# GP Registrar Handbook

Chesterfield and The Derbyshire Dales GP Training Programme



http://www.chesterfield-gpspt.org.uk

**Revision History (Acknowledgements)** 

Dr John Williams, Dr Erema Aimola, Dr Alero Egodo (May 2022) Dr Naveen Hosangadi Jayadev (Aug 2012)

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# **Contacts**

# **Programme Admin Staff**

Main contact email address: <a href="mailto:crhft@gpst.nhs.net">crhft@gpst.nhs.net</a>

Programme Manager: Sarah Bradley - <a href="mailto:sarahbradley4@nhs.net">sarahbradley4@nhs.net</a>

Programme Administrator: Nicole Stevens - nicole.stevens1@nhs.net

# **Programme Directors**

Dr Tara George - tara.george@nhs.net

Dr Naren Senthil Nathan - naren.senthil-nathan@nhs.net

Dr Rachael White - rachel.white41@nhs.net

Dr Naveen Jayadev - njayadev@nhs.net

# **Training Co-ordinator for Out-of-Hours:**

Michelle Thompson - michelle.thompson@dhuhealthcare.nhs.uk

Trainee Representative - this position is filled by one of the GPSTs, find out who yours is!

# What if I need a question answering?

If you are unsure about something or have specific questions, it is recommended that you make use of the following acronym for obtaining the answer to whatever questions you may have:

# **SNOT-PD**:

**Self** - can you sort the problem out yourself? Is the answer in this handbook or accessible via the Chesterfield GP Training Website <a href="https://www.chesterfield-gpspt.org.uk/">https://www.chesterfield-gpspt.org.uk/</a>

**Neighbour** - speak to another registrar

**Other** - consider asking your Trainee Representative, your GPST WhatsApp group or the Programme Administrator for advice

Trainer - see if your own CS or ES knows the answer

**Programme Director (PD)** - only when you have exhausted all the above and only then, contact your PD.

# **Employment Arrangements**

St Helens and Knowsley Teaching Hospitals NHS Trust (StHK) will act as your single lead employer for the duration of your training in both primary and secondary care placements.

StHK oversee all employment matters for East Midland GP Trainees including preemployment process, human resources management, payroll services, and wellbeing support. Working alongside host organisations and Health Education England, trainees are supported throughout their specialty training journey.

# The Lead Employer model offer several benefits to all stakeholders, including:

- A full trainee employment life cycle
- Continuous management and support
- Equitable treatment of Trainees
- Improved Governance
- · Economies of scale savings for the local health economy
- Overview of regional good/bad practice
- Development of expertise and regional employment support
- Regional training and reporting
- Greater ability to deliver change across the local health economy

Please visit the Lead Employer website to learn more about the service.

# **Host Organisations**

GP practices, Hospital trusts, Community and voluntary organisations like hospices are the locations from where your training are conducted. At the start of each new placement (usually every 4 months for the first 2 years of training) the host organisation will provide a local induction.

The host organisation will liaise with the lead employer about the following:

Pay scale Sickness and absences Human resource issues Mandatory training Training matters

# **Required Registration**

 Royal College of General Practitioners (RCGP) - Prior to commencing your training you will need to register with the RCGP to gain access to your portfolio <a href="https://www.rcgp.org.uk/about-us/membership/ait-trainee-gps.aspx">https://www.rcgp.org.uk/about-us/membership/ait-trainee-gps.aspx</a>

GPST ePortfolio - accessible via <a href="https://www.fourteenfish.com">https://www.fourteenfish.com</a>

- 2. **National Performers List (NPL)** You must be registered for the National Performers List. For further information please visit their website <a href="https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/">https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/</a>
- 3. **Disclosure and Barring Service (DBS) Checks** You will be contacted by Lead Employer in advance regarding this service which is essentially a background criminal record check.
- 4. **Medical Indemnity -** Please see the information on Lead Employer's website https://leademployer.sthk.nhs.uk/medical-indemnity
- 5. Out of Hours (OOH) sessions See later, there will be a separate induction for this

# **Royal College of General Practitioners ePortfolio**

Your ePortfolio will be the central record of your training and the evidence within it will be used to approve your progression and ultimately the award of your CCT.

The GPST ePortfolio is accessible via <a href="https://www.fourteenfish.com/">https://www.fourteenfish.com/</a> and will allow you to document your Continuing Professional Development (CPD) over the course of ST1-ST3. The following senior doctors will be involved with overseeing this process:

**Educational Supervisor (ES)** – your GP Trainer who oversees your training over the entirety of your 3-year GP training programme. You will meet with your ES at the beginning of your GP training and then on a 6 monthly basis. These meetings will allow your ES to complete in **Interim Educational Supervisor Review (iESR)** half-way through each academic year and the **Educational Supervisor Review (ESR)** at the end of each academic year to ensure that your progress is satisfactory. It is the responsibility of the trainee to arrange all the meetings with their ES.

Clinical Supervisor (CS) - the senior doctor that will oversee your training for each separate clinical placement. In General Practice this person may also be your ES! In hospital placements your CS will be one of the consultants that works in the department that you are assigned to. You should meet with your CS at the start of each placement and together fill out the **Placement Planning Meeting** entry on your ePortfolio. If you have specific learning needs or find that you are facing difficulties in a specific placement, then your CS is a good port of call for discussing this with. At the end of each placement, you and your CS will need to complete the **Clinical Supervisors Report (CSR)**.

By discussing your learning needs with your CS during your clinical placements and reflecting on challenges faced during this time you will be able to generate a few **Personal Development Plans (PDPs)** – usually a minimum of 3 per clinical placement. You should set a realistic time limit for achieving the agreed upon goals and how you will demonstrate that they have been fulfilled. When you feel that you have generated enough evidence through your ePortfolio to demonstrate that you have completed each PDP this can be signed off as having been completed.

To set SMART objective for PDP please refer to <a href="https://www.futurelearn.com/info/courses/clinical-supervision-teaching-facilitating/0/steps/31905">https://www.futurelearn.com/info/courses/clinical-supervision-teaching-facilitating/0/steps/31905</a>

# Requirements

In order to ensure that you are meeting all the requirements for progressing in your training you should refer to the "Portfolio" page on your ePortfolio and specifically to the "ESR Preparation – Requirements" section to keep a track of your progress.

All the information regarding minimum numbers and required evidence will be available on the "**Portfolio**" page and descriptions of what each of these requirements involve will be outlined here so that you understand what each requirement involves.

# **Work Information**

# **GP Programme Induction**

Trainees who start from August will have a full day programme induction to the local area and GP training. The Programme Office will inform you of the details.

A dedicated International Medical Graduate (IMG) Induction will take place on the last Wednesday in August. We would highly recommend all our IMG trainees to attend the new to NHS course run by HEE.

We will endeavour to run an additional induction for any late starters / out of sync trainees.

# **Placement Planning Meeting**

At the beginning of each placement, it is a mandatory requirement for trainees to have an initial planning meeting with their Clinical Supervisor. The meeting has to be logged on the e-portfolio labelled "placement planning meeting". Trainees who start in a hospital post as their first placement, it is your responsibility to make contact with your Educational Supervisor.

Top Tips prior to starting your placement:

- Bradford GPVTS website offers excellent resources https://www.bradfordvts.co.uk/trainees/induction-gp/
- 2. Before starting your training / placement, speaking to a ST2/ST3 trainee from Chesterfield & Derbyshire Dales GPSTP would be valuable.

# **Consultations**

You will initially have an induction period at your GP practice. This will involve shadowing various members of staff to allow you to get to know how the practice works. You will start seeing patients alongside another doctor. When you start seeing patients on your own you will have a debriefing doctor accessible for if you have any queries and to discuss patients at the end of your session. You will start with 20-30 minutes per consultation and this time will gradually be reduced over the course of your training to 10-minute consultation times.

# **Tutorials**

You should have a weekly tutorial whilst working in GP practice. Ensure that you are aware of which doctor is undertaking this tutorial and discuss with them in advance about the topic that would be beneficial for them to review with you.

# **Video Recording Sessions**

You should record one of your sessions on a weekly basis so that your consultations can be reviewed with your supervisor. Your practice will have consent forms for patients to sign to consent to them being recorded.

# Registrar's Medical Bag

Your practice should provide you with a registrar equipment bag for your own personal use whilst working at the practice and for going on home visits. You should also take this equipment with you for use during your out-of-hours placements and it is vital that you remember to do so!

# **Driving**

You will be responsible for carrying out home visits during your GP placement and will therefore need to be able to drive to facilitate this vital part of working in primary care. All of you will recollect the essential criteria requirements when you applied for GP training.

"Hold a current valid driving licence or provide an undertaking to provide alternative means of transport when providing emergency and domiciliary care to fulfil the requirements of the whole training programme."

# **Home Visiting**

This will vary from one practice to another. You will be required to participate in home visits from the start of your attachment. Initially you will do these with another GP, but you will do visits alone as you gain more experience. You should ensure your current car insurance policy covers you for 'business' use as well as commuting.

#### **Annual Leave**

National terms and conditions for trainees under Lead Employer arrangements is for 27 days annual leave entitlement, with those on pay point 3 or above receiving 32 days.

Trainees in CRH placements only will receive a small increase to leave based on a longstanding local agreement reached for ALL medical staff. This agreement should be used to offset statutory and mandatory training.

Allowances are split into 4 month blocks as shown below.

|                             | Total | Aug - Dec | Dec - Apr | Apr - Aug |  |
|-----------------------------|-------|-----------|-----------|-----------|--|
| GP placements per 4 months  | 27    | 9         | 9         | 9         |  |
| CRH placements per 4 months | 28    | 9.5*      |           | 9.5*      |  |
| Pay Point 3 or above        |       |           |           |           |  |
| GP placements per 4 months  | 32    | 11        | 10        | 11        |  |
| CRH placements per 4 months | 33    | 11        | 11*       | 11        |  |

<sup>\*</sup> local agreement - additional leave for CRH based trainees only.

Please refer to the Programme website for more information: <a href="https://www.chesterfield-gpspt.org.uk/info.aspx?p=1">https://www.chesterfield-gpspt.org.uk/info.aspx?p=1</a>

# **Study Leave**

You can apply for Study Leave through Accent Leave Manager. Please visit the <u>Curriculum Study Leave</u> webpage.

Study leave entitlement is 30 days per year, but from this allowance, all teaching and events organised by the programme, such as Wednesday Day Release, must first be deducted.

E-learning and audit are thought to be more appropriately undertaken in your independent learning session in GP. It is unlikely that you will get study leave for these.

Study leave for GP trainees is primarily focused on gaining the core competencies required for GP training and CCT. (Certificate of Completion of Training).

There is therefore a list of pre-approved courses which can be approved for study leave by your Programme Manager.

# The list of 'pre-approved' (curriculum-related) activities is below:

General Practice: 14 Fish – 3-year package

General Practice: 14 Fish – AKT individual package General Practice: 14 Fish – RCA individual package General Practice: Cancer prevention and early detection

General Practice: Child Health Surveillance

General Practice: AKT Saturday General Practice: RCA Saturday General Practice: Dementia Training

General Practice: Diabetes training for GPs

General Practice: End of Life Care

General Practice: GP Internal Training (full day release) – all day General Practice: GP Internal Training (half day release) – AM General Practice: GP Internal Training (half day release) – PM

General Practice: GP Update Course General Practice: Veterans' Health General: Basic Life Support (BLS)

General: HEE Leadership and Management programme Day 1 General: HEE Leadership and Management programme Day 2 General: HEE Leadership and Management programme Day 3 General: Teaching course (Train the Trainer type course)

General Practice: Taster session

General Practice: RCA Examination (travel, accommodation & subsistence only – no exam

fees)

General Practice: AKT Examination (travel only – no exam fees)

# Important things to note:-

- The Programme Team will discuss all study leave requests at the monthly business meeting. This usually takes place on the last Wednesday of each month.
- It is essential that your study leave requests are submitted well in advance of date (6 weeks minimum).
- For attendance at PSU or Perfect Day please select 'Professional' as the leave type.

# **Travel expenses**

Please see the information on Lead Employer's website <a href="https://leademployer.sthk.nhs.uk/expenses-1">https://leademployer.sthk.nhs.uk/expenses-1</a>

#### Curriculum

Currently training is for 3 years full time. ST1, ST2 and ST3. ST1 & ST2 you will spend time in hospital (minimum 12 months) and GP (maximum 24 months). In ST3 you will spend a year in GP practice.

# **Teaching Days**

GPST teaching is for a full day on the first and third Wednesday of every month. This will be either face-to-face or remote video teaching. The teaching timetable can be accessed on our website <a href="https://www.chesterfield-gpspt.org.uk/">https://www.chesterfield-gpspt.org.uk/</a>. Trainees are expected to review the timetable regularly for updates to time, venue and topics.

Trainees in a hospital post are expected to arrange release from their work rota by liaising with their respective Medical Workforce Officer (MWO). MWOs do their best to ensure that all trainees can engage with as much of the programme as possible.

If you are unable to attend teaching due to annual leave, illness, or a hospital shift then you must ensure that you inform the Programme Office at <a href="mailto:crhft.gpst@nhs.net">crhft.gpst@nhs.net</a>.

#### **Exams**

AKT - The Applied Knowledge Test - a 3hr computer-based test. It can only be taken during ST2 stage of specialist training or later. There will be three sittings of the AKT in each year.

RCA – The Recorded Consultation Assessment – this exam is sat during the ST3 year of training and involves submitting 13 recorded consultations with real patients that you encounter in day-to-day practice. The consultations that you submit can be recorded face to face or from a telephone or video consultation.

# **Training Resources**

You are highly recommended to purchase "The Essential GP Induction Workbook" by Dr Ramesh Mehay which provides an extensive overview of how to do well in your GP placement.

http:www.bradfordvts.co.uk/onlineresources/ - for helpful information in regard to training, consultation skills and exams.

# **Guidance for Clinical Practice**

# **Prescribing in Derbyshire**

When prescribing in general practice you should refer to the Derbyshire Medicines Management website:

# http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management

This provides the medical guidance for Derbyshire and should be your first port of call for finding out what medication is appropriate for indication. This includes the local antimicrobial guidelines.

In Derbyshire there is a "Traffic Light Classification" of medications which is available on Medicines Management – this outlines which medications you are allowed to prescribe in general practice and which medications are not allowed to be prescribed or have restrictions placed on them:

**Green** – suitable to prescribe in general practice

**Grey** – not recommended for use except in exceptional circumstances

**Amber** – medications initiated by secondary care. GP can only prescribe under a shared care protocol when patient is on a stable dose.

**Red** – medications that can only be prescribed by secondary care services. Not to be prescribed in general practice.

**DNP** – DO NOT PRESCRIBE. These medications would require an application for an Individual Funding Request (IFR) to allow them to be initiated in general practice.

# **Statement of Fitness for Work (Sick Notes)**

The role of a Statement of Fitness for Work/Fit note/sick note/med 3 is to allow an employee to claim statutory sick pay in the instance that they are not fit to work.

Bear in mind the following rules about the issuing of a Med 3:

An employee should self-certify for 7 calendar days of their illness before they will require a Med 3 from their doctor. If they have not self-certified for 7 calendar days, then they must do so. A Med 3 can be issued on/from day 8 of their illness.

A Med 3 can only be issued on or after the date that they were assessed by yourself or another healthcare professional for the illness that they are requiring time off work for.

A Med 3 cannot be issued to start from a future date (for example if a patient asks for a Med 3 starting from next week)

You can issue a Med 3 for a patient before their current Med 3 had expired.

# **Online Clinical Resources**

Local Clinical Guidelines - Derbyshire Medicines Management http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management

Southern Derbyshire Shared Care Pathology Guidelines - this is the guideline that you should use for abnormal blood results and associated referral criteria - https://www.uhdb.nhs.uk/shared-care-pathology-guidelines

National Guidelines - https://cks.nice.org.uk/

GP Padlet - a collection of online clinical resources and information, some of which is specific to Derbyshire <a href="https://padlet.com/chesterfieldgpst/msev8gddq1kqm1nt">https://padlet.com/chesterfieldgpst/msev8gddq1kqm1nt</a>

GP Notebook - a useful adjunct to national and local guidance

Patient.co.uk - for patient information leaflets

Dermnetnz.org - a useful resource for dermatological diagnosis

Livewellwithpain.co.uk - a resource for signposting patients with chronic pain to

MDCalc - for medical scoring systems, however usually these can be calculated from your patient record keeping system

# **Useful Applications**

Induction - a directory of all the bleeps and numbers at UK hospitals, you can set it so that it is specific to the Chesterfield Royal

Consultant Connect - gives the numbers for same day medical and surgical referrals to hospital and additionally allows you to discuss a case with a specialty specific consultant (who will not necessarily be based at Chesterfield)

MicroGuide - quick access to local antimicrobial guidance. More useful for hospital-based placements as in GP practice you should use the Medicines Management Website

Buku Medicine - an application with useful and practical medical guidelines, especially for haematology

# **Out of Hours (OOH)**

You are expected to undertake OOH sessions to develop your experience in Urgent and Unscheduled Care (UUC). You will receive an OOH induction before you are able to book these shifts. Michelle Thompson <a href="mailto:michelle.thompson@dhuhealthcare.nhs.uk">michelle.thompson@dhuhealthcare.nhs.uk</a> is the Clinical/Training Co-ordinator for OOH and will facilitate your OOH induction and provide login details which will allow you to book shifts.

While there is technically no minimum number of hours you must do; there are 5 competency areas that must be evidenced from OOH entries on your ePortfolio (see below links for how to access these forms to evidence your experience).

It is therefore recommended that trainees aim to obtain at least 72 hours experience in OOH shifts over their 3 years of training so that they are able to provide enough evidence that they are proficient in these competency areas.

Less than 55 hours of OOH experience over the 3 years of training puts trainees at significant risk of not having enough evidence for their ES to grade their trainee as competent for licensing by the end of ST3.

It is vital that you remember to take your doctors bag and equipment with you to all OOH sessions – your base GP practice will provide you with this equipment (see above).

When OOH sessions are booked/undertaken, the time that you spend in this setting should be reimbursed by your base GP practice by having these hours taken out of a normal clinical working day. You should therefore inform your GP practice of any upcoming OOH sessions that you have booked so that you can arrange to have this time taken out of your clinical hours. You should aim to have this time reimbursed within 2 weeks of the relevant OOH shift.

OOH sessions should be factored into your working time regulations (see below).

The following links and resources should provide all the information that you need in regards booking and documenting your OOH shifts:

<u>https://www.chesterfield-gpspt.org.uk/info.aspx?p=3</u> - access to the forms that you will need for evidencing your OOH sessions

https://derbyshirehealthunited.rotamasterweb.co.uk/ - login homepage for booking shifts (you will get login details after your OOH induction)

<u>https://www.youtube.com/watch?v=S0-iSV8mo1A&feature=youtu.be</u> - explanation video for UUC requirements

#### **Working Time Regulations and OOH Sessions**

You must have 11 hours rest in a 24-hour period - you may need to delay morning start if working the previous evening. In this situation, time should be made up usually with a later finish that day.

13 hours is the maximum continuous hours of work (ensure half hour break before starting an evening shift).

# **Living in the Chesterfield Area**

Chesterfield is a market town located 24 miles north of Derby and 11 miles south of Sheffield. As many trainees will be new to the area, the following information may come in handy:

# Accommodation

Available property for rent or sale can be viewed via the following websites:

www.rightmove.co.uk www.zoopla.co.uk

You would be required to book a viewing, present a guarantor, and pay a holding deposit before you rent a property.

# **Transportation**

Google maps is very reliable in getting you around Chesterfield. You can access the bus service on <a href="www.stagecoachbus.com">www.stagecoachbus.com</a> or taxis <a href="www.centralcarschesterfield.co.uk">www.centralcarschesterfield.co.uk</a> or <a href="www.door2door.taxi">www.door2door.taxi</a>. There is also a regular service on the East midlands rail, Cross Country, Northern trains and National Express to many major cities in the UK.

# Registering with a GP

You will be required to register with GP as part of your fitness to practice competency. There are many GP surgeries located around the Chesterfield area. You will need to contact your surgery of choice to indicate interest and they may need documentation such as your passport, right to work and a summary of care from your previous GP.



# **Urgent and Unscheduled Care Summary for Educational Supervisors Report**

Trainees use a variety of evidence to demonstrate competence in UUC (both learning logs and WPBA). It is strongly recommended that GP trainees present their progress in UUC in this form, at the ESR meeting, and that it is available for the ARCP panel to view.

| Trainee Name | Click or tap here to enter text. | Date               | Click or tap to enter a date. |
|--------------|----------------------------------|--------------------|-------------------------------|
| GMC Number   | Click or tap here to enter text. | Scheduled CCT Date | Click or tap to enter a date. |

# **Session log**

| Date                          | Location                         | Type            | Record Access   | Supervision     | Duration (h) |
|-------------------------------|----------------------------------|-----------------|-----------------|-----------------|--------------|
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. | Choose an item. | Choose an item. | 0            |
|                               |                                  |                 |                 | Running total   |              |

**Competency Record** 

| Competency<br>(At least 3 items of<br>evidence) | commo<br>surgical, a<br>emergen<br>or unsch | y to manage<br>on medical,<br>and psychiatric<br>cies in urgent<br>neduled care<br>etting | organisation of NHS of care, nation | tanding the<br>onal aspects<br>ut of hours<br>onally and at<br>I level | appropri<br>to hos | ility to make<br>ate referral<br>pitals and<br>ofessionals | commur<br>consult<br>required<br>unschedu<br>hou | monstration of nication and ration skills of or urgent, alled, or out of or care | time ar         | ual personal<br>nd stress<br>gement | personal<br>aware<br>managem | ntenance of<br>security, and<br>eness and<br>ent of security<br>to others |
|---|---|---|-------------------------------------|--|--------------------|--|--|--|-----------------|-------------------------------------|------------------------------|---|
| Evidence  | Type  | Date  | Type                                | Date   | Type               | Date   | Type   | Date   | Type            | Date                                | Type                         | Date  |
| 1   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 2   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 3   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 4   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 5   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 6   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 7   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |
| 8   | Choose an item.                             | Click or tap to enter a date.   | Choose an item.                     | Click or tap<br>to enter a<br>date.                                    | Choose an item.    | Click or tap<br>to enter a<br>date.                        | Choose an item.                                  | Click or tap to enter a date.  | Choose an item. | Click or tap<br>to enter a<br>date. | Choose an item.              | Click or tap to enter a date.   |

Summary sheet for WPBA (full time equivalent) – ST1 and ST2 (12 months requirements)

Portfolio – check posts and dates correct, and any declarations completed

#### Beginning of each Placement

- 1. Meeting with supervisor for placement planning meeting complete learning log
- 2. Add PDP for each placement

# During Placement (12 months requirement)

| 3 clinical case reviews per month       | 1X MSF                                 |
|---|--|
| 1 other learning log entry per month    | 1 X LEA (Learning event analysis)      |
| 4 X COT (GP) or 4 X mini-CES (Hospital) | 1 X QIA (quality improvement activity) |
| 4X CBD                                  | CEPS as appropriate                    |

QIP (quality improvement project) in ST1 / ST2 (GP post) – Needs QIA if you are not doing QIP

# Towards end of Placement

- Meet with clinical supervisor to complete CSR
- Complete PDP for placement

# <u>During each calendar year – you need to ensure you have completed.</u>

- 1. BLS or equivalent and AED
- 2. Child safeguarding level 3 if any posts during the year included children and you need a child safeguarding specific case reflection \*
- 3. Adult safeguarding level 3 and adult safeguarding specific case reflection. \*

# Mid-Year - approximately 6 months into each calendar year

- Arrange meeting with ES for interim ES review— complete review
- paperwork prior to meeting

# End of year prior to Annual Review of Competency Progression Panel (ARCP) – June/early July

- 1. Arrange meeting with ES for ES review—complete review paperwork prior to meeting and any outstanding PDPS and action plans prior to review
- 2. Attach Urgent Unscheduled Care log
- 3. Add Form R to learning log

For further info on WPBA please refer to:

https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba.aspx

<sup>\*&</sup>quot; all trainees then need a knowledge update annually and this needs to include a demonstration of their knowledge, key safeguarding information and the appropriate action to take if there are any concerns. In addition, all trainees require a minimum of one participatory piece of learning and reflection for both adult and child safeguarding in each training year\*. Evidence of learning for both the knowledge component and reflective exercises need to be documented in the trainees learning log."

# Trainee Review of E Portfolio pre ARCP

| Registrar:  |                        |                      |  |  |  |  |  |  |
|---|------------------------|----------------------|--|--|--|--|--|--|
| Requirements: New ES:   |                        |                      |  |  |  |  |  |  |
| Year:<br>PSW/OH:  |                        |                      |  |  |  |  |  |  |
| Previous ARCP (inc. date, outcome, and any recommendations): Educator Notes:                              |                        |                      |  |  |  |  |  |  |
| ESR<br>iESR<br>CSR:   |                        |                      |  |  |  |  |  |  |
| Mandatory Requireme   | nts                    |                      |  |  |  |  |  |  |
| Form R:   | No of TOOT:            | Any Declarations:    |  |  |  |  |  |  |
| BLS: Date<br>AED: Date  |                        |                      |  |  |  |  |  |  |
| Children's Safeguarding<br>Children SG Certificate:<br>Adult Safeguarding Cert<br>Adult SG Reflection: Da | Date<br>tificate: Date |                      |  |  |  |  |  |  |
| Exams: AKT:   | Exams: AKT: RCA:       |                      |  |  |  |  |  |  |
| Assessment Numbers  |                        |                      |  |  |  |  |  |  |
| CAT COT MSF PSQ CEPs: Prescribing Leadership MSF QIA SEA / LEA Leadership                                 |                        |                      |  |  |  |  |  |  |
| Others  |                        |                      |  |  |  |  |  |  |
| Placement Planning Me   | eting: Required on     | e for each placement |  |  |  |  |  |  |

UUC Summary: Date

QIP:

CCRs: Regular entries: total required/achieved: Total

No of PDP entry + no achieved:

Note: Please mark as NA for the ones which are not applicable.