**Department of Postgraduate GP Education**

Health Education KSS

7 Bermondsey Street

London

SE1 2DD



**Health Education Kent Surrey Sussex (HEKSS)**

**INDIVIDUAL EDUCATIONAL AGREEMENT**

**BETWEEN GP SPECIALITY TRAINING REGISTRARS (GPStR)**

**AND GP EDUCATIONAL SUPERVISOR / GP TRAINER**

**Guidelines covering your training programme attached to**

**Educational Supervisor / GP Trainer**: …………………………………..................................

**Name & Address of GP Training practice** …………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**GP Specialty Training Registrar (GPStR) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**National Training (NTN) Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GMC Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GPStR training grade (during the GP placement):\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_**

**Dates of GP placement: from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Your Programme Directors are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_**

**Your Associate GP Dean is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Head of GP school is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Dean of Postgraduate GP Education is: Dr Hilary Diack**

**Your Postgraduate Medical Dean Director (and Responsible Officer) is:**

**Professor Abdol Tavabie**

**GP SPECIALIST TRAINING EDUCATIONAL GUIDELINES**

**PART 1: GENERAL INFORMATION**

**INTRODUCTION**

This guide has been written to help clarify the relationship between Clinical Supervisors, Educational Supervisors / GP Trainers and others involved in general practice education and GP Specialist Registrars (GPStR). It defines what is expected of a doctor in training and what that doctor can reasonably expect from their GP Trainer, training Practice and their specialty training programme. The document is congruent with national guidance on generic standards for training as defined by GMC and The Guidance to Postgraduate Specialty Training in the UK (The Gold Guide) and as developed and administered by HEKSS. These guidelines emphasize the importance of educational co-ordination between all those involved in the educational process.

**OVERVIEW OF GP SPECIALTY TRAINING**

The training programme for a career in general practice is a minimum 3 years. During this time the GPStR will undertake a series of hospital attachments and a period of no less than 1 year in a general practice placement. The GPStR may also experience a shorter period in a general practice placement prior to their final placement. Any GP placement will be with a GP Trainer (a GP accredited through processes developed by HEKSS, in accordance with the standards for training as laid down by The GMC, to train GPStRs in general practice).

**During each hospital attachment a GPStR will have a Clinical Supervisor who will:**

* Hold formative meetings with the GPStR at the beginning, middle and end of the placement
* Oversee the day to day work of the GPStR
* Offer a level of supervision necessary to the experience and competency level of the trainee
* Maintain the safety of patients and the trainee
* Undertake assessments (and liaise with others who may undertake the assessments) as part of the work place based assessment component of the MRCGP
* Complete a report on the GPStR at the end of the attachment (Clinical Supervisor's Report)
* Undertake three yearly equality and diversity training

**Throughout the training envelope a GPStR will also have an Educational Supervisor who will:**

* Oversee the progress of a GPStR and advise on his or her learning needs
* Assist the GPStR in developing his or her learning plans
* Hold a structured meeting with the GPStR every 6 months to review his or her assessments and progress towards the twelve professional competency areas described by the Royal College of General Practitioners (RCGP) as being essential for those wishing to become an independent GP. This structured meeting includes the giving of constructive feedback.
* Complete an Educational Supervisor Review at six monthly intervals (or where appropriate)
* Review the shared data entered into the ePortfolio
* Arrange regular exposure (normally a day every 4 months) to primary care during the hospital placements
* Undertake three yearly equality and diversity training

The GP Trainer will often be the person who has been the Educational Supervisor throughout the GPStRs hospital placements. This may not always be possible and the GPStR may be appointed to a final placement with a different GP Trainer. If this is the case there will be a full handover of information relating to that GPStR’s progress and the new GP Trainer will become the nominated Educational Supervisor.

**In a general practice placement the GP Trainer /Educational Supervisor will:**

* Provide the GPStR with an opportunity to develop his or her skills in a safe, educationally supportive environment
* Arrange an induction programme to general practice
* Develop an educational plan based on the GPStR’s progress to date taking account of his or her preferred learning style
* Provide or organise the provision of, a minimum of 3 hours protected teaching time per week
* Assist the GPStR in arranging his or her out of hours training and review his or her progress in obtaining competencies in this aspect of general practice work
* Undertake assessments (and liaise with others who may undertake the assessments) as part of the work place based assessment component of the MRCGP

The GP Specialty programme will be overseen locally by GP Specialty Training Programme Directors (PD) who are responsible for the delivery and management of the GP specialty programme.

**The Programme Director will:**

* Assist the GPStR in the Induction process to the Trust and to GP Specialist training
* Appoint an Educational Supervisor to each GPStR
* Assist the GPStRs in developing peer support learning sets whilst they work in hospital
* Arrange study days in general practice and HEKSS supported study days with topics relevant to a career in general practice
* Arrange educational activities on a structured programme when the GPStR is in the general practice placement

The **Dean of Postgraduate GP Education and the Head of the GP School** will be responsible for ensuring that the educational personnel and educational activities described above are provided.

**PROBLEMS ARISING DURING THE COURSE OF TRAINING**

All processes in the GP specialty training programme should, in accordance with guidance from the GMC be open, transparent and accountable.

GPStRs and their Educational Supervisors (both Clinical and Educational) are expected to discuss any problems that may occur during training and work together to resolve any difficulties.

Where problems cannot be resolved both parties should seek guidance promptly from the Programme Directors and the responsible Associate GP Dean if appropriate. Both Programme Directors and Associate Deans will explore the problem and seek to resolve this according to the appropriate educational guidelines as determined by the Gold Guide and HEKSS “The Trainee in Difficulty Guidelines.”

**CHANGES IN CIRCUMTANCES**

There are occasions when it is deemed necessary by the GP School for a GPStR to move location or they are eligible to change from full time to part time working. The relevant Clinical Supervisor / Educational Supervisor / GP Trainer / Human Resources Department of an employing Trust together with the Programme Director will involve the appropriate members of the GP School (such as Patch Associate Deans / Head of School) to work with the GPStR to manage any potential changes. Those involved directly with the GPStR will continue to support the GPStR to ensure the educational progress of the GPStR is maintained during this period of change.

**GP SPECIALIST TRAINING GUIDELINES**

**PART 2: GPStR in General Practice Placement**

***Note****. A different nationally agreed process applies to GPStRs who wish to transfer between Deaneries for personal reasons.*

**PROFESSIONAL DUTIES**

As a doctor the GPStR must have at the forefront of his or her professional practice the principles of Good Medical Practice for the benefit of safe patient care. GPStRs should be aware that *Good Medical Practice* (2013)) requires doctors to keep their knowledge and skills up to date throughout their working lives.

As a doctor the GPStR should ensure that they will give care to patients responsive to their needs, that is equitable, respects human rights, challenges discrimination, promotes equality and maintains the dignity of patients and carers.

The GPStR should acknowledge that as an employee within a health care organisation he or she accepts the responsibility to work effectively as an employee for that organization. This includes honoring contractual obligations as defined in the contract of employment, by participating in work place based assessment (and appraisal) and by agreeing to the need to share information about his or her performance as a doctor in training with other employers involved in his or her training and with the Postgraduate Dean of HEKSS.

The GPStR must support the development and evaluation of their training programme by actively participating in the national annual GMC trainee survey and HEKSS GP School’s evaluative processes.

**SUPERVISION OF TRAINING IN GENERAL PRACTICE**

The GP Trainer or a named deputy (another GP) will normally be available on site during the time the GPStR is consulting with patients and be available by phone when the GPStR is seeing patients at home or at other out of Practice locations during the working day. The degree of closeness of support will normally be related to the GPStR’s level of experience and will be negotiated and agreed by the GP Trainer and GPStR. Clear information on how the GPStR can access this support must be made available.

The GPStR should recognise and work within his or her level of competence. The GPStR should seek further help and support for the appropriate clinical management of patients when he or she deems this appropriate, and particularly if there are any concerns relating to patient safety.

**EDUCATIONAL PLANNING AND PROVISION**

Throughout the training programme the GPStR will be working towards the learning outcomes defined in the GP curriculum. This curriculum has been developed by the Royal College of General Practitioners (RCGP) – it is a national curriculum designed to address the wide ranging knowledge, competences, clinical and professional attitudes considered appropriate for a doctor intending to undertake practice in the contemporary NHS. The framework draws on the European definition of general practice and is mapped to the guidelines in the GMC’s “Good Medical Practice”

Details of the RCGP curriculum can be found at: www.rcgp –curriculum.org.uk

**During the General Practice Placement the GPStR will have:**

* A minimum of six monthly reviews with his or her Educational Supervisor / GP Trainer who will review the assessments and look at the progress he or she is making towards developing the twelve essential GP competences. From this discussion a GPStR will be able to identify his or her strengths and explore those areas where further development is needed.
* A total of 3 hours protected teaching time each week to include a 1.5 - 2 hour tutorial and other activities such as joint surgeries, hot topic and random case analysis and time to undertake assessments linked to the MRCGP. This protected time may also include time spent with other members of the primary health care team or the Practice administrative team.
* Attendance at the GP Specialty training day release programme coordinated by the programme directors. GP Trainers will release the GPStR so they can punctually attend the day release course.

**Responsibilities of the GPStR:**

The GP Specialty training programme is designed to be learner led. Responsibility for progression is in part the responsibility of the GPStR. GPStR’s need to use the training resources available optimally in order to develop the competences required of a general practitioner to the standards set by the RCGP as contained in the GP curriculum. Failure to do so may have an impact on planned progression through the programme for the GPStR.

GPStRs need to be open to receiving constructive feedback about their performance and practice and be able to understand and use a range of learning styles. The programme is not one of supervisors / GP Trainer / Programme Directors delivering information but one of active facilitated learning.

GPStRs need to maintain regular contact with the Educational Supervisor, Programme Director and the GP School by responding promptly to communications from them, usually through email correspondence.

**OUT OF PRACTICE EXPERIENCE**

If developmental areas are identified in the GPStR’s knowledge and skills that might best be addressed by attending hospital out-patient sessions or through other experiences, then the GP Trainer / Educational Supervisor will help facilitate this (for example by identifying placements, liaising with hospital colleagues and others) and release the GPStR to attend these sessions. The GP Trainer will monitor the learning gained and the continuing appropriateness of the sessions.

The GPStR will help in organising such educational sessions, attend promptly and when required take an active role in the learning process.

These sessions are distinct from an Integrated Training Placement (ITP) where the GPStR is hosted in the GP Practice but will spend (normally) 4-6 sessions working in a hospital department or community post linked to the GP Curriculum.

**STUDY LEAVE**

GPStRs are entitled to 30 days study leave per year when in full time employment. The arrangement of this is described in the KSS document ‘Guidance to Study Leave for Specialty Trainees’.

**OUT of HOURS (OOH) PLACEMENTS**

GPStRs are required to undertake placements in OOH, normally within the service of an OOH provider organization. These placements will be normally equivalent to 6 hours per month of training.

**Responsibilities of GPStR**

* To organise the sessions and work in the OOH services under supervision. This work in acquiring OOH competencies is part of the normal contract of employment.
* To maintain the portfolio of evidence (using the ePortfolio) including their reflection on clinical encounters, professional conversations with their OOH supervisors, relevant courses or reading and any other naturally occurring evidence.

**Role of the GP Trainer / Educational Supervisor**

* The GP Trainer will help a GPStR prepare for working in the OOH environment.
* The GP Trainer will debrief the GPStR following their OOH sessions and review the record of training entered in the e portfolio to identify the learning made, areas for further development and will monitor the quality of the experience.
* The GP Trainer will review regularly the level of supervision the GPStR requires by the OOH Clinical Supervisor and advise the OOH of the level of supervision required in OOH
* The GP Trainer will evaluate the evidence from the ePortfolio and will confirm when he/she is satisfied the specific competencies have been achieved. The GP Trainer will also confirm that the GPStR has undertaken the required level of OOH experience commensurate with the length of the GP component of their training programme.

**SUCCESSFUL COMPLETION OF GP TRAINING**

A GPStR will need to undertake and pass all components of the MRCGP before they can apply for a Certificate of Completion of Training (CCT) from the GMC or a Statement of Eligibility for the GP Register (CEGPR or Article 11 application).

The components of the MRCGP are:

* The Applied Knowledge Test (AKT) administered by the RCGP and undertaken in the final GP placement.
* The Clinical Skills Assessment (CSA) administered by the RCGP and undertaken in the final GP placement.
* Work place based Assessment (WPBA) – a process managed by the GP School which is undertaken throughout the whole training programme.
* WPBA consists of a series of formative assessments including case based discussion (CbD) observation of consultations (MiniCex / COT), multi-source feedback and patient satisfaction questionnaire.
* A GPStR is also expected to complete an audit, a leadership project and a report on a Significant Event during the GP placement.
* A GPStR is expected to undertake Safeguarding Children level 2 annually and have a valid CPR and AED certificate
* The process is supported by the ePortfolio and monitored by the Educational Supervisor.

**Responsibilities of the GPStR:**

* To be responsible for his or her learning and managing the process of working towards his or her PDP.
* To ensure sufficient assessments are completed in time for the six monthly reviews with the Educational Supervisor and to satisfy the requirements of the MRCGP.
* To participate actively in the appraisal and assessment process.
* To ensure that up to date records of learning are kept though the ePortfolio, which underpins the training process.
* To ensure that the AKT and CSA are planned well in advance and that the Practice and GP Trainer are informed in good time in order to ensure the smooth running of the process for all parties.
* To reflect critically on his or her own performance and to alert their Educational Supervisor / Trainer and/or Programme Director of any problems that might adversely affect their performance e.g. illness or other significant life events.
* To ensure that the GP School receives a completed Enhanced Form R prior to the ARCP annually.

**Role of the Educational Supervisor / GP Trainer:**

* To meet with the GPStR to undertake the regular reviews at six monthly intervals throughout the programme of training.
* To fully prepare for this meeting by reviewing the data collected in the ePortfolio relating to assessments and naturally occurring evidence.
* To make an assessment of the progress of the GPStR towards achievement of the twelve core competences and to highlight strengths and identify areas for development and complete the requirements for the Annual Review of Competency Progression.
* To assist in the development of an action plan which gives clear guidance on how the GPStR can meet his or her learning needs.
* To undertake assessments and arrange for other supervisors / Trainers to undertake certain assessments.
* To provide, where appropriate access to appropriate resources including on line and written resources / video / staff support to enable the trainee to prepare for and undertake assessments.
* To provide advice relating to all components of the MRCGP.
* To facilitate the study leave arrangements for GPStRs to attend GP School courses related to support and preparation for the MRCGP.
* To review and validate that data in the ePortfolio which the GPStR elects to share.
* To liaise with and involve all appropriate support for a GPStR in situations where the educational progress of the GPStR gives cause for concern using the HEKSS Policy Guidelines – “The Trainee in Difficulty”.

**Role of the Programme Director / GP School:**

* To provide an induction to WPBA for GPStRs.
* To ensure Clinical Supervisors / Educational Supervisors and Trainers will receive training in the use of the assessment tools.
* To support GPStRs in both the understanding and preparation of the requirements of the CSA and facilitate the GPStR when organising the time out required to sit the assessments.
* To review the progress of each GPStR annually through the Annual Review of Competency Progression (ARCP) process and support the process of making a decision on the continuation of planned training based on the evidence offered as to whether a GPStR has attained competency all the appropriate competency areas.

**REVALIDATION**

Doctors in training will be revalidated by the GMC at five year after full registration with the GMC or at CCT which ever is the soonest (however, where a trainee is revalidated at 5 years, they will be revalidated again at CCT).

Trainees need to be engaged in and meeting the assessments and curriculum requirements of the training programme and will be in regular discussion with the Educational Supervisor about progress and outstanding learning needs. These discussions should include summarising and reflecting on strengths and weaknesses and significant achievements or difficulties, which will usually encompass information on significant events, and complaints and compliments.

This national process requires the HEKSS GP School to collect data from the trainee, the employer(s) and Educational Supervisors in order to inform the revalidation process through the ARCP. This information will be provided under three headings:

* Conduct/capability investigation
* Serious Untoward incident
* Complaints

**Responsibilities of the GPStR:**

* To fully engage in meeting the assessments and curriculum requirements
* To reflect on strengths and weaknesses and significant events, complaints or compliments in the ePortfolio
* To complete the Enhanced Form R and submit this annually prior to the ARCP to the GP School.
* To complete the GMC National Trainee survey annually

**Responsibilities of the Educational Supervisor:**

* To provide feedback to the trainee on their strengths and weaknesses
* To report any SUIs to the Patch Associate GP Dean.
* To complete the Revalidation section of the ES Review and report on fitness to practice issues and any known unresolved concerns.

**PRACTICE MEETINGS**

The GP Trainer / Educational Supervisor is expected to allow GPStRs access to clinical and appropriate business meetings within the Practice as part of the educational process.

The GPStR is expected to attend all relevant Practice based clinical meetings as agreed with the GP Trainer. GPStRs will ensure that all information covered in these meetings will be treated confidentially, both in relation to information relating to the Practice and its staff and patients.

**RESOURCES FOR LEARNING**

The GP Trainer / Educational Supervisor and the training Practice will provide the necessary equipment needed for the GPStR to carry out his or her clinical work effectively and appropriately.

The Practice will provide effective and easy access to the internet and appropriate written materials to support the educational process and meet the information needs of the GPStR. The GP Trainer should be aware of other resources that can be accessed by the GPStR and the processes required to utilise the service.

The GPStR will respect the property provided by the Practice, suggest how the provision of resources may be improved, and ensure the safe return of all equipment and other materials.

The Trust educational facilities also provide access to a range of on line and textbook facilities which are open to use by GPStRs.

**CAREER GUIDANCE**

The GP Trainer will assist the GPStR, where appropriate with issues relating to career guidance and support and involve the Programme Directors where appropriate.

The Programme Directors will also assist in giving career advice and ensure that those giving this advice are fully familiar with the career options in general practice, and are able to provide up to date information regarding these or identify other individuals within HEKSS who can provide appropriate advice.

**We have read and understand this agreement, we the undersigned agree to do our best to fulfill the commitments as outlined in these educational guidelines.**

**Name of GPStR:** **…………………………………………………………………………………………**

**Signature: ……………………………………………………………… Date ………………...**

**Name of Educational Supervisor / Trainer: ………………………………………………………….**

**Signature: ……………………………………………………………… Date ……………**