMC which is the regulatory body for medical education and training in the UK. The HEE KSS GP School manages this for GP Training by looking at evidence from local and national surveys (e.g. annual GMC trainee and trainer survey), by scrutinising annual reporting from each of the GP Training Programme areas, and by a process of appropriate visits to each GP training programme area to interview GPSTs, GP Trainers, Practice Managers and GP Programme Directors.

Out of Programme experience (OOP)

GP trainees in the KSS School may be eligible to undertake negotiated OOP experience provided this satisfies the guidance and criteria. This is usually best taken between the end of the ST2 year and the beginning of the ST3 year.

Further information on this is available on the website.

Transfer process

Whilst we would hope that trainees appointed to the training programme in HEE KSS will remain in that programme, we are aware that your individual circumstances may change.

There are two types of transfer that may be considered:

- An inter-programme transfer (IPT) to another area within HEE KSS;
- an inter- deanery transfer (IDT) to a different GP School in HEE.

IDTs are coordinated nationally by HEE South London. There are two windows for applications: in February and August. Criteria to be considered for an IDT are:

- A new personal disability as defined by the Equality Act 2010;
- a significant change to caring responsibilities;
- a significant change to parental responsibilities;
- a significant change to circumstances relating to a committed relationship.

Information on Inter-Programme Transfer including the application form can be found here.

Resignation from the GP training programme

This is very likely to be a rare event, as the vast majority of GP trainees are committed to GP training and thoroughly enjoy the process. However, there may be several reasons that a GPST feels that they need to resign their training post. Should this be the case it is very important that the GPST discusses their decision with their TPD. If they do leave the GP training programme, they must give at least three months' notice. Trainees will need to send a letter of resignation to the Head of the GP School and their employer and copy to the TPD who will need to complete a Confirmation of

Withdrawal from Training form. This form needs to be returned to the HET team. There will also need to be a final ARCP panel, which will normally give an outcome appropriate for the level of progress achieved by the trainee at that point.

Recommended reading

The list below includes some of the many books available to help you through your ST year and the exams. It is by no means a complete list but includes those books which previous STs have found useful.

General ST reading

- **The New GP Survival Guide: For STs, Returners and Doctors New to UK General Practice** Sian Howell et al [Scion Publishing Ltd Paperback – 15 May 2005]
- **Oxford Handbook of General Practice (Oxford Handbooks S)** Chantal Simon et al [Paperback – September 2005 NB: usually available from drug reps]
- **The Practical Guide to Medical Ethics and Law** Chloe Baxter et al [PasTest Paperback – July 2005]
- **The New Consultation: Developing Doctor-patient Communication** David Pendleton et al [Oxford University Press Paperback – 24 April 2003]
- **The Inner Consultation: How to Develop an Effective and Intuitive Consulting Style** Roger Neighbour, 2nd Edition Bill Styles et al (Foreword) [Radcliffe Medical Press Paperback – October 2004]
- **Skills for Communicating with Patients** J Silverman, S Kurtz, J Draper 2nd edition Radcliffe
- **Evidence-based Practice in Primary Care** Leone Ridsdale (Editor) [Churchill Livingstone Paperback – 8 July 1998]
- **The Doctor's Communication Handbook** Peter Tate [Radcliffe Medical Press Paperback – November 2002]
- **The Modern Guide to GP Consulting: Six S for Success** A Watson & D Gillespie [Radcliffe Publishing – 2014]

Library and e-Learning resources

NHS libraries and knowledge centres provide professional support to GPs through the provision of evidence, advice and e-learning resources. A network of NHS libraries exists across Kent, Surrey and Sussex, all of which are open to all General Practice staff and can be accessed remotely via telephone, email or the web.

All libraries in the region have access to the internet and many can be visited 24-hours-a-day. They have a superb range of educational resources for you to access, including a wide range of books, journals and exam texts, and will often be able to send these out to you via the internal post. Electronic journals, electronic books, e-learning resources and databases of evidence-based material (such as Map of Medicine) can be accessed from your desk or home. Many of these online resources are accessible with an NHS Athens password, which is provided by NHS libraries here.

The staff in the libraries are extremely knowledgeable and will help you access reading material which, if not readily available, can be obtained from other libraries in the region. The library services offer training programmes to improve your skills in finding and appraising research for evidence-based practice and will carry out expert literature searches on your behalf. Library staff will be happy to visit you in your practice to discuss your individual needs and provide training.

Contact details and opening times for your local NHS library can be found here, and the regional library catalogue is available here.

What's next?

On completion of training

On award of a CCT in General Practice, former trainees must notify both the GMC (for revalidation) and NHS England (as holders of the National Performer's List) of their change in status to qualified GP.

Post-certification support

GP Training is thoroughly supported by the GP School within HEE KSS, but learning and professional development do not cease with the celebration of the arrival of one's Certificate of Completion of Training (CCT).

HEE KSS Primary Care Department has always promoted good quality continuing professional development (CPD) for GPs in Kent, Surrey and Sussex and the arrival of Revalidation has made us even more aware of the need to support all GPs with lifelong learning and the requirements of the NHS annual appraisal system.

The GP School works in collaboration with NHS England (NHSE) across KSS to ensure GPs are prepared for Revalidation and receive the support they need for high quality professional development.

We aim to help GPs manage the transition from well-supported trainee to independent practitioner and self-directed learner. We have organised Primary Care Transition Support Groups to help facilitate this in all KSS localities. Trainees will be provided with this information when they complete their training!

A network of GP tutors aligned to Community Training Hubs is in place to support the entire medical and allied professional workforce.

See the website for more information.

Glossary/common acronyms

AKT	Applied Knowledge Test. This will be a machine marked test of knowledge as one the 3 integrated and triangulated components of the MRCGP
APD	Accredited Professional Development
APEL	Accreditation of Prior Experiential Learning
ARCP	Annual Review of Competency Progression
BMA	British Medical Association
CbD	Case Based Discussion
CCT	Certificate of Completion of Training
CEGPR	Certificate of Eligibility for the GP Register
CEPS	Clinical Examination and Procedural Skills
CES	Community Educational Supervisor
COT	Consultation Observation Tool; as part of the WPBA will largely be based on MRC video performance criteria
CPD	Continuing Professional Development
CS	Clinical Supervisor
CSA	Clinical Skills Assessment. One of the 3 integrated and triangulated components MRCGP
FTSTA	Fixed Term Specialty Training Appointment [MMC]
FY1	Foundation Year 1
FY2	Foundation Year 2
GMC	General Medical Council
GP	General Practice/General Practitioner
GPC	General Practice Committee
GPST	General Practice Specialty Training ST
GPT	General Practice Tutor
HDR	Half Day Release scheme (formerly known as Vocational Training Scheme)
HEI	Higher Education Institutes
HET	Healthcare Education Team (HEE central admin team supporting the GP School)
ILT	Institute of Learning & Teaching
IMAP	Interim Membership by Assessment of Performance
KSS	Kent, Surrey & Sussex
LAB	Local Academic Board
LFG	Local Faculty Group
LLA	Lifelong Learning Adviser
LMC	Local Medical Committee
LTFT	Less than Full Time
MCQ	Multiple Choice Question papers
Mini-CEX	Clinical Evaluation Exercise
MRCGP	Membership of Royal College of General Practitioners
MSF	Multi-source Feedback

NHS	National Health Service
NRO	National GP Recruitment Office
PAD	Patch Associate Dean
PD/TPD	Programme Director (GP) (formerly known as VTS Course Organiser)
PDP	Personal Development Plan
PSQ	Patient Satisfaction Questionnaire
QAWG	Quality Assurance Working Group
RCGP	Royal College of General Practitioners
RTG	Run Through Grade
SEAT	Single Employer Acute Trust
SEGPR1	Finance Form for trainees employed by Single Employer Acute Trust
TH	Training Hubs
TSC	Trainer Selection Committee
UUSC	Urgent and Unscheduled Care
WPBA	Workplace Based Assessment, the evaluation of a doctor's progress over time in t performance in those areas of professional practise best tested in the workplace
WTE	Whole Time Equivalent

Appendix 1: Clinical Skills Assessment - guidance

Introduction

This short guidance is written to hopefully dispel some of the myths about the Clinical Skills Assessment (CSA).

The CSA is your opportunity to demonstrate your expertise in consulting with patients, in what is often called a patient-centred way. The style represents the usual way GPs consult and has been the subject of much research. It has been shown to:

- Help patients share their worries and concerns;
- improve their understanding of their problems;
- promote better self-care;
- improve compliance with treatment;
- reduce the number of complaints a doctor receives.

It should be thought of as a meeting between experts, with you as the expert in diagnosis and management of illness and the patient as an expert in terms of the unique story they want to tell you.

It certainly shouldn't be viewed as a scary, artificial, impossible exam where you will be expected to behave differently from your everyday practice. If you enjoy General Practice consulting, which hopefully you do, then this needs to come across in the exam. It will put you at ease and just as importantly make the patient feel more comfortable.

The guidance has been broken down into 4 sections; History, Examination, Diagnosis and Management, which, although not the marking domains for the CSA, if done correctly will ensure you are successful in each case.

Hopefully you will have already come across some consultation models which you are already practising, but as a start look at the podcasts on consulting and read Bill Bevington's consultation booklet – both on the KSS website – and review the Doctor-Patient handbook by Peter Tate. Having a look at specific text books on the CSA will give you some guidance on the types of questions, and this is also useful, but remember the answers are the Gold Standard so do not feel too demoralised if you don't remember every point.

History

The history is a dialogue between two people; a full history needs to be taken for you to be able to reach a diagnosis. You will be much more effective at getting the right history if you work with the patient, be naturally inquisitive and try not to make assumptions. But your questions do need to be in context to the problem and asking an exhaustive list of questions, half of which aren't relevant, will be viewed negatively as well as using up valuable time – remember you only have 10 minutes for the whole case; this is definitely long enough to complete the case but only if you stay focussed. The hospital clerking method needs to be long forgotten.

Try and be as open as you can with your questioning, sometimes it is very easy to close a conversation down with lots of yes/no type answers from the patient and although you do need to ensure that red flag symptoms have been covered this can still be done in an open way.

There are some questions which are always quite useful to ask and the timing of these needs to be thought about as it very easy to follow your own agenda and then not appear to be listening to the patient; however, knowing about the patient's thoughts as to the diagnosis of the problem as well as how the problem is affecting them are really helpful and can be used in your subsequent management plans.

Hopefully five minutes into each case you can stop taking a history, you will have got a good idea as to a possible diagnosis or what is going on and an idea of how best you are going to manage it.

Examination

An area which causes a lot of anxiety amongst trainees is how you will know whether you need to examine someone or not. It will, though, be obvious and shouldn't give you any concern. Go through the motions of starting to examine a patient and the examiner will either send you the findings via the iPad, or he won't. The findings are then clearly visible as a resource on the iPad. At no point will you have to ask the examiner if an examination is expected. The patients will also know that an examination is expected; the chances are they will be asking you where you want them and whether or not they need to undress. But you do need to be able to examine slickly, and certainly practicing examination techniques with your colleagues and supervisors is extremely useful – this time won't be wasted. It is very easy to spend a lot of time examining when again a short-focussed examination is all that is required. Equally make sure you know how equipment works, for example how to use a tuning fork to test for a hearing deficit or using a monofilament to diagnose neuropathy will quickly identify someone who has performed the examination before against someone who doesn't appear to even know what the equipment is for.

Diagnosis

It is surprising how many trainees forget to give patients a diagnosis in the CSA and launch straight from history-taking to management plans. This seems to occur for a number of reasons, which range from just simply forgetting to not wanting to give a diagnosis due to the seriousness of the condition, for example cancer. Always try to give a diagnosis – or a suspected/provisional diagnosis – and sound confident with your diagnosis, the chances are this will be part of the marking and it is quite hard to ensure a patient follows their management plans if they don't know what is wrong with them.

It is really important to practice giving an explanation of the diagnosis. These need to be kept simple – patients do not understand medical words and they don't want to know about the pathophysiology.

Practice giving short, one sentence, understandable explanations, i.e. what is a headache, IBS, depression, hypothyroidism, asthma, diabetes etc. Reading patient information leaflets can help with this.

It is also a good idea to get into the habit of checking that patients have understood your diagnosis and that they agree with you, especially if they were worried it was something else. Patients are likely to be much more compliant with their treatment if they agree with their diagnosis!

If your diagnosis needs to come from hospital reports, x-ray results, blood tests, ECGs, spirometry reports, make sure you have already practiced doing this. (Don't forget to recap on the patient's history before giving out results, or you will forfeit your data gathering mark).

Management

Management plans are one of the key areas where it is really easy to let yourself down. On the whole trainees have taken a history which should reach the right diagnosis, have had a two-way interactive dialogue, and then for some reason they can become doctor-centred as they dictate to the patient just what their management plan needs to be. There has to a demonstration of shared management – which is more than you giving the patient a list of options, asking them to pick one and then asking them if they are happy with the plan. As with history-taking there should be a shared two-way conversation where the different options are explored, and the patient needs to feel empowered.

It is very easy in the stress of the exam to talk far too much and far too quickly as you see the clock ticking up to 10 minutes, and because you feel you have such a lot to say then the patient can become fairly mute. Shared management is one of the skills the examiner is looking for and this needs to be practiced.

However, there will be some cases when you may have to be more direct because the condition is life threatening – don't then offer lots of options but the decision of referral still needs to be discussed in an open way, and as much as possible all management plans need to link in with the patients' ideas.

If the patient disagrees with your advice, and there will be some cases where this might happen, if the patient is competent and this has been established, then this is fine, providing you have fully informed them of all of the risks. Even if the patient still doesn't agree, maintain your Doctor Patient relationship and give them options. Don't get cross or irritated with the patient or try to trick them into your way of thinking. As much as possible always try and offer follow-up if it is relevant.

General

Practice by videoing lots and lots of your surgeries, and either in a study group or with your supervisor get someone to look at them. Get used to receiving constructive feedback even if sometimes you feel this might be a bit harsh. It is much better for someone to identify something you aren't doing now rather than for it to be identified in the exam feedback.

Joint surgeries are another useful way for both direct feedback and also to watch how your supervisor consults, as you can often pick up useful ways of saying things or learn different ways of tackling a problem. It also helps you get used to having someone else sitting in the room, so when that person is an examiner hopefully you can ignore them. The more real-life exposure to consultations that you have, and the more conditions you have seen in the surgery the better you will be. Good Luck!

Appendix 2 - Applied Knowledge Test - guidance

General Information

"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 is achieved through a 3 hour 10 minute computer-based and marked multiple choice assessment which consists of 200 questions. These are broken down into three main groups with approximately 160 questions on clinical medicine, 20 questions on critical appraisal, research, statistics and epidemiology and 20 questions on administration, ethical and regulatory frameworks.

It is important that you don't underestimate just how much revision will be required to pass and we would advise you to talk to other trainees who have taken the exam about how much work they did, and perhaps how much work they should have done in order to pass. Most trainees feel you need about three to four months of revision time and this can increase if you are not used to doing Multiple Choice exams.

You apply for the AKT via your e-Portfolio. All the dates for the AKT are on the RCGP website and this includes the dates for the booking period as you can only apply to sit the exam at certain times. It is well worth thinking about when you might want to sit the exam and most trainees now do this in their ST2 year as it reduces the number of assessments you have to do in your ST3 year. The knowledge gained through the AKT will also need to be drawn upon in the CSA, so having achieved the standard this will likely help you as you prepare for the CSA.

Exactly when you take the exam in ST2 may well depend on which hospital post you are doing; some may be busier than others and revision then not quite so easy. It is a good idea to have a discussion with your Educational Supervisor (ES) as to which sitting might be best for you, and find out the date of the exam and when you can book the exam; then you can work backwards to when you should be starting to revise. It is advisable to have completed a post in General Practice before taking the exam, as some of the administration questions should then be easier.

The exam occurs three times a year at the Pearson Vue driving test centres. You book the test centre after you have applied to sit the exam. Some test centres get more booked up than others, so if you want a particular place then don't forget to do this. If you do end up going somewhere else, make sure you know where you are going and don't be late.

How to revise

This will depend hugely on your preferred way of working. Some of you will be much happier working on your own, making your own notes and practising questions by yourself. Others will find it easier to work in groups where you can break up the curriculum areas into manageable chunks and then share resources. There isn't a right or wrong way for revising but if your preferred style is group working then this will need to be organised several months in advance of the exam.

There are lots of resources for the AKT exam and it is easy to feel overwhelmed by all the information suggested. As a starting point you need to have a look at the RCGP website's content guide. It initially looks like a very long document but don't be put off by this as it has had to cover a

lot of curriculum areas. The college's suggestion is that you look at the lists of symptoms and topics first to try and identify which areas need more attention – this is good advice.

Areas which often cause anxiety are those on research statistics and epidemiology and those on administration, ethical and regulatory frameworks. These sections are certainly no more difficult than the clinical areas but trainees are often unsure what these areas include and the course content guide breaks these down into specific details.

A point to remember though is that the assessment includes 160 questions on clinical areas and only 20 for each of the last two sections, so planning how much time you give each section needs to be thought through. But these latter two sections still need to be passed, so you may have to spend more time than you expect on these, ensuring you understand these areas. Classically, they tend to be the topics that are left until last, which perhaps they should not be.

Read all of the AKT section on the website and don't forget to go through the Pearson Vue tutorial and Practice exam. There are lots of reasons for doing this, it includes all the different question styles, so you won't be thrown on the day and this will now include writing a couple of answers. It will also show screen shots of how the questions are laid out, how to mark them and how to come back and review them. If nothing else, it should reduce some of the stress on the day of the exam.

Resources

There are also lots of resources available where you can complete AKT style questions and check your marks. Most trainees will register with one of the commercial websites offering this package. These sites will break down the questions into specific areas so it can highlight your knowledge gaps, and these should then be addressed. Often gaps in knowledge tend to be in areas that you thought you knew lots about, so make sure you cover all the curriculum areas. Practising lots and lots of questions also gives you an indication of your speed at answering questions and whether or not you will need to go faster in the exam.

It is also well worth looking and completing the essential knowledge updates and challenges on the RCGP website. These are written by doctors who lead on the AKT, include up to date questions and ensure you are up to speed with new information. As an AiT you will have access to these sites and also the magazine for AiTs includes some AKT-style questions as well.

If you are someone who can never make a decision between two options then use the cover test, where you cover up all the answers, read the stem and decide what the answer is. If the answer is in the list of options, then chances are you are right.

BNF – Don't underestimate all the useful things that are in the BNF, and although we are not suggesting you read it from cover to cover, being familiar with the first sections of the BNF as well as having a good working knowledge of drug interactions, contraindications and side effects will all be time well spent.

Other resources include being up to date with the latest NICE/SIGN/GMC/DVLA guidance. The college will publish feedback on trainees' performances after every exam. This is again on the website, but one of the areas mentioned this year was that trainees weren't up to date with the latest NICE guidance.

Don’t presume just because the exam has been going for years that the questions aren’t regularly updated!

The exam

Make sure you have had some sleep – a 3 hour and 10 minute multiple choice exam is tiring, and you need to be properly awake.

Make sure you know where you are going and plan to get there earlier than you need to be. You won’t be allowed in if busy roads and delayed trains mean you miss the start time.

Don’t forget your identification papers and make sure these haven’t expired. An out of date passport or driving license will mean you can’t sit the exam, even if it looks like you.

Good luck!