THE TRAINERS' SURVIVAL GUIDE

2006

WRITTEN FOR NEW TRAINERS

BY THE REGIUS SOCIETY OF BATH

(BATH TRAINERS' GROUP)

EDITED BY MICHAEL HARRIS

UPDATED 6 SEPTEMBER 2007

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

THE REGIUS SOCIETY OF BATH **4**
ABOUT THE REGIUS SOCIETY 4
OUR WEBSITE 4
ABOUT THIS GUIDE 4
THE GP REGISTRAR'S EDUCATIONAL PORTFOLIO CD-ROM 4
BECOMING A TRAINER **6**
THE "HOOPS" A POTENTIAL TRAINER MUST JUMP THROUGH 6
OTHER NEEDS 7
THE JOB DESCRIPTION 8
TIME MANAGEMENT OF TRAINING 9
RE-APPROVAL VISITS **10**
THE PRACTICE LIBRARY 10
SUMMARIES OF MEDICAL RECORDS 10
AUDITS 10
HOW LONG IS APPROVAL FOR? 10
THE GP REGISTRAR **11**
HOW TO GET ONE 11
"Stand-alone" GP Registrars *11*
"Trust-attached" GP Registrars *11*
Registrars from the GP Vocational Training Scheme (VTS) *11*
Returners *11*
Accelerated Scheme Doctors *12*
Military Doctors *12*
Remedial Registrars *12*
REGISTRAR EXPECTATIONS VS. PRACTICE EXPECTATIONS 12
Accommodation *12*
DOMAIN OF PRACTICE MANAGER 12
Pay *12*
Indemnity etc. *13*
DOMAIN OF TRAINER & PRACTICE MANAGER 13
Contracts *13*
Social Work *13*
Room/Equipment *13*
RESPONSIBILITIES WITHIN THE PRACTICE 13
Workload/Responsibilities *13*
PLANNING THE YEAR **14**
START DATES 16
CHECKLIST FOR THE REGISTRAR 16
THE THREE MONTH REVIEW **17**
THE THREE MONTH REVIEW: INFORMATION FOR TRAINERS 17
The Trainer's Manual *17*
Recommendations to Assessors *17*
Different agendas *17*
Avoiding problems *18*
THE THREE MONTH REVIEW: INFORMATION FOR GP REGISTRARS 19
What is it? *19*
When is it? *19*
What is it for? *19*
What should I bring? *19*

VISITS AND ATTACHMENTS OUTSIDE THE TRAINING PRACTICE 20

Practice attachments and swaps 20
Inter-practice visits 20
Joint training activities 20
Out-patient clinics 20

SUMMATIVE ASSESSMENT 21

VIDEO REQUIREMENTS 21
Recommended reading 21
AUDIT 21
SUMMATIVE ASSESSMENT WEBSITE 21
MRCGP TIPS 21

TEACHING METHODS 22

Introduction: 22
Problem case analysis 22
Random case analysis 22
Video consultation analysis 22
Joint Surgeries 22
Joint visits 22
Critical Event Analysis 22
Observation 22
Group Teaching 23
More Traditional Methods 23
Attitude Lists 23
PEP (Phased Educational Programme, available from RCGP) 23
Objective Structured Clinical Evaluation (OSCE) 23
Patient Allocation 23
Audit 23
THE CHECKLIST 23
What is available? 23
What use is it? 24
What is GOOD about it? 24
What is NOT SO GOOD about it? 24
How do we use checklists/grids? 24
When should we use them? 24
How should we use them? 24
What next? 24

CHALLENGES FOR REGISTRARS 25

WHEN THINGS GO WRONG 26

REGISTRAR PROBLEMS 26
REGISTRAR SOLUTIONS 26
TRAINER/TRAINING PRACTICE PROBLEMS 26
TRAINER AND TRAINING PRACTICE SOLUTIONS 26

APPENDIX - JARGON 27

THE LEARNING PORTFOLIO 27
ASSESSMENT TOOLS INCLUDE 27
TRAINING TRAINERS 28
REGISTRAR JARGON 29

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

THE REGIUS SOCIETY OF BATH

The Regius Society of Bath is the Trainers' group for Bath. It is named in honour of the late Dr Ray King.

Ray was a skilled and respected GP Trainer. He founded the first Day Release Course for GP Trainees in Bath. He was an inspirational teacher.

About the Regius Society

There are forty-six GP Trainers in the Regius Society.

It holds three meetings per year, of which two are full-day craft meetings, the other being a half-day business meeting.

There are four local sub-groups that meet more frequently.

The Trainer Convenor is Dr Mark Dinwoodie.

The Associate Director is Dr Bill Irish.

Our Website

The website for Bath Trainers is at http://gppro.co.uk/gptrain/regius.htm

This has details of:

- training practice details and vacancies
- information on the Swindon/Bath GP Registrar Day Release Course (DRC)
- information on the Bath GP Vocational Training Scheme (VTS)
- information on the Bath Trust Attached GP Registrar (TAGPR) Scheme
- there is also a "links" page with details of our 60-odd on-line study guides.

About this Guide

This guide was written by members of the Regius Society of Bath. It is intended as a toolbox for new and potential Trainers.

The original Trainers' Survival Guide was written in 1997. Each sub-group of Bath Trainers wrote one or more of the sections. The Guide was collated by Dr Michael Harris.

This 2006 version has been revised by Michael, with contributions from the BOBOONS trainers.

Please send any comments or suggestions to Michael, e-mail address available at michaelharris681@btinternet.com

The excellent, official Wessex Deanery guide for potential trainers is available at

http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3

The GP Registrar's Educational Portfolio CD-ROM

This super Wessex CD-ROM is available free of charge to all GP Trainers and trainees in Wessex.

Much of it is also available on-line.

Do get to know your way around it. It has a mass of information, including:

- A model contract of employment
- An educational agreement between Trainer, Practice and GP Registrar

- Out-of-hours guidelines and on-call log
- Patient Log / Case Log
- Information on:
    - Formative Assessment
    - Summative Assessment
    - Assessment Timetable
    - Initial Objectives
    - Objectives after 6 Months
    - PEP Scores
    - Video Assessment
- Learning outside the practice
    - Day Release Course
    - Visits and attachments
    - Postgraduate Education Allowance
    - Travel and Subsistence
    - Section 63
    - MRCGP Examination
    - Preparatory Course for MRCGP Examination
- Guide to Certification and Application Checklist
- General practice lists
    - Family Planning
    - Obstetrics
    - Child Health Surveillance
    - Minor Surgery
- Appendices
    - Personal Details Form
    - Reference Material
    - Checklists for Specialties and Learning Objectives
    - Videoing Hints and Tips
    - Structured Trainers Report 2003
    - Minor Surgery Logbook
    - Section 63 form
    - VTR/1 + VTR/2

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

BECOMING A TRAINER

The "Hoops" a potential Trainer must jump through

1) Get the MRCGP.
2) Be a Principal for 3 years in a training practice or 5 years in a non-training practice.
3) Contact the local Department of General Practice.
4) Receive a "Pastoral Visit" from the Associate Director. Usually takes one or two hours and involves an informal look at the Practice, the library and the notes. No preparation is expected. If the Practice is unsuitable you will be told.
5) Get a Trainers' manual from the Deanery or the Deanery website together with any local guide. Check that you fulfil the "minimum criteria" for training.
6) Ask the administrator in your Department of General Practice for a Trainer who has been approved for one to two years for guidance in your application. Consider asking for a "Mentor", usually a more experienced Trainer.
7) Go to local Trainers' days.
8) Attend an approved Trainers' Course; usually you will be encouraged to go locally but you can attend anywhere. Contact the Director for a list but go on personal recommendation. You will be able to claim section 63 payment or have PGEA accreditation.
9) Fill in the application form. Get help from Trainer in (6).
10) Formal Practice Visit, usually lasts half a day, be well prepared. Consider:
    - Why are you training?
    - What time have you got for training?
    - Support from the Practice
    - What strategies have you got?
    - What can you offer?
    - Is the Practice prepared?
    - Know the jargon
    - Know the "Educational Process"
    - Know your strengths and weaknesses
11) Decision validated by GPEC which meets twice a year and usually initially approves for one GP Registrar.

Other Needs

Regius Society members feel that the criteria in the current Wessex Trainers' Manual should be adhered to and the following statements are additional aids to the training practice.

1) The practice manager/managing partner should be aware of the details of GP Registrar administration and have knowledge of the current regulations and financial requirements.
2) The training practice's entire team should have an enthusiasm to teach. There is no point in having an enthusiastic doctor/Trainer if ancillary staff, nursing staff, and/or other partners are unenthusiastic or even hostile to the concept of GP Registrar teaching.
3) The practice should plan flexible operations to allow the inclusion of the Registrar as a member of the whole team for the duration of their attachment.
4) Protected time arrangements need to be guarded by the entire team even if flexibility in other persons' workload is needed to accomplish this.
5) The training practices should have satisfactory levels and facilities of information technology to facilitate teaching in the year.
6) As video equipment and the successful manufacture of videos is now so crucial for Summative Assessment, the practice should have appropriate up to date video equipment to help the Registrar and Trainer in this job.
7) Efficient use of the library should be encouraged with a logical use of a select number of up to date literature within the practice and ready access outside the practice electronically or by post to libraries, Internet etc. rather than emphasis on rapidly dating heavy text books.
8) During the run up to becoming a training practice not only should the Trainer in the wings be visited by the Associate Director, but should be offered guided tours of existing training practices to see how facilities run in the real world.
9) The practice should have evidence of ongoing in-house communication and education to set an example to the future Registrar. He/she should be capable of constantly reviewing his/her needs and goals for the future. The Practice should have a practice development plan and the Trainer should have a personal development plan.

© Department of General Practice, Royal United Hospital, Bath BA1 3NG

The Job Description

1. Jump through the "Hoops" for approval and keep jumping;
    - Attend at least two Trainers' days per year
    - Attend compulsory Deanery Trainers' days
    - Expect re-approval visits every one to three years
2. Mentor VTS SHOs (if you have one) for 1 week every year, plus occasional single sessions.
3. Help the GP Registrars jump through their "Hoops".
    - Summative Assessment
    - MRCGP
    - Child Surveillance
    - Minor Surgery
    - Family Planning
4. Help GP Registrar prepare for the three-month appraisal by the Associate Director.
5. Provide formative assessment. **You don't need to use all the "tools"** but be prepared to justify your choice.
    - Rating scales/self assessments/checklists; see page 23
    - Videos
    - OSCE - see page 26
    - Problem Case Analysis
    - Random Case Analysis
    - Joint Surgeries
    - Joint Visits
6. Produce an "Educational Plan" with regular reviews.
7. Keep a "Registrar Portfolio" up to date.
    - Details of formative assessments done
        - outcomes
        - plans
    - Log of patients seen
    - Training plan with updates
    - List of tutorials - topics
        - what has been learnt
        - outstanding needs
    - Minor surgery - log book
    - Other educational activity - Trainer/Registrar meetings
        - Day Release Course
8. Protected Teaching Time
    - 2 hours formal tutorial weekly
    - 20 minutes daily discussion
    - a nominated person always available
    - (3 hours weekly for training)
9. Pastoral Role
    - Provide Support
    - Act as a go between - with Primary Health Care Team
        - practice staff

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

- partners

- Be protective
- Hand hold for Summative Assessment
- Social facilitation - Pub
  - Grub

10. Careers Advice
11. Advice regarding the Red Book especially with Relocation Expenses.
12. Provide a contract of employment (model contract available from the Deanery website).
13. Supervise annual leave/timetable/job description/ground rules.
14. Ensure that the Registrar is safe.
15. A partner should always be available to provide clinical backup.

Time Management of Training

1. Protected teaching time as in Trainers' Manual. Two hours per week for formal tutorials and 20 minutes daily discussion.
2. Preparation time.
3. Trainers' courses.
4. Practice visits, home and away.
5. Daily "hassle".
6. Reflection and review.
7. Social.
8. Assessment of videos.

Having a Registrar does not save the Trainer any time.

© Department of General Practice, Royal United Hospital, Bath BA1 3NG

RE-APPROVAL VISITS

When the practice approval time is approaching its expiry date, you can expect to be contacted for a re-approval visit.

Before the visit, you will need to submit a detailed written application to the Associate Director, supplying details of the practice organisation for training. The details of this are to be found in the Wessex Trainers' Manual, so shouldn't come as a complete surprise.

The visiting team comprises the Associate Director, a Trainer and a GP Registrar. You will need to allow yourself protected time of around three hours for the visit. Cancel your surgery well in advance! Any aspects of the practice that have any relevance to training may be looked at. Be prepared to be challenged and to justify your practices.

The visitors' recommendations will be put to the next GP Educational Committee (GPEC) meeting. GPEC makes the final decision as to re-approval.

The commonest problem areas that were identified by the Bath Trainers were:

The Practice Library

Keep it up to date, indexed and ensure that it complies with current regulations. This can be time consuming and a specific person should have responsibility for the library. Some practices have had problems with books missing, so ensure a system operates to monitor loans.

A smaller number of up-to-date and relevant books is more useful than a huge number of out-of-date textbooks. Appropriate CD-ROMs also count as part of the practice library.

Make sure that your GP Registrar has an idea of what is in the library and how to find it.

Summaries of Medical Records

Adequate summaries of the medical records, in the written notes or computerised, are still necessary. Many practices find this a constant battle to keep up to date. It may be helpful to have watertight procedures for all the staff to follow and to be continually vigilant about summaries.

Checking a random sample of records well before the re-approval visit may give a useful indication of the current standard within the practice. This allows time for re-adjustment if necessary! Consider employing someone short term to update the summaries.

Audits

The visiting team may wish to see evidence of audit carried out within the practice. Be prepared to show evidence of this. Keep a practice audit file to which you add all the new practice audits.

How long is approval for?

Full re-approval is for 3 years but it is possible to be approved for a shorter time with conditions, for instance improving the summaries.

THE GP REGISTRAR

How to get one...

“Stand-alone” GP Registrars

These are doctors who have done their own selection of SHO posts, sometimes known as doctors who are “doing their own scheme”. They simply need to find a year as a GP Registrar to be able to qualify as a GP.

GP Registrars have been a scarce commodity recently. Severn & Wessex has the largest spare capacity of Trainers in the UK.

Trainers can no longer advertise for, interview and select their own GP Registrar.

There is an advertisement for GP Registrars in the BMJ twice a year. The Deanery shortlists and then interviews applicants centrally.

Successful applicants are then told which part of the Deanery they can work in. The number allocated to each “patch” varies.

“Trust-attached” GP Registrars

When there is funding, these TAGPR posts offer an alternative to the second year of GP vocational training. Applicants must already have done two educationally-recognised six-month posts in core subjects (psychiatry, paediatrics, O&G, general medicine, general surgery and A&E).

Typically, these are two-year rotations. The doctor spends the whole of the two years employed as a GP Registrar. This comprises:

- one year attached half-time to a hospital Trust, the rest of the time in the training practice
- one year full-time in the same training practice.

During the year attached to the Trust, the GP Registrar will:

- be employed by, paid by and in contract with the training practice;
- work half the week in the training practice;
- have 4-month periods of attachments to hospital departments;
- work half of each week in those departments

Registrars from the GP Vocational Training Scheme (VTS)

The GPVTS has all the components that a GMC-registered doctor needs to be a GP – educationally-recognised posts in core subjects (psychiatry, paediatrics, O&G, general medicine, general surgery and A&E), followed by a year as a GP Registrar.

In Bath, there is no prior attachment to a practice – new VTS SHOs are asked to visit a selection of practices in their first year and decide which one they want to work in as a GP Registrar. While still an SHO they then visit that practice and Trainer a few times a year, for up to one week at a time.

Returners

These are GPs who have been out of clinical general practice for 2 years or more, requiring a period of retraining. The length of time depends on their learning needs and can vary from 3 to 12 months. They have to pass some components of Summative Assessment.

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

Accelerated Scheme Doctors

These doctors are practising GPs from who are not EEA nationals. They need to obtain a PMETB certificate of completion of training. They need to pass some components of Summative Assessment. Their learning needs often involve familiarisation with the NHS and British general practice.

Military Doctors

Some trainers may take on a military doctor in order for them to gain additional general practice experience.

Remedial Registrars

Some experienced trainers may be asked to take on a GP Registrar who has had a problem in another practice or who has failed one or more components of Summative Assessment. The trainer should expect a support package from the Deanery. This may comprise extra funding or external help.

In Bath, vacancies are posted on the Departmental website.

See http://gppro.co.uk/

Successful applicants are given a limited list of practices from which to make their choice.

If approached by someone that the Deanery has appointed, you don't need to interview them formally. Show them around the practice, introduce them to staff and colleagues, find out what they want to know and check that you would be comfortable working with them. If and when you decide that you will take them on as a GP Registrar, please notify the Deanery and your local Associate Director.

Registrar Expectations vs. Practice Expectations

Experience has shown that this is a fine line to tread, and account must be taken of the different agendas of the GP Registrar and other practice members (most notably senior partners!)

Accommodation

This is often difficult for new GP Registrars to arrange if they live a long way away. Financial help is available via the PCT. Practical help from the practice is appreciated (copies of local papers, addresses of rental agencies etc.)

Local hospitals may be able to help out short term.

Domain of Practice Manager

Pay

Registrars appreciate being paid. It is important to get it right. It is worth getting a P45, last pay slip/evidence of their most recent grade in advance of arrival.
On appointment to a period of training as a GPR, the GP Trainer and GP Registrar are required to complete a PAY1 Payment Form to enable the responsible PCT to release payments (ie GP Registrar salary, GP Trainer's grant) to the training practice.

Payments cannot commence until the Deanery has received this form, fully completed and signed, together with the required documents. The Deanery will then authorize the PCT to commence payment. Set things up with the Deanery ASAP.

Put the Registrar on the payroll and BACS (if you use it).

It is the training practice's responsibility to pay the GP Registrar at the end of the first and subsequent months, even if the Deanery hasn't finalised your reimbursement!

Help with extracting GP Registrar money from the relevant section of the red book (e.g. interview expenses, moving allowances etc.) would be well received.

Indemnity etc.

Before the Registrar starts work, insist on having sight of a current MDU/MPS certificate (special rates apply).

- Ensure that this covers them for working in General Practice.
- Help the Registrar receive reimbursement for this.

It is also necessary to have sight of a current GMC certificate.

Don't let the Registrar look after patients until you have seen these documents. We've known a Registrar to string his practice along for some months before he finally admitted that he didn't have MDU/MPS cover.

Domain of Trainer & Practice Manager

Contracts

There is a model contract in the Trainers' Manual and on the CD ROM. You may modify this if necessary. It should cover study leave, holidays, bank holidays and on call. Be explicit about number of days study leave they are entitled to and what is included in that.

What happens to private income (e.g. insurance medicals done by GPRs) can be an issue. GPRs shouldn't expect to have a share of private income, and this should be addressed in the contract.

Social Work

Many GP Registrars find the year quite isolating, especially at the beginning if they have come from out of the immediate area. Usually they appreciate invitations to socialise with the Trainer, partners and practice at an early stage. Pastoral care is integral to being a Trainer.

Room/Equipment

The GPR needs to be provided with all equipment necessary for the practice as a GP. This includes a medical bag, drugs, otoscope and ophthalmoscope.

PCs, internet access and e-mail are effectively obligatory in the Registrar's room.

Responsibilities within the practice

Workload/Responsibilities

It is helpful at the beginning of the year to run through what is expected of the Registrar in terms of clinical workload and responsibility. In return, an indication of the teaching commitment that the practice is intending to provide sets an initial standard.

This should be addressed in the educational agreement. See the Deanery website for an example.

Registrars must obviously take responsibility within the practice, both for patient-related matters (visits, letters etc.) and for the more mundane. These include locking up, QOF points, IOS claims, adherence to the practice formulary and clinical and administrative protocols.

Involvement in the business side of the practice (meeting accountants, knowledge of profits etc.) and issues of confidentiality arising from these are important to define from the outset.

Consider the Registrar's responsibilities to him/herself, partners, practice, patients, and staff.

PLANNING THE YEAR

General Guide

- Tutorials: once weekly.
- Joint surgery with Trainer: weekly.
- Appraisals: minimum 3 per year.
- Regular informal assessment and feedback.
- Regular completion of Trainer's Report.
- Maintain record and log of Learning Objectives.

Year Planner

The following is a suggested year planner for a one-year Registrar, although increasing numbers of Registrars are not conforming to this simple(!) plan e.g. if they are part time. It is based on the Wessex Deanery Website. The intakes from the GPVTS are the first Wednesdays in August and February, and the DRC runs for 15 weeks from early October and April.

NB the ultimate responsibility for meeting the deadlines rests with the Registrar but (s)he will need guidance from the Trainer, especially initially.

Month 1

General	Induction fortnight incl contract, first surgeries and visits Portfolio Planning incl initial Needs Assessment incl. PEP/checklist, Establish Learning Objectives, Produce Learning Plan Apply for courses in CHS, Fam Plan, Minor Surgery, CPR Apply for sitting in Out-Patients in specialties e.g. ENT Ophthalmology GUM
Summative Assessment (SA)	Apply to Deanery to get SA number, register for MCQ and training day Start to use Trainer's Report formatively Start to think about Audit topic
MRCGP	Apply, look for course.

Month 2

General	Start videoing for DRC consultation days (Bath). Review Portfolio to prepare for 3m appraisal with Associate Director.
SA	Start Audit Data Collection.
MRCGP	

Month 3

Gen	Allocate chronic/terminal/antenatal pts. 3month appraisal in-house. 3month appraisal with Associate Director.
SA	Audit; implement changes. Start videoing consultations.
MRCGP	

Month 4

Gen	Ongoing audit and video.
SA	MCQ? Audit; 2nd data collection
MRCGP	MCQ? Decide which route for video – i.e. single route or separate SA and MRCGP

Month 5

Gen	
SA	Complete and submit Audit.
MRCGP	

Month 6

Gen	Appraisal in-house including PEP MCQ and checklist.
SA	MCQ latest.
MRCGP	MCQ latest.

Month 7

Gen	
SA	Submit Videos for SA.
MRCGP	

Month 8

Gen	Suggest suitable time to join Trainer re-approval panel.
SA	
MRCGP	

Month 9

Gen	Appraisal in-house.
SA	Latest date for audit and video submissions.
MRCGP	

Month 10

Gen	NHS GP Appraisal
SA	
MRCGP	Written Exam.

Month 11

Gen	
SA	Complete and submit Trainer's Report.
MRCGP	Oral exam.

Month 12

Gen	Final in-house appraisal. Registrar to complete and submit Registrar's assessment of Training Year (available from Deanery website). Update CV and apply for next job if not done already!
SA	Complete and submit VTR 1.
MRCGP	Bask in Glory/Reapply!.

Start Dates

Most GP Registrars start either in February or August.

In Bath, the Day Release Course terms start with residential courses near the beginning of April and October. They continue for about 15 weeks after that.

During the recess from the DRC study groups may be held for the MRCGP exam.

Checklist for the Registrar

Introductory fortnight - familiarisation

Three log diaries;	Smear audit of 10 smears
Child Health Surveillance	1 week course, ?at Urchfont
	MRCGP requirement:
	Child Health Surveillance List
Family Planning Certificate	Attendance FPC - 4 sessions
	Theory course 2 days
	Extended Cert. for IUCD (not vital, and hard to achieve)
CPR certificate	MRCGP requirement: ½ day update within 3 years

Summative Assessment Audit

Filling in clinical gaps in education

E.g. out-patients in ophthalmology, ENT, psychiatry, GU medicine, fracture clinic, dermatology, plaster room.

Minor Surgery approval and training - 2-day course and log book

Complementary practice attachment e.g. Rural for City and vice versa

Day Release Course: typically 2 fifteen week terms with two-day residential course. See http://gppro.co.uk/newgpr/index.htm for details.

Summative assessment - video - audit - Trainer's log - MCQ

MRCGP: Small group work sessions - formal course usually 2 days: MCQ, MEQ, video, oral.

Phased Evaluation Programme (MCQ, available from RCGP)

Teaching - formal tutorials - referral audit - check lists x 3 through year - random case analysis - problem case analysis - PACT data review - video consultation - analysis - aims and review ½ day per week.

On-call commitment: there is a guideline of approximately 72 hours. OOH experience should be recorded in the COGPED OOH workbook. It is the responsibility of the GP registrar to complete it.

Further information is available at http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3

Three month interview with Associate Director or Course Organisers.

Three ½ days or week spent with Trainer for GPVTS SHOs.

End-of-year questionnaire (available from deanery website).

Assessment of other practices	Formal with Associate Director in General Practice.
	Informal with own Registrar for Trainer - visit and visited.
	Try using the self- and peer-assessment tool, devised by the BABOONS group of Bath Trainers:
	http://gppro.co.uk/resource/asstool/asstool.htm
CV preparation	Job hunting - how to sell yourself.

How to assess a practice.

Unfinished business DCH, DRCOG & DGM Exam courses, if last job geriatrics, paediatrics or O&G.

THE THREE MONTH REVIEW

The Three Month Review: Information for Trainers

The purpose is to review and provide feedback on the Registrar's progress by confirming the appropriateness of his/her educational plan, based on an educational needs assessment and ensuring there are robust arrangements for meeting the training criteria.

The Trainer's Manual

This states:

"The overall aim of this interview is to focus on what progress has been achieved in the learning and education programme, but it also gives the registrar the opportunity to discuss any problems outside the practice situation."

- The review may be conducted either by the Associate Director or a Course Organiser.
- The process should be supportive and formative; any criticism should be objective and constructive.
- Rules of confidentiality should be agreed at the outset between Registrar and Assessor
- The Registrar should be aware this review is an important part of the training process and go properly prepared.

Recommendations to Assessors

An interim Trainer's Report should be an integral part of the Review.

The pastoral element of the review should be emphasised to the Registrar and should be included among the objectives of the process

Different agendas

The three parties to the review may have different agendas:

Registrar

- wants reassurance that s/he is getting a fair deal from the practice;
- to know that his/her progress is satisfactory compared to other registrars at a similar stage of training.

Trainer

- wants "proxy approval" -confirmation s/he is doing it right.

Assessor

- wants to check that everything is on track, all documentation is in order and the Registrar and Trainer have a satisfactory relationship.

Avoiding problems

Problems encountered in the past have been largely a result of inadequate preparation, so:

- brief Registrar fully
- make sure the registrar is registered for summative assessment, has been on the deanery introductory course on SA and that audit project is under way.
- ensure essential paperwork is in order:
    - signed contract of employment
    - signed educational agreement
    - educational needs assessment and learning plan. This should include some defined educational aims (general) and objectives (specifics). There should be evidence of use of several forms of educational needs assessment (eg review of CV, PEP-CD, Manchester rating scales, Structured video feedback). There then needs to be some documented review of these, and a formulated educational plan for the following 2 or 3 months (tutorials, attachments, nurse clinics etc). There needs to be a date set for review of the process.
    - Portfolio
    - Logbooks (of the most recent week's surgery and patients seen, together with brief details of their presenting problems).
- involve the Practice Manager.

Reviews performed later than three months into the training year are less useful.

The Three Month Review: Information for GP Registrars

What is it?

After 3 months in post, the Deanery arranges for an in-depth interview with every GP Registrar. This usually takes about one and a half hours, and may be undertaken by either one of the Associate Directors or Course Organisers.

Allocation is random (so you shouldn't read anything into who you get!) although usually Registrars & appraisers who work in the same practice or are in the same DRC small group are kept apart.

When is it?

In Bath, the "appraise-fest" is usually scheduled on a Wednesday early each term, usually at the Bath or Swindon PGMCs. We aim for about 3 months in to the training for those who start at the usual time (i.e. 1st February or 1st August)

What is it for?

Typically, the review addresses several important aspects of training.

1. To ensure that Registrars are engaged in a useful and well-planned educational programme in the practices and on the DRC.

2. To ensure that the quality of training and of the training practices is at the very highest level.

3. To give feedback on performance, particularly if any areas of concern have been identified at this early stage.

4. To advise on preparation for Summative Assessment and the MRCGP.

5. To give on-going advice on career and professional development.

If matters are discussed which the Registrar wishes us to keep confidential this will be observed.

The appraiser will write to the Registrar, the Trainer and DRC group leader with constructive comments following the interview.

The aim of the review is purely formative (i.e. is designed to identify issues related to training, and hence to improve the quality of GPR training in the area).

What should I bring?

The following items should be brought to the review:

1 The completed questionnaire
2 An up-to-date educational portfolio, demonstrating aims and objectives for the year, documented evidence of formative assessment, a critical review of the results of these assessments, and an educational plan (with an action summary page). There should be plans for a formal review of the educational plan in a specified period of time.
3 A log diary in which the Registrar makes a note of every patient contact for one week.
4 A list of the tutorial topics so far
5 The Registrar's plans for Summative Assessment and MRCGP
6 Copies of a signed Deanery educational contract and contract of employment.

Notes on the above items:

2 Besides listing the Registrar's main aims and objectives for the year, it would be helpful for the trainer and registrar to have considered how progress towards each is to be measured, and discussed how the educational plan might then need future modification.

4 Under tutorial topics it would be helpful to know the topic, the form the tutorial takes, who chooses the topics and the format of the tutorial.

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

VISITS AND ATTACHMENTS OUTSIDE THE TRAINING PRACTICE

These are no longer compulsory and should be regarded as optional extras with various pros and cons. Thorough preparation and identification of specific learning objectives will greatly enhance their value.

Options include:

Practice attachments and swaps

Seeing a radically different practice at close quarters can widen a Registrar's perspective and help with career choices. In reality, however, training practices do not differ very markedly and interesting and unusual practices may not be set up to accommodate visiting doctors.

Although many registrars initially express an interest in an attachment, very few actually undertake one.

Inter-practice visits

Registrar and Trainer visit another practice for half a day to exchange educational and organisational ideas. Prior discussion between Trainers should produce an agreed agenda for the visit and protected time should be arranged for the doctors being visited.

The visit should not become a "mini-reapproval"; the self- and peer-assessment tool devised by the BABOONS group of Bath Trainers is recommended:

http://gppro.co.uk/resource/asstool/asstool.htm

Joint training activities

Joint tutorials and other educational activities may be arranged between neighbouring training practices.

Out-patient clinics

Registrars may arrange OPD sessions to gain exposure to specialities not covered during their hospital careers and to fill gaps identified in their learning plan. However, the educational value of such visits is limited and knowledge of dermatology, ENT etc will probably be acquired more effectively within the practice.

OP visits are best arranged early in the year and should be taken as study leave from the practice. Study leave becomes a valuable commodity later in the year.

Whereas these kinds of activities can give valuable insights into the world outside the training practice and be invigorating when they go well and provide useful contacts for later locum work, a considerable amount of preparation time is needed and there may be significant disruption to two practices.

In the case of more distant visits and attachments, there are the issues of travel and accommodation.

SUMMATIVE ASSESSMENT

Video Requirements

TIME is the single biggest issue.
In making a videotape the Regius Society group tipped the following:

- Good sound quality - mike on the desk or wall is best.
- Accurate clock on the wall will do, but digital clock on the tape is best.
- Wall bracket worth having.
- Registrar and patient faces should be in profile.
- Intimate exams must be kept private - (simple chest exam is OK in a male).
- Lighting should concentrate on subjects; avoid computer flicker.
- Consultations no more than 15 minutes.
- Save good consultations.
- Case mix is important.
- Good organisation of whole team facilitates process, from reception onwards.
- Worth doing dummy runs to practice technical aspects.

Recommended reading

- "Watching me watching you" - free from Pfizer
- "Pass Summative Assessment & MRCGP" Lindsay et al

Audit

Do's

- Keep it simple
- Address critical events
- Keep standard setting realistic
- Make the figures add up
- See Michael Harris's on-line audit study guide : http://gppro.co.uk/contents.htm

Don'ts

- Don't do Health Promotion or Asthma!
- Don't overreach yourself
- Don't do "research"
- Don't leave it too late

Summative Assessment Website

http://www.nosa.org.uk/ has all the information that you or your GPR are likely to need.

MRCGP Tips

- Plan ahead especially exam pack, download available from http://www.rcgp.org.uk/
- Organise CHS/Resuscitation certs early
- Go on an MRCGP workshop
- Get your Registrar to join a Registrar study group.

TEACHING METHODS

Introduction:

Teaching in General Practice is ideally learner-centred as it is very much a 2-way process. This may come as a shock to many new Registrars, used to a more hierarchical, didactic style of teaching in hospital.

The following teaching methods may be planned or applied opportunistically.

Problem case analysis

This can be a problem chosen by the Registrar, or may be a problem perceived by the Trainer, unrecognised by the Registrar.

Random case analysis

Is where the Trainer chooses the Registrar's cases at random. Useful in preparation for the MRCGP MEQ and orals.

Video consultation analysis

A very useful teaching method in assessing consultation elements, attitudes and a stimulus for further clinical discussion. It has tended to become "sanitised" and more formal due to the standards required for Summative/MRCGP assessment. Remember the Trainer can be videoed too!

Joint Surgeries

Useful for at looking at Registrar's attitude and for completing the "tick list" of Registrar procedures for the Trainer's Report in Summative assessment. The downside is that the doctor/patient relationship is disturbed with an observer in the room.

- Remember to pre-warn the patient about an observer being present, via the receptionist.
- ?Observer to sit out of sight of the patient.
- Define the ground rules of the joint consultation beforehand, e.g. is the observer allowed to interrupt?
- Are cases to be discussed after each consultation or at the end of the surgery session?

Joint visits

Very useful in getting to know the Registrar. Allow plenty of time for each visit.

Critical Event Analysis

Analysis of a major event in the practice which may have gone badly.

- Often difficult to bring up but discussion can be a very useful educational tool
- May involve other members of the PHCT.

Observation

"Structured observation" can be useful - in a practice meeting Registrars may get rapidly bored. Give them a task to do e.g. observe the relationship between the senior partner and practice nurse in the meeting!

Group Teaching

Within the Practice. Day Release Course. Peer Groups e.g. MRCGP Course.

More Traditional Methods

of teaching are still useful e.g.

- Lectures
- Educational Courses
- Structural/Guided Book and Journal Reading
- MCQ (Multiple Choice Questions)
- Slides/Pictorial Quizzes - useful for Dermatology

Attitude Lists

Questions about attitude can be raised as part of several tutorials.

PEP (Phased Educational Programme, available from RCGP)

Self-evaluation via CD-ROM lasting 1 - 1½ hours at stages throughout the practice year. A more "state of the art" version of the checklists.

Objective Structured Clinical Evaluation (OSCE)

i.e. a modified essay question with a live patient! Difficult to arrange in a practice. You may be asked to help run an OSCE station on your Day Release Course.

Patient Allocation

It is important for the Registrar to have first hand experience of a wide range of clinical cases in General Practice e.g. of chronic illness, obstetric care, terminal care etc.

This can be difficult to arrange as the patient may initially feel "fobbed off". The Trainer may emphasise that they will probably get more frequent attention from the Registrar and should always introduce the patient to the Registrar.

Audit

Compulsory for Summative assessment but also a good educational tool in clearly defining and managing a problem.

The Checklist

What is available?

The Severn and Wessex Deanery CD-ROM has a comprehensive checklist on it. See also http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3

Though not comprehensive, it indicates fields in which a GP should have competence or understanding in clinical, organisational and administrative matters.

The Registrar should indicate his/her degree of confidence under the various headings in the early stages of his/her training and then discuss the document with his/her Trainer. From this discussion subjects for tutorials, the need for reading and for visits to outpatients, support services and so on, should become apparent.

At intervals of 3 or 4 months throughout the training year, the other columns can be used to assess progress.

There are 'Seen and Taught' columns which can be ticked or dated throughout the VTS or TAGPR years.

What use is it?

1) To identify the Registrar's perceived knowledge and skills base.
2) To assess the Registrar's confidence level.
3) To help formulate the educational plan.
4) As part of formative assessment.
5) To aid completion of the Trainers' report (Summative Assessment).

What is GOOD about it?

- Comprehensive, well laid out
- Easily available - all Trainers and Registrars should have one.
- Grid to compare progress with time.

What is NOT SO GOOD about it?

- Possibly over inclusive.
- Too long to do at one sitting - therefore very time consuming.

How do we use checklists/grids?

- Can be used both by Trainer and Registrar
- Complete in parts

When should we use them?

- Early in the year; three or four times during training time

How should we use them?

- Explain to the Registrar what their use is; explain that it is not a test.
- Agree ground rules on who will see it ?other partners ?other PHCT members ?Assoc Director.
- Allow adequate time to complete and adequate time to discuss.

What next?

- Go through in detail - possibly will take a few tutorials.
- Identify strengths and weaknesses; prioritise.
- Decide between you how to address each area.
- Choose the appropriate learning method (e.g. tutorial, joint consultation, private study).
- Choose the appropriate person (within or outwith the practice).
- Set a time scale; review progress
- All this should lead to the formation of an EDUCATIONAL PLAN

© DEPARTMENT OF GENERAL PRACTICE, ROYAL UNITED HOSPITAL, BATH BA1 3NG

CHALLENGES FOR REGISTRARS

Challenges	Causes	Solutions & strategies
So much to learn; so little time.	1. Syllabus 2. Hoops 3. Goal 4. Work commitment 5. Courses	Learning needs assessment – do early (GPR do SWOT analysis) Evaluation – at regular intervals Prioritise Planning (chart) Review regularly Do courses before GPR year
Documentation • Portfolio • Diary/log	Additional chore (value underestimated) Recording necessary as proof of activity	See as a learning tool Make contemporary entries Review and use – GPR and trainer should have copies – or will not be maintained Keep tutorial list
Conflicting responsibilities	Patients – competent care Practice – complete tasks Trainer – keep informed & respond to guidance Self – balance study and recreation	Good introduction and induction Liaise, discuss, review Agree timetable Learning agreement Trainer give protected time Self-motivation – why doing this?
Overwhelmed & disheartened	Deadlines over-run Short-term aims not achieved Overspill into life	Plan early Realism Evaluation Flexibility Re-programme
Overambitious aims	Unrealistic	Use summative assessment formatively
Overprotected (from training rota to locum or partner's rota)	Lack of experience Pressure of tasks Failure to see goal	Review aims Recognise achievements Prioritise activities End with full workload (Try exchange practice)
Losing sight of goal	Year dominated by assessment	Involve GPR in producing, reviewing and modifying aims Keep perspective
Training appears rigid	Registrar sees immediate needs and challenges, not the long-term view	Tutorials – plan according to need and not too far in advance
Maintaining morale & having fun	Pressure of work	Protected time for GPR and trainer

WHEN THINGS GO WRONG

Registrar Problems

Personality conflicts, with Trainer or other member of practice team

Personal problems e.g. marriage

Tardiness

Drug or alcohol misuse

The 3rd World to Developed World Registrar, may find British General Practice “trivial”

Lack of interest, factual knowledge

Dangerous and incompetent

The disorganised Registrar, not necessarily incompetent

“Hospital specialists” e.g. “failed surgeons/physicians”

May not be happy with career choice.

The rigid GP Registrar

“Experienced Registrars” - inflexible?

Registrar Solutions

Remember to present a realistic picture of the practice to a prospective Registrar: don’t oversell!

If the partnership is experiencing difficulties it might be a good time to have a fallow year.

The Associate Director and COs can be used to help assessment and management of a problem Registrar. Tell the AD early if there is a problem!

Remember to encourage registering with a GP [preferably outside training practice]

There is a fine line between the employer/employee relationship and the counselling role in times of difficulty. Do we need to be explicit about what our roles are and how much we are prepared to get involved?

Sacking the Registrar may be seen to be a last resort. How much are the Trainer and patients going to put up with before acting?

Trainer/Training Practice Problems

Demotivated Trainers

Low morale after a “bad Registrar”

Hoops and time commitments may result in lack of time to deal with spur-of-the-moment problems

Being the only Trainer in a partnership.

Partners may not understand the problems of having a difficult Registrar.

Partnership wrangles/splits

Overworking the Registrar

Lack of protected teaching time

Unsympathetic partners with unreal expectations

Trainer and Training Practice Solutions

Get Trainers’ group support

Get another partner involved

Consider asking another Trainer to be a mentor

Take a fallow years - but does this address the problem that led to taking it?

Stop training

APPENDIX - JARGON

The Learning Portfolio

This is a collection of information related to the Registrar's individual learning.

The portfolio is intended to provide some evidence that learning has taken place and provide a focus to discuss future learning plans.

As well as consisting of learning aims, a logbook and a record of appraisals, the learning portfolio should be an individual and personal collection, related to the Registrar, reflecting his/her interests and how they prefer to learn.

There is no set format for a learning portfolio. As an example the learning portfolio may consist of a box containing items produced as a result of applying your own learning. These might be posters, handbooks, videos or handmade items, but will usually be a written record of what you did.

In practice most people hold paper records, which are retained in a ring binder in date order. These can consist of notes made, reflection of what was learnt, or feedback on the course itself. This educational portfolio can be used for this purpose.

The quantity of information is not as important as the link between what you did, what you learnt and how you changed your future approach as a result of learning.

The following items may be included in your learning portfolio:

- Curriculum Vitae
- An educational log or diary of teaching attended or experience gained.
- Checklists covering specific skills and knowledge acquired during a particular post.
- A set of learning objectives for the future such as a study leave plan, a personal development plan or part of the practice professional development plan.
- A record of appraisals and their outcomes.
- Records of feedback including assessment scales and references.
- Summaries of audits, presentations or projects undertaken.

This description is taken from the Wessex CD-ROM: GP Registrar's Educational Portfolio. This is given free to all GP Registrars. See also

http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3

Assessment tools include

Formative Assessment

Using assessment as part of the teaching process, for example using an MCQ to see where a Registrar needs extra tuition or support.

Summative Assessment

See page 20. The pass/fail assessment in the last part of the Registrar year, it consists of an audit, MCQ, consultation video and Trainer's report. All parts need to be passed to enable the Registrar to practice as a GP. Downloads available from http://www.nosa.org.uk/

Rating scale/checklist

A good example is in the Wessex CD-ROM. The Registrar rates his/her confidence in a subject, then discusses this with the Trainer. From this, subjects for tutorials, the need for reading etc. become apparent. A written summary would form part of the "educational plan".

PEP (Phased Evaluation Programme)

A computerised assessment programme that is available from the RCGP; useful to do at the start of the Registrar year.

Video Analysis of Consultations

A very useful assessment method. Should be done regularly in the Registrar year. Courses for potential Trainers usually give adequate training on how to use this tool.

Pendleton's Rules

Important to use when analysing a Registrar's performance in a consultation.

What went well? Registrar first, then Trainer.

How could I have done better? Registrar first, then Trainer.

OSCE (Objective Structured Clinical Examination)

Occasionally organised by Trainers' workshops, this involves Registrars rotating around a series of clinical or non-clinical "stations" and being assessed at each one. On, for example, at a rheumatology station the Trainer will ask the same question of each Registrar and use a standardised marking schedule. Teaching on weak spots can be given there and then.

Training Trainers

Trainers' Days

Many Trainers' groups have one business meeting for Trainers per year, typically a half day. They review the last year, discuss problems and plan their own educational activities for the next year.

Typically, there are two or four Trainers' Days per year. These may be organised by small groups of Trainers.

Some large Trainers' groups also have more frequent, informal meetings for smaller groups.

Urchfont (Urchfont Protocol)

A Wessex development of Pendleton's rules that has been used to help train Trainers.

Learning Wants and Needs

A learning want - what the Registrar thinks s/he would like to learn.

A learning need - what the Trainer thinks the Registrar should learn.

Learner-centred

The theory - getting the Registrar to come up with the ideas of what they need to learn, and how they can learn it.

The cynic's comment: may mean manipulating the Registrar into thinking s/he has come up with the ideas.

Wessex Trainers' Manual

Vital. Available from the Wessex Deanery. See

http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3

Full of lists, regulations and assessment methods. It also contains a model Registrar contract.

Reapproval visits

See page 10.

Registrar jargon

Registrar (GP Registrar)

Previously called GP Trainee.

Residential course

Many DRCs have one or two residential courses per year. For example, in Bath each term starts with a two-day residential course at Urchfont Manor, near Devizes.

Trainers need to ensure that their Registrar will be able to attend.

Day Release Course (DRC)

In Bath the two 14 week terms start in mid-April and October. They take place on Wednesdays, 9.00 a.m. - 4.15 p.m. There is a mixture of general discussion, journal club, groupwork, workshops and lectures. The Swindon/Bath DRC website is at http://gppro.co.uk/newgpr/index.htm

Attendance is compulsory, barring annual leave etc., and Registrars mustn't be on call the previous night. In the Bath area, Registrars need to attend at least 70% of the DRC days over the year to be able to be "signed-up" by their Trainers.

Three-month appraisal

See page 16. The Registrar meets with the Associate Director when they have been in the practice for 3 months.

VTR1, VTR2 (Vocational Training Regulations)

VTR 1 is to be completed in the last month of the Registrar post. It is a statement of satisfactory completion. It is the Registrar's responsibility to obtain and submit it.

VTR 2 is the equivalent for hospital SHO posts.

Both are available from the Wessex Deanery website:

http://www.sevwesdeanery.nhs.uk/Default.aspx?page=3 and CD-ROM.

JCPTGP (Joint Committee for Postgraduate Training in General Practice).

This committee is responsible for Summative Assessment and for providing Certificates of Completion of Training at the end of the Registrar's three years. It the time of writing, it is about to be replaced by the Postgraduate Medical Education and Training Board (PMETB).

Section 63

Section 63 funding is available for assistance towards fees and travelling expenses for Registrars. The Wessex Deanery website has a link to a down-loadable Section 63 form.

RITA

Record of In-Training Assessment.