

# GP Trainee Educational Guidelines for Wessex Deanery

## Implemented from August 2011

Since August 2007 the MRCGP is the single training and assessment route for UK trained doctors wishing to obtain a CCT (Certificate of Completion of Training) in General Practice. Satisfactory completion of a 3 year training scheme and passing the MRCGP are essential requirements for entry to the General Medical Council's GP Register and for membership of the Royal College of General Practitioners.

The MRCGP is an integrated assessment programme that includes three components:

- [Applied Knowledge Test \(AKT\)](#)
- [Clinical Skills Assessment \(CSA\)](#)
- [Workplace-Based Assessment \(WPBA\)](#)

Each of these is independent and tests different areas but together they cover the curriculum of specialty training for general practice and all must be successfully passed for the MRCGP. The AKT and CSA are organised by the RCGP and each is run 3 times a year.

For the WPBA evidence is collected in the e-portfolio by the GP trainee and assessed at the ARCP panel at least once each year and covers the whole 3 years of training.

1. The Wessex Deanery GP training programmes provide both developmental and summative assessment during the three-years and are intended to cover all that is normally required during training to allow satisfactory completion and leading to Certification of Completion of Training (CCT) by the GMC.
2. The RCGP Curriculum requirements must be completed as provided by the GP training programme across the three years. No other certificates, diplomas or higher qualifications are required to qualify and work as a GP in the UK.
3. The Deanery currently provides additional financial support towards the costs for the Wessex RCGP Facility ST1 Introduction to the MRCGP and (AKT/CSA) pre-exam courses; the remaining top up fee is paid by the trainee from their allowance.
4. All educational activity and time should be based around the Trainee's Learning Plan and organised across the 3 year Training Programme. As a result, study leave for any additional diplomas or qualifications will not normally be required.
5. Trainees should however be permitted to undertake training for contraception and IUCD insertion as part of their GP ST1&2 slots, ST3 year, or possibly during a specialty post.

### The GPStR Working Week

6. The normal working week (excluding additional out-of-hours training) will comprise 10 sessions where the nominal length of a session is 4 hours or on occasions may be longer and should be broken down as follows:
  - 7 **clinical sessions to include “in practice education”**,
  - 2 **structured educational sessions** (including the day release course),
  - 1 planned **independent educational session**.
  - In-house teaching is 4 hours per week, and is included as part of the 7 Clinical sessions.
  - There must be a scheduled minimum of 2 hours fully protected teaching (tutorial time) in addition to the remaining educational time spread across the clinical sessions.
  - Extended Hours is part of the practices normal working hours and GP Trainee’s are expected to undertake some supervised work and training in these sessions.
  - Out of Hours training is in addition to all of the above.
  - Each practice must clearly define the working week in the (BMA) contract as this may vary from practice to practice.
7. A degree of flexibility may be required from time to time in order to meet training needs i.e. **increasing either the number of educational or clinical sessions in order to gain specified competencies** (having decreased the number of clinical or educational sessions accordingly/respectively).
8. The GP Trainee will be expected to have had experience and training in all aspects of GP care and provision, this will include some experience of the “Extended Hours” surgeries but all training must continue to comply with the European Working time Regulations. Extended hours surgeries do not count towards the OOH training requirements.
9. Trainees need a reasonable balance of all types of practice provision and clinical experience.
10. The trainee must remain supernumerary to the provision of practice service and work alongside or in addition to a Clinical/Educational supervisor with teaching built into all sessions which should be logged by the trainee on the e-portfolio and record the activity and its setting.

### **Professionalism**

11. As a doctor, Trainees are required to adhere to the standards of professional and personal conduct and probity laid down by the General Medical Council. All doctors at the Practice are bound by these standards and expected to act at all times in a professional manner towards colleagues, employers and patients.
12. Variation of existing signed contracts can only be made by mutual agreement of both the Trainee and Training Practice in consultation with the Patch Associate Deans.

## The European Working time Regulations

13. The Wessex Deanery recommends that all GPR training must be compliant with the EWTR of a maximum 48 hours averaged across the training attachment.

- Surgery Working week = 52.5hrs (GMS) plus Extended hours
- GPR Training week = Minimum 40 hrs (Wessex Deanery; 10 sessions see BMA Contract)
- Usual Session length; = 4 hours (This may on occasion vary to meet work or Educational needs)
- EWTR maximum = 48 hrs per week (averaged over a reference Period, i.e. 3 months)
- Continuous = 13 hrs per day (with 11hrs continuous rest in 24hrs)  
= And 24 hrs continuous rest in 7 days  
= And 20 minute break in work periods over 6 hrs
- Night workers = no more than 8hrs work in 24hrs

14. Occasional variation from week to week may occur over a reasonable time period however the EWTR regulations must be complied with.

## On-Call or Out of Hours

15. Details of Out of Hours Training is covered in a separate document; please note the aims and objectives for an ST1/2 Trainee differ from that of an ST3/GPStR.

16. Out of Hours training should be incorporated into the GP/ST programme as determined by the learning plan agreed with the Educational Supervisor. This out of hours experience may occur in any primary care setting or as part of an additional identified learning need in a suitable hospital supervised setting.

17. GP Trainees are responsible for organising their own sessions with OOH Providers and should ensure that the required number of hours are achieved commensurate with the duration of the GP component of their training programme.

18. The GP Trainer or Educational Supervisor should facilitate the booking of out-of-hours sessions.

19. All **GP/ST1 and 2 trainees** are required to do one session per month (36 hours) and only in a supervised capacity in a six month period and these must be documented in the E-portfolio.

20. Out of Hours training for the **ST3/GPStR** year is a minimum of 72 hours within the Wessex Deanery (please see separate out of hours' guidance document).
21. The out of hours experience undertaken during the ST1/ST2 GP slots will not count towards the (72) out of hours ST3/GPR training experience required by GMC-CB and the RCGP.

All OOH sessions must be documented and logged (scanned) into the e-portfolio using the OOH record form, this becomes a legal record of hours worked and will be subjected to probity checks.

Failure to fully document these sessions may lead to referral to the NHS Counter Fraud service.

### Study leave Budget

22. **ST1/2 Hospital Posts**; The GP Trainee study leave budget for each Hospital post (ST1/2) is held by the Hospital Trust after an agreed amount has been "top sliced" by the Patch Associate Dean for local educational activities. All educational activity should form part of the Learning plan made with the Trainee's Educational supervisor. Study Leave funding is obtained through the Hospital application protocol.
23. Top sliced courses are planned and organised by the local educational team as "high priority" and attendance is regarded as important, **subject to agreement with service provision in the Hospital trust.**
24. **GP Practice Posts**; The full amount of GP/ST1 & 2 (6 months) and the GPStR (ST3 12 months) study leave is held by the Patch Associate Dean and they will advise on local arrangements for application too and the use of the Study Leave funding.

### Induction and Educational Plan

25. At the start of any GP/StR/ST placement in a GP Post an appropriate **orientation phase** to include formal induction to the Practice during which opportunities for sitting in with partners and exploring roles of other members of the Practice Team should occur. This should be appropriate for the training grade and prior experience of the Trainee.
26. A **needs assessment** to establish the GP Trainee's learning objectives should be undertaken using a variety of methods and sources. It should include knowledge, skills and attitudes, in clinical and non clinical domains and review existing plans and progression.
27. The Trainee and Educational Supervisor should produce a **Learning Plan** for the post within two weeks that outlines the objectives defined in the needs assessment and on which all educational activities and study leave is based.
28. The learning plan should be reviewed at regular times and modified in the light of ongoing training and assessments. Programme Directors will be able to advise.

## Hospital Induction and GPR/ST Slots

29. When a GP Trainee commences in a GP/ST slot they should be released to attend any required Hospital inductions at the start of each year as appropriate.

## GPStR/ST3 Mandatory Study Programme

30. A study leave allowance of not less than 30 days approved study leave will apply (pro-rata for less than 12 months). This is for attendance at the mandatory local dedicated GP programme (i.e. usually the half-day/day release course), on full pay and allowances during the period of twelve months in the training practice and pro-rata for part time training.
31. The DRC education should be documented in the E-portfolio
32. Trainees must provide suitable explanation for non-attendance at this compulsory part of the GP Training Programme and this should be notified to the Trainer and Programme directors at the first opportunity.

## Structured Educational Sessions (GPStR/ST3)

33. Additional External Study leave above attendance at the GP Study Programme (minimum of 30 days) should be based on the learning needs plan made with the Trainee's Educational Supervisor and is part of the **structured education** allowance of the normal working week.
34. This Structured External Educational Leave is normally an **additional 5 days** in the 12 months ST3/GPStR post. Additional time above this will only be granted for identified significant learning needs and will include time for Professional leave (see below)
35. Additional Study leave requests must be agreed between the GPStR and their trainer/educational supervisor subject to local guidelines and must be approved by the Patch Associate Dean or deputy (i.e. Programme Director).
36. Attendance at the mandatory nominated day or half day release courses is a condition of employment.
37. Trainer approved additional study needs to be supervised and agreed by the GP Trainer, and may include:
  - visits to other agencies (time with district nurse, social worker etc)
  - visits to OPD clinics and Hospital Trusts for learning opportunities
  - visits to observe and undertake supervised work in other GP Surgeries
  - CPD events
  - other courses (see earlier)
  - study at home
  - Optional additional Day Release Course activities.

## Independent Educational Session

38. The normal working week includes 1 session for independent education. These sessions should be discussed, planned and agreed with the trainee's Educational Supervisor and must be documented in the e-portfolio.

### **GP-ST1 and 2 posts**

39. A study leave allowance of not less than 15 days approved study leave will apply for 6 month GP/ST1 and 2 posts. All ST3/GPStR guidelines should be applied pro-rata.
40. This will include attendance at the monthly release course, on full pay and allowances during the period of six months in the practice and pro rata for part time training.
41. The aim of these GP/ST slots is **to enhance and widen the GP Trainee learning and provide the opportunity for a wider range of experience** in GP training and is not simply to be just further ST3/GPStR experience.

### **ST1/2 Hospital Posts Study Leave**

42. The total Study leave allowance during Hospital posts is as per the Trust guidelines for ST Trainees but GP Programme Directors will advise on local provisions and arrangements for GP Trainee's

### **Educational supervision of GP/ST1 and 2 posts**

43. During the whole period of GP Speciality training in Hospital and General Practice the trainee will have a nominated GP Educational Supervisor. They will meet with the trainee regularly to assess their progress and help to define learning needs.
44. During each of the ST1&2 hospital jobs there should be opportunities to spend days in General Practice, meet with other VTS trainees and meet the GP Educational Supervisor.
45. During the hospital placement, the trainee should use their study leave allowance to spend time in their assigned General Practice working with their Educational Supervisor. The recommended minimum is 2 days for each 6 month Hospital Specialty post. This is to help orientate the Trainee into General Practice, and help identify learning needs that could be met in the hospital posts and should be recorded in the e-portfolio.
46. These sessions should be organised by the learner, with the guidance and support of GP Training Programme Directors, working with the Clinical and Educational Supervisors, they will need to be applied for and taken as Study Leave.
47. In addition, there are often lunchtime meetings organised for the local GPs, and GP Trainers in different localities. In some hospitals there may also be separate teaching sessions organised especially for the GP Trainees during their hospital training placements.

### **External Courses**

48. The only courses that attract central funding are the scheme (DRC), pre-exam MRCGP and DFFP Theory courses (Practical sessions are not funded). The Deanery

does not support GP Trainees attending regional tertiary standard speciality training or undertaking external exams such as the DRCOG, DCH or MRCP.

49. Trainees should also **not** attempt to qualify as GPwSI during their standard training programme.

### **MRCGP Wessex RCGP Facility Courses**

50. The Wessex deanery provides core funding support for all trainee's in addition to the Standard Study Leave allowance for the Wessex RCGP Faculty

- ST1 Preparing for the MRCGP exam
- ST2 AKT (1 day) course (may attend in ST2 year)
- ST3 CSA (3 day) course. (may only attend in ST3 year)

51. The RCGP will charge an attendance/registration fee for these courses to the trainee which is claimable as part of the Study leave allowance (from the GP Patch Office if in a GP post).

- 52. Attendance at the Wessex Facility RCGP funded courses are additional to the existing Structured Study leave and days for Professional leave in GP Placements (but not from Hospital posts where normal application protocols must be followed).**

53. The Deanery recommends that the AKT course should not be undertaken until the ST2 year at the earliest and the CSA course not until commencement of the ST3/GPStR.

54. The RCGP will charge a minimal re-attendance fee should any trainee require to re-attend the courses following an exam failure.

- 55. Should any trainee fail 2\* or more sittings of the MRCGP assessments they will be required to see the Patch Associate Dean for an educational review and advice in case early additional support or guidance is required.**

\*(This means 2 CSA or AKT fails or 1 CSA and 1 AKT fail)

56. It is recommended that the AKT exam should not be taken too early in the ST2 year and that the CSA exam is not taken until sufficient GP consultation experience has been gained by the trainee in the ST3/GPStR year.

### **MRCGP Certification Assessments**

<http://www.rcgp-curriculum.org.uk/mrcgp.aspx>

The MRCGP is an integrated assessment programme that includes three components, all of which must be satisfactorily passed:

57. Applied Knowledge Test (AKT)

- 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.

#### 58. Clinical Skills Assessment (CSA)

- The Clinical Skills Assessment (CSA) is ‘an assessment of a doctor’s ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice’.

#### 59. Workplace-Based Assessment (WPBA)

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

#### 60. Applicants for the Applied Knowledge Test (AKT) and Clinical Skills Assessment (CSA) should be aware of changes to the eligibility and pass validity criteria in the Examination Regulations which came into effect for Trainees commencing in August 2010.

- AKT and CSA passes obtained after 1 August 2010 will no longer be subject to a three year validity limit.
- From August 2010 a maximum number of **four attempts** will be permissible in both the AKT and CSA.
- The AKT can only be taken during the ST2 stage of specialist training or later.
- The CSA may only be attempted when the trainee is in the ST3 stage of specialist training or later.

61. Candidates that started GP in Training programmes before August 2010 should see the RCGP website for guidance on how the changes may affect them.

#### Professional Leave

62. Professional leave of up to 5 days for GPStR/ST3 Trainee’s (in GP/ST1/2 Placements it is 2 days) is recognised and supported by the GP School for specific activities which will enhance the GP Trainee’s Professional Journey and are of value to the GP School and/or the National and/or the local GP community. (NB; This does not apply in Hospital Posts)

63. This leave can only be taken as part of the overall Learning needs plan of the trainee and may only be permitted if satisfactory progression towards final certification is being demonstrated. This leave does not apply during Hospital post attachments

and will need to be approved **by both the GP Trainees trainer and the local Programme Directors**

64. Examples are attendance at:

- New Trainer Courses and Established Trainer Courses to help GP Trainers improve their teaching skills.
- **QA practice visits as part of the inspecting team** (this will be in place of the formal protected tutorial time that week)
- GP School committees, e.g. School Board, GP-STC etc.
- Local professional committees e.g. LMC, RCGP and Wessex Faculty.
- National Professional Committees e.g. GPC, RCGP Council.
- Leadership skills course (Wessex Deanery)
- Trainee representation (AiT committees both Regional and National)

### **Appraisal**

65. The annual ESR is the GPStR's "annual appraisal" and the final ESR for the ARCP will be the appraisal paperwork that trainees need take to the PCT to gain their place on the performers list. This has been nationally agreed between the RCGP, COGPED and the SHAs.

66. This final ESR (Appraisal) should specifically also look at the Trainee's future needs and education over their coming year as a newly qualified GP.

67. The Trainer should provide education on and familiarisation of the NHS Annual Appraisal and Revalidation Process and it is good practice to produce a "Form 4" setting out the Trainee's learning plan for their first year after certification.

68. GP Trainee's are not required to undergo a MPL PCT annual appraisal when they are a Trainee.

RDW Aug 2011.