EAST MIDLANDS HEALTHCARE WORKFORCE DEANERY

Guide to GP Specialty Training in General Practice

1. INTRODUCTION

a. If you have searched around the internet for information about becoming a trainer, you may have come away with the impression that it is a series of hurdles and assessments and not much else. Looked at in isolation the various approvals, documents and procedures do create that impression. In reality, postgraduate training is fun and personally and professionally rewarding. Not only do you benefit, but so do the whole practice in terms of a regular injection of enthusiasm and new ideas.

b. The intention of this guide document is to demystify the world of postgraduate training in General Practice. This term encompasses doctors who are training to be GP's – General Practice Specialty Registrars (GPStR). These doctors are on a 3 year training programme to become GP's. There are also foundation doctors who are learning whilst in general practice. These doctors are slightly earlier on in their careers (first year SHO equivalent).

2. THE STEPS TO BE TAKEN.

1. Making Contact

a. Your first point of contact should be your local training programme team (formally known as the VTS). That would be either the Programme Manager or the Programme Director (formally course organiser). It will be the Programme Director who will be able to give you advice on personal and practice preparation. The details for the programme teams for your area are in appendix 1.

b. It is also possible to make this initial contact direct to the Deanery. Again, the details are in appendix 1. The locality programme will, however, be your main reference point for coordination and support of your development. Trainers become part of a local "faculty" of educators and operate as part of a network centred on the locality base.

c. This initial, informal, discussion will provide you with an insight into the world of GP and/or foundation training. It will also enable you to understand the process to become a postgraduate trainer/training practice. It is important, even at this early stage, to maintain contact with the local training programme team and begin to attend trainer meetings. This will give you greater insight too.

d. If you are just considering becoming a trainer, the locality programme would be delighted to discuss the situation with you. Other trainers in your locality would obviously also be a source of advice and encouragement.

2. The New Trainers Course

a. It will be necessary to attend a course to prepare you for training. This training course is shorter for those who only wish to train foundation doctors, but will contribute towards the longer training requirements for training GP registrars. The steps to become involved in foundation doctor training will be described below.
    i. This New Trainers Course for GP and Foundation Trainers
        1. The first module of this is day one of the course and covers
            a. An introduction to learning and teaching
            b. Feedback and debriefing
            c. Assessment - theories and tools
    ii. This day is day one of 5 for those wishing to become GP trainers and day 1 of 1 for those wishing to become Foundation trainers
    iii. Days 2,3,4 and 5 are for those wishing to become GP trainers and the following is covered
        1. It introduces you to the principles and practice of becoming a GP trainer. The course runs two or three times per year and is split into 2 modules which are 3-months apart. The things covered on the course are:-
            a. Adult learning theory
            b. Learning skills and styles
            c. Developing a learning organisation
            d. The management of teaching
            e. An introduction to the MRCGP and work place based assessments (including the trainee learning e-portfolio)
            f. Putting teaching and learning theory into practice
            g. Giving feedback
            h. Teaching consultation skills
            i. Video in the consultation
            j. The problem trainee
            k. Education planning

b. Associated with the course, is the Postgraduate Certificate in Medical Education, in association with De Montfort University, Leicester. It will be compulsory to do a postgraduate certificate in order to be a trainer in the East Midlands, starting with those commencing the course in January 2011. The course is run in small interactive groups and the participants enjoy the learning experience. There is currently no cost to you for the New Trainers Course alone. If you wish to do the associated certificate the cost is £250.

c. As a foundation trainer you can use your training to work towards an award of 15 credits at M level. This can be converted into the PGCE if you do the remainder of the New Trainers Course at a later date.

3. Foundation Doctor Training

a. The process to become a foundation doctor supervisor/training practice is a little simpler. It also requires an assessment visit against specific criteria. These criteria are available on our website. Foundation supervisors are also

required to attend a preparation day which covers the role of the supervisor, assessments and the Foundation curriculum.

4. Getting Approved for GP Training

b. The next step is to start the approval process. First is an informal visit. This visit is usually carried out by your local programme director and is arranged after you have signalled that you wish to proceed to trainer status. It is an entirely formative process to help you see personally what you need to do in your practice in order to be approved as a trainer and training practice. This informal visit will usually last for 1½ to 2 hours and it is important that the practice manager is available too. Out of this visit will come a list of suggestions about how the potential trainer/practice can meet the approval criteria. Thus, the framework for this visit is the approval criteria document.

c. At this informal visit an agreement will be made between the programme manager and the practice team about when it would be best to proceed to the next stage.

5. The Formal Approval Visit

d. Purpose

i. To assess the practice and trainer against the criteria for GP training. Whilst the visit has a formative or developmental element, in discussing any issues and giving you feedback to help you develop, it is essentially a summative or "measuring" process.

e. How Do They Happen?

ii. Following the informal visit someone from the main Deanery office will be in touch to arrange a mutually convenient time.

Who will be coming?

- The lead visitor. This will be an Associate Postgraduate Dean or a programme director or other Deanery person.
- A Programme Director or an experienced trainer from another training practice.
- A Practice Manager from another training practice. If you are already working in a training practice you may only have one visitor see below The kind of information required by the visitors is given below.
- You will need to have available personal information like appraisal folder and practice information like protocols, audits, QOF reports, practice development plans – these can be paper or electronic but must be easily and quickly accessible to the visiting team, ideally in the room where they will be meeting throughout the day.

f. **What happens**?

iii. The visiting team will meet with the trainer and practice manager initially. The team will also have some time to discuss amongst themselves how the visit will proceed. The actual timetable for the visit will be agreed with the trainer/Practice Manager before the visit.

The visit will begin with a quick tour of the premises and then the team will split up to examine different aspects of the practice.

A typical timetable

9.00am	Visitors arrive
9.15am	Tour of the practice
9.30am	Associate Postgraduate Dean meets with the trainer to discuss Trainer as a doctor Trainer as a teacher Teaching programme
9.30am	The remainder of the team look at practice systems and meet with the wider team.
12 noon	Feedback to the practice team
12.30pm	End of visit

There are lots of different permutations to how the visit may run and the above is just indicative.

g. **What will the visitors want**?

iv. **Rooms** (all with computer access)

1. Where the visiting team can meet on arrival and where they can present their findings to the trainer and the team.
2. For APD to have meetings with trainer (*and GPStR if there is one in the practice*)
3. For the managers to meet.
4. A desk and computer access for the PD – in one of the offices

h. Personnel

v. The practice manager should be available to meet with the visiting manager
vi. A deputy manager or senior receptionist to show the PD the records, computer system and registers etc
vii. *The current GPStR should be available to meet with member(s) of the visiting team for 30 minutes or so.*

i. Access to documents

viii. Each member of the visiting team will take a section of the training criteria and will ask to see documentary evidence of how the practice is meeting the criteria standards.

j. Who does what?

ix. The work during an approval visit is usually divided up amongst the visiting team. Typically as follows:-

k. Associate Postgraduate Dean – (APD) or other lead visitor

x. Meets with the trainer to discuss the trainer as a doctor and teacher and the training programme. Evidence that should be available:

- The trainers PDP
- Educational Plan for current & last GPStR (or if no GPStR in place then an outline of a proposed plan)
- Training records for current and last GPStR [or if no GPStR in place then an outline of a proposed plan for training records]
- GPStR timetable or proposed timetable
- Examples of teaching materials
- Record of current and last GPStRs' OOH experience [where available.]

l. Programme Director or experienced trainer

- Examines evidence of integrity of practice systems relating to clinical activity
- Clinical protocols
- Practice formulary & prescribing audits (last year)
- Clinical SEAs & clinical governance guidelines (last year)
- All practice audits carried out in last 2y (inc GPStR audits if appropriate)
- Medical Records systems review
- GPStR Guide
- Library and catalogue

m. Visiting Manager

xi. Meets with the Practice Manager and discusses the organisation of the practice in areas as set out in the criteria. The following documentary evidence should be available.
    - Protocols and policies for daily running of the practice
    - Evidence of active Audit Programme [and any admin. audits done in the last 2 years]
    - Controlled Drug Book (if applicable)
    - Minutes of meetings: PHCT; Practice Team; Significant Event
    - Evidence of business/partnership meetings open to GPStR
    - Employment policies
    - Patient Group Directives for Nursing Team
    - Evidence of Equal Opportunities Statements
    - Evidence of Health & Safety
    - QOF evidence
    - An approved patient satisfaction survey

xii. After the visit you will receive a written report of the visitor's findings which will include a recommendation about whether or not you should be approved. It may contain advice of a formative nature too.

xiii. Once approved, you will be "good to go". You will be contacted by your local programme team who will allocate your first GP trainee.

6. The Reapproval visit

a. This process is currently (Spring 2010) under review

7. Getting the GPStR started

a. It is recommended that the GPStR visits the Practice and meets with the Practice Manager *prior* to the start date. This is an ideal opportunity to complete the many forms and request copies of various documents needed. This is a suggested checklist:

b. PCT Requirements

i. Application for inclusion in the local PCT's supplementary list. Please Check within the first two weeks of starting that this has been done by all GPStR including those on their second or third placement in General Practice)
ii. Declaration
iii. Minor Surgery application if applicable (consult with trainer)
iv. CHS list if applicable (consult with trainer)
v. User form application for user name and password for network; and e-mail address and mailbox to be set up.

c. Practice Requirements

i. Checking Hepatitis B status
ii. Checking date of last CPR update
iii. Agreeing rota for surgeries and half day.
iv. Confirming tutorial arrangements
v. Checking GPStR has a full driving licence or means of getting to home visits.
vi. Obtain a specimen signature for the Path Lab and X-ray departments at the local hospital.

d. Personal Requirements

i. Confirm GMC membership and obtain copy of certificate, with number
ii. Confirm that covered by a Medical Defence Union; obtain details & copy certificate. Request details of payment in order to reimburse & claim back from PCT.
iii. Establish whether GPStR is paying Added Years
iv. Request a P45 when GPStR commences post

v. Request bank details for paying wages direct into bank
vi. Establish whether GPStR has had a CRB check [and if still valid]
vii. Make a note of personal details such as Address, date of birth, NI number, mobile telephone number and/or home number.

e. Others

i. Complete a RA01- to obtain a Smart Card for GPStR
ii. Issue a contract of employment for GPStR to read and agree at start of employment.
iii. Give GPStR a Practice profile for information about the practice.
iv. Registrars bag will be provided by the practice
v. NB if this is the trainees first 4 months please check that they have registered with the college and accessed their eportfolio

f. GPStR Induction

i. The aim of the induction is to introduce the GPStR to the surgery – and in the case of a first time GPStR, to general practice.

Example induction timetable

Day 1	Meeting doctors/ staff **9-10**	Sitting in the waiting room **10-11**	Surgery & Home visits with Trainer **11-1**	Working on Reception desk **2-3**	Surgery with Trainer **3-5**
Day 2	Treatment Room **10-12**	Chronic Disease Nurse clinic **12- 1**	Computer training **2-3**	Surgery with another doctor **3-6**	
Day 3	District Nurses **9-12**	Computer training **12-1**	Local Pharmacist **2-4**		
Day 4	Health Visitors **9-11**	Admin staff **11-12**	Shadowing On call doctor **1-6**		
Day 5	Surgery and home visits with another doctor **9 - 12**	Practice meeting **12-1**	Child protection training **2-3**	Surgery with trainer **3-5**	

ii. At the end of the induction period, the GPStR will have acquired the essential information and skills needed to be able to use the facilities to consult effectively with patients. This means introductions to all the team members and an initial understanding of their roles. The GPStR must quickly come to understand some

key practice systems, including how to operate the clinical IT system.

iii. The clinical part of the induction is primarily the job of the trainer and that involves an initial assessment of the trainee's competencies and learning needs. However the manager will be closely involved in timetabling and possibly with the documentation of this. (The manager is increasingly seen as managing the educational activities in the practice).

iv. The length of the induction period is for the practice to decide and will be dependent upon the previous experience of the GPStR. For example a GPStR coming to a paper-light practice and who is unfamiliar with the IT clinical system will need a longer induction than one who has used it before. However, it will normally take between two and four weeks for a first time GPStR.

g. Induction Pack

i. The first section of the GPStR Guide should form the induction pack – i.e. the information that should be offered and discussed on day 1. The following might make up an induction pack (examples from training practices are hyperlinked)

h. Contract of Employment outline

i. GPStR Induction day 1. Induction Timetable / normal timetable for first time GPStR / on call rota / OOH rota
ii. A map of the Practice Area
iii. Staffing Structure Chart
iv. Practice Profile
v. Practice Leaflet
vi. Keys to Premises
vii. Useful addresses and websites

i. Induction: essential topics

i. The trainer and manager will plan teaching sessions to cover the essential topics that a new GPStR must know.

j. Child protection

i. All trainees must have received training in child protection before they can consult on their own

k. Contract of Employment

www.bma.org.uk/ap.nsf/Content/framecontractGPregs0707

i. Practice managers need to be aware that while the Strategic Health Authorities and GPStR (Amendment) Directions 2005 has considerable bearing on the terms and conditions of service of a

GPStR, that document serves only to set out the provisions under which a trainer may be reimbursed the costs of employing a GPStR. It does not determine contractual entitlements, which should be set out in the contract of employment between the trainer and the GPStR.

ii. This is normally based on the 'Framework for a written contract of employment for GPStRs' which is compiled in conjunction with BMA regional services and includes terms and conditions, leave, review of progress, health and safety at work, discipline and suspensions, educational agreement, and personnel policies and working procedures.

iii. The contract framework should be given to the GPStR during induction and should be signed by end of fourth week and not later than end of week 6. Often the pay scale for the GPStR is not determined at the outset which accounts for the delay in signing the contract.

l. Sickness, Maternity and Paternity Leave

http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm

i. The terms and conditions around leave are subject to regular changes, and the manager is advised to regularly consult the NHS Employers website for up to date information. For this reason the following sections lack specific detail.

ii. The definitive guidance is found in Schedule 1 of the Strategic Health Authorities and GPStR (Amendment) Directions 2005 at the NHS Employers site, which is updated annually. Also membership of the BMA allows access to their website with useful areas under General Practitioner GPStRs.

m. Sickness

i. Payment to GPStR during sickness should be made on the basis of the number of years service with the NHS.

ii. Where sickness absence totals more than one week in a 6 month post or two weeks during a training year, the traineeship should be extended by up to the equivalent period to allow completion of training.

iii. This has to be determined by the Director of Postgraduate General Practice

iv. Education. It is important, therefore, that all GP trainees keep a log of

v. Sick leave - that it is corroborated by their employer. The Trainees

vi. should advise the senior Programme Director, of sick leave taken that exceeds the threshold indicated above.

n. Maternity

http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm

i. Schedule 1 of the Strategic Health Authorities and GP Registrar (Amendment) Directions 2005 outlines the rules relating to the conditions that must be fulfilled for the GPR allowance to be made to the GP trainer; they are quite complex and should be read in full. Areas covered
ii. Length of continuous service in the NHS to qualify
iii. Notice to trainer by GPStR of intention to take maternity leave
iv. Length of paid and unpaid maternity leave
v. Confirmation by trainee after the birth that she intends to resume traineeship
vi. Amount of maternity pay
vii. Periods of absence because of Maternity or Paternity leave must be made up in full to complete training.

o. Paternity

http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm

i. The trainee is entitled to paid leave – following the birth or placement of child for adoption. The Qualifying Conditions for continuous service before entitlement to paternity leave is the same as for maternity leave – i.e. 12 months continuous service.
ii. The current regulations allow up to 2 weeks paid leave (full allowance) if the GPStR has had 12 months continuous service and 2weeks SSP (Statutory Paternity Pay where the GPStR has been continuously employed for at least 26weeks ending with the 15th week before the expected date of birth.
iii. Certification – trainee must complete SC3 *Becoming a Parent* for employer
iv. Periods of absence because of Maternity or Paternity leave must be made up in full to complete training.

p. Holiday and Study Leave

i. Annual leave

1. The standard entitlement is five weeks paid annual leave per annum for full time employment, however trainees on point 3 and above of the specialty registrar pay scale are entitled to 6 weeks paid annual leave per annum. To ensure that adequate cover is available, the GPStR must give reasonable notice of intention to take leave and must discuss the proposed dates with the trainer and have them agreed. Leave dates must be agreed before booking holidays. Such agreement will not be unreasonably withheld.
2. If leave entitlement at the date of leaving the practice, is exceeded for whatever reason, the partners will be entitled to deduct a sum equivalent to the salary paid in respect of such excess leave from the final salary payment. Payment may be made in lieu of leave owing at the end of the post.

ii. Study Leave

http://www.bma.org.uk/ap.nsf/Content/GP_Registrars Study Leave

1. The JCPTGP has stated that all GPStRs should be expected to have a minimum of 30 days study leave allowance, including the half day release.
2. The GPC suggests a list of core courses which GPStRs should be able to attend during their vocational training if educationally appropriate. These are those that are thought most suitable to take during the GPStR year –though in practice a very wide range of courses are approved.
3. nMRCGP
4. Annual conference of GPStRs
5. Management course
6. Communication skills.

q. GPStR pay and pay protection

i. This is an area of high risk for practice managers and there have been widespread problems of misinterpretation of the GPStR pay regulations – including conflicting advice given by the BMA. Therefore do not be tempted to work out the pay yourself but seek advice. One suggestion is that the new manager should contact her local member of the Deanery Managers Forum in the month before the GPStR starts – in order to go through the process.
ii. The complexities are related to pay protection and the GPStR supplement and whether the doctor is moving from a training or non-training grade into a GP training post.
iii. The main problem has been with doctors moving from a non-training NHS grade to GP training. These doctors are not usually entitled to the GPStR supplement –which is restricted to doctors who are being paid on a training grade scale.
iv. If in doubt about the level of salary, then pay the basic pensionable salary and then reimburse shortfall later – rather than overpaying and trying to claw back.
v. All GPStR salaries have to be ratified, by the paying authority, with the Finance Department of the SHA before written into a contract. The Deanery will not give formal advice to practices or PCTs on salary levels
vi. The definitive regulations about all aspects of GPStR reimbursement is found on NHS Employers website under GPR Directions Schedule 1. There is an explanatory paper - GPR Pay Protection Guidance – produced jointly by DH and the BMA, available on the same site.

r. Subscription to a Professional Defence Organisation

i. While a GPStR is receiving an allowance in general practice, it is essential that the GPStR and trainer should have medical defence cover. Where a GPStR becomes or continues to be a member of a

professional defence organisation or has approved insurance cover, he or she will be entitled to reimbursement.

ii. The GP trainer will receive reimbursement of the GPStRs subscription, (on a pro-rata basis) minus the costs, which would have been incurred if the GPStR had taken out the basic subscription only.

iii. This is to ensure that the GPStR would be no worse off than a hospital colleague.

8. Who does what in the world of training?

a. Clinical Supervisors – Secondary Care

i. Are qualified specialists who have responsibility for the day to day supervision of trainees whilst they are working in secondary care. They are required to have formative meetings with their trainee at the beginning, middle and end of the allocation. They are also required to complete a report on the trainee's progress and performance in that post. This is a Clinical Supervisor Report which forms part of the evidence contained within the trainee e-portfolio. They also carry out workplace based assessments (WPBA), formative assessments towards evidence of competence progression in the trainee e-portfolio.

b. Clinical Supervisors – Primary Care

i. Either an approved GP (trainer) who is not the registrar's Educational Supervisor or another GP, previously sometimes called Associate Trainers, such individuals provide clinical and consultation supervision for the trainee. They may carry out workplace based assessments. In a training practice which has multiple trainees, the clinical supervisor is part of the wider team providing clinical supervision. Each trainee must still have an Educational Supervisor. It is also possible for this clinical supervision to be provided from a "spoke" practice. Such "spoke" practices are not fully approved training practices and are associated with a "hub" practice. Within the hub practice will be an Educational Supervisor.

c. Educational Supervisor

i. Each GP specialty trainee has an Educational Supervisor who is a GP, or educationalist who is approved via our quality management process. Educational Supervisors (trainers) oversee trainee progress throughout their training programme. The Education Supervisor assesses progress based on the evidence within the e-portfolio and also generates an educational supervisor's report (ESR) every six months. The educational supervisor may or may not also provide clinical supervision whilst the trainee is in practice.

d. Programme Directors (formally Course Organisers)

i. Coordinate educational programmes for trainees and ensure that training programmes are broad and balanced to meet and enable them to meet the requirements for a Certificate of Completion of Training (CCT).

e. Associate Postgraduate Deans

i. Have geographical responsibilities for GP training programmes. They are the link between the local training programmes (formally Vocational Training Schemes – VTS) and the Deanery. They may assist in identifying targeted training programmes. They are also a source of advice for Educational Supervisors and Programme Directors.

ii. **Responsibility for performance issues**.

1. Dr Kevin Hill is the Deanery lead in managing registrar performance concerns. He is able to offer advice on action planning and assessment for registrars in difficulty.

f. Heads of Academy

i. The Deanery ensures the quality of its training through two GP academies. The Heads of are David Poll in the south east which includes Lincolnshire and Northampton shire and Leicestershire and Kevin Hill in the North West which includes Derbyshire and Nottinghamshire.

g. GP Dean

i. Sheona MacLeod has overall responsibility at Deanery level for GP training.

9. Preparatory checklist for trainees and the practice

a. 3 Months before joining:

i. Contact details
ii. Name
iii. Address
iv. E mail
v. Mobile
vi. CV

b. Requirements

i. GMC- licensure
ii. Medical defence – check and upgrade
iii. CRB- check and new application to PCT
iv. Medical performers list - apply
v. Driving licence – check
vi. Hepatitis B status
vii. Disability, special needs?
viii. ID cards
ix. Access cards e.g. Choose and Book, West Berks Community Hospital,
x. Educational Contract – from the e-portfolio
xi. Behavioural Contract
xii. Employment Contract
xiii. Salary Scale, P45 - what about graduates from abroad?
xiv. Expenses claims
xv. Practice salary reimbursement
xvi. Trainers grant
xvii. Residency/passport
xviii. Indemnity – MDU/MPS
xix. Login for web path
xx. Room & Equipment, notices in reception, locum pack
xxi. Managing staff and patients - preparation/expectations, waiting room notice, booklet
xxii. Video Camera
xxiii. Consent forms (the new ones)
xxiv. Induction timetable bespoke for ST1/2 & ST3
xxv. Liaise with Ed Sup –ST1/2 only
xxvi. Invite to practice
xxvii. Look at E-Portfolio & PDP
xxviii. Who to go to for help
xxix. Deanery info
xxx. How keep contact details up to date

c. As the start time approaches

i. Contract- BMA standard
ii. Practice welcome pack
iii. Leaflet
iv. Staff handbook
v. Room
vi. Equipment / facilities
   1. Doctors bag

        2. Name plate
        3. Maps
        4. Computer
    vii. Passwords – Windows, GP gateway, Docman, EMIS or other, C&B
    viii. Email account (including separate inbox for OOH letters etc if used)
    ix. Path results link / set up
    x. Prepare initial timetable / induction
d. Meeting the trainee
    i. Trainee hopes and fears
    ii. Previous experience
    iii. Hours
    iv. Induction and Timetable
    v. How to fill holes in timetable – quiz
    vi. Computers – e.g. Emis tutor
    vii. *What is the code to get into the building and upstairs?*
    viii. *What is the prescription form called?*
    ix. *How much does a prescription cost?*
    x. *How come we can dispense for some patients and not for others?*
        1. *How do you know whether a patient is dispensing from the computer?*
        2. *Who dispenses?*
        3. *How do we do a prescription for a dispensing patient?*
        4. *Is there a formulary?*
    xi. *Who takes blood?*
    xii. *Who is good at taking children's blood?*
    xiii. *What clinics do we have and when?*
    xiv. *Name 10 things done in the treatment room?*
    xv. *Where are the emergency drugs kept?*
    xvi. *Where is the oxygen?*
    xvii. *What does the duty doctor do?*
    xviii. *How many Drs are there in the practice?*
    xix. *How many partners and how many salaried?*
        1. *What is the difference?*
    xx. *What special responsibilities / interests do the doctors have?*
    xxi. *What special responsibilities do the practice nurses have?*
    xxii. *Who employs the practice nurses?*
    xxiii. *Who employs the District nurses and health visitors?*
    xxiv. *Are we open on Saturday mornings?*
    xxv. *Who is our cleaner?*
    xxvi. *Who works here in a private capacity, renting our rooms?*
    xxvii. *Where would you find spare couch rolls?*
    xxviii. *Which groups of staff work upstairs?*
    xxix. *How many can you name?*
    xxx. *How do you know what's happening each week?*
    xxxi. *What is our practice area?*
    xxxii. *Name 3 things patients would be asked to pay for?*
    xxxiii. *How can you find out if patients are entitled to treatment - drugs or surgery - on the NHS?*
    xxxiv. *What protocols / guidelines do we work to? Where will you locate them?*

    xxxv. *What are the 10 clinical QOF indicators?*
    xxxvi. *What is PBC?*

e. Inform/prepare practice
    i. Arrival of Trainee
    ii. Payroll
    iii. PCT for payment of salary and trainers grant
    iv. Timetable – hours per week, model working week
    v. Holiday and Study Leave allowances – ST1/2/3
    vi. Holiday and study leave already arranged
    vii. Out of hours arrangements
    viii. Other leave rules – Bereavement/Parental/Sick leave not >2wks or extra training
    ix. ePortfolio commitments for the 6mths/1yr
    x. Meet and greet
    xi. Expectations of GP Registrar

f. First 3 Months in Practice
    i. Check AIT Registration
    ii. Introductions and Induction Pack Practice logistics etc/ Dirty Laundry (i.e. Practice inside information!) /styles discussion
    iii. Nat Ins / Pension / P45
    iv. Computer stuff
    v. Web path
    vi. Docman
    vii. QOF
    viii. Learning needs assessment
    ix. Ed Contract
    x. Timetable of day / Trainer Timetable
    xi. Expectations – both parties Practice mtgs
    xii. Allowances – Study etc
    xiii. Emergency bag – drugs / equipment
    xiv. Safety aspects
    xv. Contact numbers / Ambulance codes etc
    xvi. Session coverage by Doctors
    xvii. Debrief time
    xviii. Support needs
    xix. Practice feedback – both ways
    xx. E-Portfolio
        1. COTS / CBDs
        2. Suggested minimum attainment levels
        3. Use of PDP / Link with E-Portfolio
    xxi. Examination / Insurance medical observations

g. Initial assessment
    i. MCQ/MEQ
    ii. AKT practice paper
    iii. Surgery quiz
    iv. Wolverhampton Grid
    v. Bradford VTS personality stuff

h. Suggested Surgery Questionnaire:

i. ***Reception***
   1. *Sit in reception*
   2. *What do you think of the waiting room?*
   3. *How are patients made to feel welcome?*
   4. *Any ideas for improvement?*
   5. *What sort of appointments are available for the following and how are they made?*

ii. *Nurses/health care assistants*

iii. *Minor surgery*

iv. *Doctors*

v. *Clinics*

vi. *Which doctors are available next Tuesday?*

vii. *Who is duty doctor today?*

viii. *What is the chest pain protocol?*

ix. *What actions should be taken in an emergency e.g. patient collapse or physical attack?*

x. ***Attached staff***
   1. *What attached nurses/health visitors do we have?*
   2. *What are their roles?*
   3. *What sort of referrals do they like?*

xi. ***Secretaries***
   1. *How do you make a referral for the following?*
   2. *Suspected cancer*
   3. *Private appointment*
   4. *Private physiotherapy*
   5. *NHS referral (choose and book, email, letter)*
   6. *NHS physiotherapy*
   7. *Adolescent psychiatry*
   8. *Chiropody*
   9. *Ultrasound on the NHS*
   10. *X-ray*
   11. *How can you best help the secretaries in their tasks?*

xii. ***Payment***
   1. *How do we get paid for our NHS work? (basics only – tutorials later)*
   2. *What are PMARs and how do we get paid?*
   3. *What should you do if asked for a private medical certificate for work?*
   4. *What private medicals do we do?*
   5. *What other non NHS work do we do?*
   6. *How are we paid for the medicines we dispense to dispensing patients…. and personally administered medicines to all patients?*

xiii. ***Computer***
   1. *How do you…..*
      a. *Record a consultation*
      b. *Do an acute script*

c. Make a repeat script or issue a repeat (remember medication review!)
d. Re-do a script if incorrectly printed
e. Delete a script
f. Find a summary of important history
g. Add information to the coronary heart disease template
h. Add an asthma annual review
i. Add a peak flow quickly
j. Add a flu jab given
k. Add an antenatal check
l. Find a cervical smear result, immunisation in the past, mammogram result

i. Last 3 Months

- i. Experience working as a full partner
- ii. Must have finished by month 10:
  1. WPBA – DOP's, COT's, CBD's, PSQ, MSF
  2. AKT
  3. CSA
- iii. Educational supervisors report
- iv. OOH last session or 2
- v. Visit and work in another practice – preferably very different to training practice
- vi. Work/life balance
- vii. Finances
- viii. Politics
- ix. Career Guidance, references

j. Last month

- i. Send paperwork to Deanery - VTR1 , VTR2s (signed and endorsed by Director of GP Education), Trainer's report
- ii. Forward items to PMETB according to their checklist (particularly if flexible)
- iii. Get Reference

k. Last week

- i. Return any surgery books / CDRoms to library
- ii. Hand over patients
- iii. Delete old emails - auto reply to forward any new emails
- iv. Delete any old personal files from computer but leave training files!
- v. Overwrite old video tapes and return
- vi. Shred any information identifying patients
- vii. Inform PCT of need to change from supplementary list registrar to non-principal /locum

l. Last day

- i. Hand in surgery keys!
- ii. Hand in Doctors bag
- iii. Clear room of personal belongings and tidy up!
- iv. Leaving do, present
- v. Have a relaxed wind down meeting ?afternoon ?lunch

10. Available Resources:

1. Key training documents and where to go for help

    1. **KEY TRAINING DOCUMENTS – EPORTFOLIO AND WPBA**

    2. For new trainers the RCGP guides to the E-portfolio and Work Place Based Assessments are helpful and available to download from the RCGP website.

    http://www.rcgp.org.uk/

    3. The RCGP website also has a downloadable guide to your role as a Trainer, Educational Supervisor or Clinical Supervisor.
        - http://www.rcgp-curriculum.org.uk/info_resources.aspx

    4. The Bradford VTS website has some excellent resources for trainers and trainees under the nMRCGP section as well as a wealth of other information.
    5. E.g. CBD question maker (trainers) and relevant COT questions (trainees).
        - http://www.bradfordvts.co.uk/MRCGP/mrcgp.htm

    6. The programme directors also have access to the RCGP DVD about CBDs and the CSA as well as a CSA textbook. These are essential reading / watching.

2. **WHERE TO GO FOR HELP:**

    1. Sometimes it is useful to have some triangulation / practical advice for the WPBA. It is worth contacting the programme directors for support. They can feedback on e-portfolio entries (with trainee consent) and set up specific workshops for new and old trainers on the e-portfolio / WPBA.

    2. In general the first port of call is the programme directors for all training related issues. Some issues e.g. contracts and maternity / adoption leave may also need liaison with the deanery office and the PCT, however the PDs can advise you of the best route depending on circumstances.

11. Expectations of GP Registrar

a. Timetable

i. You will be given a timetable, initially produced by your trainer but as the year goes on, it will be negotiated and tailored to your learning needs. This may be your responsibility to produce as your training progresses.
ii. It is expected that this timetable will be adhered to unless prior approval is obtained from your trainer or covering trainer, and all those involved are then informed.
iii. You will have a weekly tutorial on a day to be agreed with your trainer and it will usually be from 8.30am till 11am. Following this you will have reflection/study time alone from 11.30am – 1pm. This is protected time so will not have any interruptions. Other tutorials will be arranged as needed. Initially this often involves several lunch time/ early afternoon tutorials with the practice manager.

b. Holidays and study leave

iv. Study leave is all VTS day release days and up to an additional 5 days by negotiation with your trainer. This includes any days taken for exam revision/study.
v. Holiday is 5 weeks. It is expected that 3 of these weeks will be taken as whole weeks and the remaining 2 weeks can be split as individual days. Leave is arranged through the practice manager for recording. **A minimum of 6 weeks notice is needed.** Exceptional cases of shorter notice will be accommodated if possible.
vi. When there is no VTS training, it is expected that you will attend the surgery for consulting.
vii. Further details of sick and compassionate leave can be found in the staff handbook which is available on the practice intranet.

c. General guidance

i. There is no strict dress code but you should be presentable and neatly turned out for all patient contacts.
ii. You are not allowed to ingest any alcohol 6 hours prior to starting work including any on call shifts.
iii. Confidentiality is essential and must be strictly maintained. This includes not discussing patients with other practice members in communal areas (unless avoiding being overheard) such as reception etc.
iv. The practice runs on a non-hierarchical basis with all staff being valued for their contribution. All staff are involved in training and provide feedback on progress. It is expected that the registrar will be involved with all members of the team and use their experience and expertise to facilitate their training.
v. The practice policies regarding use of e-mail and the internet are available on the intranet. Please familiarise yourself with these.

vi. The downloading of software onto the practice computers is strictly forbidden.
vii. Further guidance can be found in the staff handbook.

d. Day to day guidance

viii. It is important that you let reception know when you leave the building and when you return, in case of emergencies. Please let them know how they can contact you if necessary.
ix. Reception should be informed of all home visits either verbally or writing them in the visit book, ideally before visiting but certainly before the end of the day.
x. It is expected that you attend all practice meetings and are involved in all practice business.
xi. Morning surgery starts at 8.30am. It is expected that the registrar will arrive in enough time to start surgery promptly. The last appointment is booked usually at 5.50. Usual finishing time is 6.30. It is expected that all urgent work will be completed before leaving, including blood results, letters, consulting, referrals etc.
xii. It is expected that the registrar will progress to being duty doctor and will do all the work of a duty doctor but will always be covered by a named doctor for support.
xiii. It is expected that the registrar will be involved in clinics where possible progressing to running them as the year goes on.
xiv. It is expected that the registrar will be involved in chronic disease management compiling a list of patients that they care for with specific chronic diseases. This will be reviewed regularly.
xv. The registrar will have an appointed trainer/ doctor to support them for each day they are in the practice.
xvi. It is expected that the Registrar will aspire to achieve the qualities detailed in the GMC's document Good Medical Practice.

e. Consultation guidance

xvii. All patient contacts should be documented on the computer.
xviii. The practice formulary should be adhered to as close as is reasonable, with any deviations being justifiable with current evidence or experience.
xix. Consultation length is initially 30 minutes this is reviewed regularly and negotiated down, with the aim that the registrar will be consulting at 10 minute intervals for the latter quarter of their training. Longer consultation length can be arranged e.g. for specific issues like video and consulting styles practice etc.
xx. Recording on the computer is essential with the new PMS/GMS contract. It is expected that you adhere to the written protocols/ instructions for EMIS and ask your trainer, deputy or the practice manager if you have any concerns or queries.

f. Queries

xxi. If you have any queries or concerns please ask your trainer, the deputy trainer or practice manager.

xxii. ePortfolio: http://www.yorksandhumberdeanery.nhs.uk/general_practice/documents/e-portfoliopearls-makingitworkforyou.pdf

xxiii. Curriculum educational resources: http://www.bradfordvts.co.uk/ONLINERESOURCES/WFB.PHP

xxiv. Consultation teaching/evaluation forms/induction tools/learning needs assessments/learning-personality questionnaire / OOHs/trainer-trainee appraisal tools/tutorial tools: http://www.bradfordvts.co.uk/EDUCATORS/trainers%20toolkit.html

xxv. Ed Supervisor resources: http://www.bradfordvts.co.uk/ED_SUPERVISION/introductionES.htm

xxvi. Electronic sources of info: www.gp.notebook.co.uk / www.patient.co.uk
xxvii. Symptom sorter on www.doctorupdate.net
xxviii. BMJ learning www.wellclosesquare.co.uk
xxix. Doctors.net
xxx. bradfordvts.co.uk
xxxi. National Electronic Library for Health
xxxii. MeReC bulletin
xxxiii. Drug and Therapeutics Bulletin
xxxiv. Bandolier
xxxv. **Specialist sites**
   a. Dermnet.nz
   b. Univ Michigan sports medicine

xxxvi. Medical textbooks to read:
   a. Oxford Handbook of General Practice
   b. Consultation books
      a. Liz Moulton, The Naked Consultation
      b. Roger Neighbour, The Inner Consultation
   c. Peter Tate, The Doctor's Communication Handbook
   d. Critical appraisal
   e. Trisha Greenhalgh, How to Read a Paper
   f. BMJ 'ABC' series for specialties