Health Education England

Training in General Practice

A Guide for Practice Managers

North West GP School

Introduction

This guidance provides an overview of GP Specialist Training and a resource pack for Practice Managers within an established GP Training Practice, or those embarking on becoming a GP Training Practice.

Section One provides a brief description of the national requirements in relation to GP training including the approval processes for trainer and educational environments plus GP Postgraduate Doctors in Training (PGDiT or Doctors in Training) Lead Employer information.

Section Two provides details about Health Education England and where to find local information relevant to each area within the North West region.

Section Three provides some useful resources that may be of use to both Doctors in Training, Trainers and Practice Managers.

GP Trainees should now be referred to as Postgraduate Doctors in Training (PGDiT) or GP Doctors in Training.

Please note that guidance and information changes over time, it is important therefore to also refer to the relevant webpages detailed throughout this document.

Section One

1.1 A brief overview of Medical Training in the UK

Following graduation from Medical School, newly qualified UK doctors undertake two years of the Foundation Programme (FY1 and FY2). Although this is largely undertaken in hospital posts, just over half of the doctors in training in the second year of the programme (F2) will undertake a 4-month placement in General Practice. Doctors successfully completing the Foundation Programme will be eligible to apply for Specialty Training.

Those doctors who are successful in an application for GP training will undertake a three-year training programme composed of hospital posts and posts within General Practice. These doctors are known as Postgraduate Doctors in Training (formerly known as a GP Specialty Trainee or GPST).

The General Medical Council (GMC) is the overall regulator; not only for each doctor on the medical register, but also for the delivery of all medical education in the UK, from undergraduate (medical school) through to all levels of specialty training to Completion of Certificate of Training (CCT). The GMC provides guidance and criteria for training and for trainers i.e. educational and clinical supervisors in all specialties, and hold Health Education England to account in ensuring that the educational and the quality standards for the Doctors in Training education, their educational supervisors and Doctors in Training placements are complied with.

More details can be found on the GMC webpages at:
http://www.gmc-uk.org/education/standards.asp

The Royal College of General Practitioners (RCGP) sets the Curriculum requirements for GP Specialist Training which describes the attitudes, skills and experience required to become a competent GP in the UK NHS. The curriculum describes the educational framework that forms the basis of GP Specialty training and sets the foundation for career-long development.

More detail can be found on the RCGP webpages at: https://www.rcgp.org.uk/

The expansion of GP training capacity is a key national directive in addition to creating greater opportunities for Doctor in Training to experience more time in general practice throughout their training programme.

Nationally, all training programmes for Doctors in Training are moving away from the historical 18-month acute experience and 18-month General Practice experience to an aspirational 12 month acute and 24-month General Practice experience. This will see Doctors in Training spending more time in General Practice, but also in what are called Integrated Training Posts (ITPs) for at least 6 months of their training.

An example of a typical aspirational 3-year GP training programme is as follows:

- Year 1 - Hospital posts e.g. Medicine, A&E, Pead's, O&G
- Year 2 - 6 months in GP and 6 months in a GP Plus posts.
- Year 3 - 12 months in GP

Integrated Training Posts are intended to provide not only more time in general practice but also for Doctors in Training to spend time in new types of training placements like community frailty services, sexual health services or community psychiatric services.

A typical ITP placement would see the Doctor in Training spending half of their working week in GP and the other half in the community service. In practice this means that each ITP post will have 2 Doctors in Training rotating round each other for this 6-month placement.

1.2 Educational Supervisors

Every Doctor in Training must have a named Educational Supervisor (ES). The ES is a qualified GP in practice who is a trained and approved educator and is the main support for the Doctor in Training throughout the whole of their 3-year period of training. The ES undertakes formal periodic reviews of the Doctor in Training and assesses their competence to practice. Doctors in Training are placed in the practice of their named ES in their final year of training.

In every placement, each Doctor in Training must also have a Clinical Supervisor (CS) who will normally be a medical doctor but must be a trained and approved educator. A CS is the main support for a Doctor in Training for the duration of that particular placement i.e. either 4 or 6 months.

Details of the GP educational journey, courses and application forms for prospective GP Trainers can be found on the HEE website https://www.nwpgmd.nhs.uk/3-step-gp-trainer-journey but in summary approved educators fall into the following categories:

- **Foundation Supervisor:** can provide supervision to Foundation Doctors in Training.

- **Clinical Supervisor (CS) –** This is the GP trainer or hospital consultant who oversees a single post. They are responsible for the day-to-day experience and the assessments (though other senior clinicians may perform individual assessments). The Doctor in Training should have a formal meeting with their clinical supervisor at the start of their post, at the midpoint and at the end. At the final meeting, the Clinical Supervisors Report (CSR) should be completed.

- **Educational Supervisor (ES)** – This will normally be the Doctors in Training GP trainer who will meet them at regular intervals throughout the 3-year programme to advise and support their training. The Doctor in Training will need a formal Educational Supervisors Review (ESR) every 6 months of training where their progress towards CCT will be assessed using evidence in their Portfolio.

- **Training Programme Director (TPD)** – This is a GP who organises the tracks and placements and the structured teaching programme. The TPD should be the first point of contact for any queries about their overall programme.

- **Primary Care Medical Educator (PCME)** – This is a GP who will be involved in delivering the structured teaching programme. They may also undertake some duties delegated by the TPD.

The environment where the Doctors in Training are placed must also be approved as an Educational Environment in accordance with the GMC (see section 1.4).

As the workforce expands, GPs, Nurses and Allied Health Professionals working in Primary Care will need to supervise our wider workforce. If you would like to find out further information, including who can supervise which learner please contact your local Training Hub (see section 2.4). The Training Hubs offer a Wider Workforce Clinical Supervisor course over 2 days, for generic supervision skills. This can form a foundation level entry into the GP Trainer journey outlined above.

1.3 Remuneration

Practices hosting a Doctor in Training will receive the GP Trainer Grant via their regional NHSE Team through their PCSE Statement. This should be paid monthly, 1 month in arrears. The current monthly rate is £736.33 (September 2022).

Educational Supervisors are paid for some educational supervision duties when the Doctor in Training is not in the practice with them, for example, Educational Supervisor Reports.

The practice where the ES is based will receive a payment of £200 per ES Report via the NHSE Regional Team through their PCSE Statement. Please note that for an ST3, this is included in the monthly GP Trainer Grant.

Educational Supervisors also receive an annual payment of £750 for their Continuing Professional Development (CPD).

Please note that the trainer payments are the same for supporting ITP posts and Less Than Full Time (LTFT) Doctors in Training.

Further details regarding GP Supervisor Payments can be found here: https://nwpgmd.nhs.uk/gp-trainer-payments-0

1.4 Trainer/Educational Supervisor and Organisation Approval

Accreditation/approval of GP Supervisors (all types) and learning environments is currently undertaken by the GP School team. However, the approval of learning environments is due to move over to Training Hubs (see Section 2.4).

The process for approval is also changing to take into consideration the larger primary care footprints such as Primary Care Networks (PCNs) and Federations, and the flexibility this affords to increase training capacity within primary care. This is currently a work in progress. In addition, a risk-based approach will be adopted by using quality data such as CQC registration, Doctors in Training feedback or local intelligence from Associate Deans and other healthcare professionals involved in educational governance. Plans are taking shape to ensure where possible, that a single approval process is used for multi-professional groups, for example a Doctor in Training, nurses, pharmacists, First Contact Practitioners etc. The NW Practice Education Group (NWPEG) are involved in this process and are supportive of it.

Learning environment approval is encouraged to be at scale, for example, Primary Care Networks can now apply, and should incorporate applications to host learners within the wider

workforce, for example undergraduate nurses, apprenticeships, First Contact Practitioners etc, rather than just GP Doctors in Training.

Practice Managers can play a crucial role; not only in the completion of the relevant application forms by providing practice specific data and reference to policies, but also in the accreditation and re-accreditation processes.

Most of the policies required are standard ones which are required for good governance and for CQC registration such as the process for staff induction, H&S, the management of complaints or serious incidents. In addition, some other policies will be needed that relate specifically to the support of a Doctor in Training such as an absence cover plan e.g. a rota plan that indicates who will be supporting/supervising the Doctor in Training on any given day when the Trainer may not be available, video recording and consent protocols etc.

It is important to consider how the Doctor in Training will be inducted into the practice and what their work programme looks like, paying particular attention to the Junior Doctor Contract. Doctors in Training specific policies, protocols and work plans can be found on the Lead Employer website. Links are provided in Section 3.

1.5 GP Doctor in Training Employment Status

All GP Doctors in Training are employed by a Lead Employer.

St Helens and Knowsley Teaching Hospitals NHS Trust

St Helen and Knowsley NHSFT is the employing organisation for all NW Doctors in Training and works in partnership with HEE and the host organisation i.e. wherever the Doctor in Training is placed. St Helen and Knowsley NHSFT is therefore responsible for the Doctors in Training employment. Their contact details are:

Lead Employer Helpdesk:	Lead.employer@sthk.nhs.uk	Tel: 0151 478 7777
Website: https://leademployer.sthk.nhs.uk/		

For all employment-related queries please contact the Lead Employer Helpdesk Team using the contact details above. Such queries include:

- The Doctor in Training's conduct, health or capability
- The disclosure of a health condition
- A colleague-in-training raising concerns about a colleague employed by their host organisation
- Matters regarding education and training
- Safeguarding matters
- General Medical Council Fitness to Practice Investigations
- Serious untoward incidents (SUI) and Never Events
- Concerns raised by patients in relation to care received by a Lead Employer colleague-in-training
- Doctors in Training's involved in Police matters
- General issues such as Doctors in Training salaries, contractual terms, rotations, recruitment, maternity/paternity/adoption leave, relocation, mileage claims, annual leave, sickness absence, wellbeing etc. all come under the Lead Employer.

In all of the above circumstances, it is vital to notify the Lead Employer at the earliest opportunity to enable prompt resolution of any concerns raised and appropriate support is offered to the colleague. Further information can be found here: https://leademployer.sthk.nhs.uk/handling-concerns

1.6 Attendance Management and Absence

We recognise the importance of effective attendance management, which can have a significant impact upon training progression, the wider team and ultimately patient care.

In matters of absence and returning to work, the Lead Employer offers a number of resources, support and guidance to facilitate best practice at all times for the Practices and Trusts. Further information can be found here: https://leademployer.sthk.nhs.uk/attendance-management--absence

The Lead Employer is committed to supporting a culture of 100% attendance amongst our colleagues-in-training and taking proactive steps to support colleagues to remain in work where possible. The Lead Employer will ensure that Practice/Trusts are supported to achieve this, where possible, among their Lead Employer workforce.

1.7 Host Organisations

Wherever a Doctor in Training is placed it is referred to as a 'Host Organisation' i.e. Acute Trust, GP Practice or Community Provider. All these environments must be approved by HEE and will be placed on the GMC approved training site list.

The role of the Host Organisation is to:

- Provide a high-quality training placement.
- Provide local induction for the Doctors in Training.
- Produce a work programme that is conducive to the Junior Doctors Contract.
- Provide access and awareness to the host organisations policies and procedures.
- Provide 'day to day' supervision in line with Lead Employer Policies e.g. reporting to lead employer of absences, expense claims etc.

Practices must be aware of and comply with the Doctors in Training Contract which can be found at https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/doctors-and-dentists-in-training

In all circumstance it is vital that the Host Organisation communicates with the Lead Employer Doctors in Training employment matters.

Section 2

Health Education England (HEE) is responsible for the co-ordination, quality assurance, delivery, and funding of postgraduate medical and dental education in England.

More information about HEE can be found at https://www.hee.nhs.uk/ and https://nwpgmd.nhs.uk/general-practice-education-north-western-deanery

2.1 North West Training Area

We cover a total of 22 Specialty Training Programmes across the North West, with a total of around 900 GP trainers in over 450 training practices and over 2000 Doctors in GP Training. We are one of the largest GP Schools in the UK. We work across 3 Integrated Care Systems (ICS) – Greater Manchester, Cheshire and Merseyside, and Lancashire & South Cumbria:

2.2 North West GP School Structure

In terms of the leadership and management structure for GP education for the North West Region, we have a Post Graduate Dean who is also the Responsible Officer for the revalidation of Doctors in Training. We also have a Primary Care Dean, and a Head of GP School.

Supporting the Primary Care Dean and Head of School are Associate Deans and administration support staff. Associate Deans provide leadership and support to the GP Training Schemes, Training Programme Directors, Trainers and Doctors in Training in addition to leading on strategic HEE workforce, quality and educational workstreams.

The administrative support team are responsible for delivering high quality training for general practice training, supporting the education and continuous professional development of our GP educators. The GP School offices are based in Manchester and Liverpool.

Contact details for all staff can be found here: https://www.nwpgmd.nhs.uk/general-practice/contacts

2.3 GP Training Programme Directors (TPD)

Training Programme Directors run the local GP Training Schemes. Their role is to co-ordinate the formal teaching of Doctors in Training in order to meet the RCGP curriculum requirements, provide pastoral support to Doctors in Training and support for exam preparation. They also play a role in quality assurance of training placements and are responsible for the placement of Doctors in Training making sure they meet the required time within both the acute and primary care settings.

TPDs also the main point of contact for Clinical and Educational Supervisors and hold regular meetings with primary care educators (local Trainers workshops/meetings) and with secondary care educators (Faculty Board Meetings) to ensure the programme is continually evolving and improving.

The details of your local TPDs and Scheme Administrators can be found on the HEE NW webpages: https://nwpgmd.nhs.uk/general-practice/contacts#_Training_Programme_Directors

2.4 Training Hubs

Training Hubs are based within each Integrated Care System footprint and are the community arm of HEE. They are responsible for workforce development, increasing placement capacity, supporting and developing educational programmes and improving retention.

Training Hubs are in the process of becoming responsible for the assessment and approval process for Host Organisations. As yet there is no confirmed date for this.

More information is available on the relevant Training Hub Webpages as follows:

- **Greater Manchester:** https://www.gmthub.co.uk/
- **Cheshire & Merseyside:** https://www.cmthub.co.uk/
- **Lancashire & South Cumbria:** https://www.lscthub.co.uk/

Section 3

3.1 Doctors in Training Placement with General Practice

As with any new member of the team, it is important that the Doctor in Training feels welcome and is inducted into the practice. In addition to the Educational or Clinical Supervisor, the Practice Manager plays a crucial role in the induction and on-going support and education of the Doctor in Training in all non-clinical aspects of general practice.

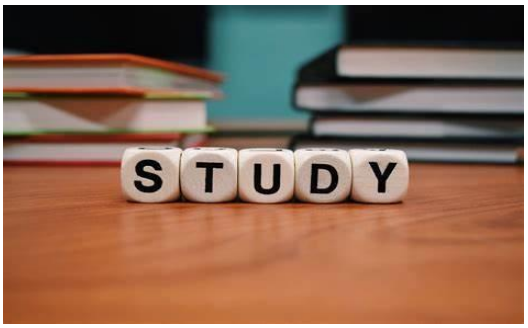
Your local TPD scheme administrator will provide you with details for your allocated Doctor in Training in advance of their start date which enables you to contact the doctor to provide any pre-starter practical information about the practice.

All Doctors in Training are to be regarded as supernumerary whilst working in primary care. This is interpreted as meaning that the service would not collapse in their absence. You cannot refuse requests for AL which are reasonable i.e. follow your staff policy for booking leave. "Please can I take leave in 8 weeks" should not be declined; if they ask on a Friday, can I take 2 weeks from Monday, that should be turned down as an unreasonable request.

Policy templates and documents should be readily available to your allocated Doctor in Training and could form part of the practice 'Welcome Pack' These can be found on the Lead Employer website: https://leademployer.sthk.nhs.uk/policies-and-forms

A sample Educational Agreement can be found on our website:
https://nwpgmd.nhs.uk/practice-managers-handbook

3.2 Doctors in Training Study Leave Allowance



Doctors in Training have an annual study leave entitlement of 30 days. Study leave needs to be used to allow attendance at the structured education programme, this is approximately 15 days depending on your programme. Please check with your TPD for details.

If the structured teaching is not taking place, the Doctor in Training is still contractually entitled to the time for education; they are not expected to work normally in the surgery instead. Their CS / ES can however ask the DiT to come into work to undertake specific educational activities e.g. do their QIP or prescribing review.

If the ES attends a locality trainer group meeting and is absent from the surgery in order to do this, the DIT is expected to work in the practice to provide some backfill, their education time will need to be replaced at a mutually convenient time.

Funding
Doctors in Training in the North West may apply for study leave activity and any costs for courses that are mandated by the curriculum or those that are not, referred to as 'aspirational'. The eligibility criteria and process must be adhered to for applications to be approved. Depending on the type and cost of their request, the application process may vary.

More information, and Study Leave application forms can be found here:
https://www.nwpgmd.nhs.uk/gpst-study-leave

3.3 Leave for additional training

SOX
This is the exam support that trainees receive often when they have been unsuccessful in an exam sitting. This may necessitate the trainee attending additional educational sessions. The ES may also be invited to attend some meetings which can take place instead of that week's tutorial. We appreciate your flexibility in support the trainees with this intervention.

WPBA
All trainees are required to complete Workplace Based Assessments. These include the following:

- Colleague (multi - source) feedback - it is important that colleagues are honest but supportive when giving this feedback.
- Patient satisfaction questionnaires.
- Clinical examination and procedural skills (CEPS)
- Leadership activity
- Quality improvement activities and projects.

They also have certain capabilities to evidence during their placement. It is really important that they are involved in as much of the practice organisation and meeting structures to maximise their opportunities for learning.

Leave for exams

A Doctor in Training may take up to 3 days study leave prior to sitting the AKT. The day of the AKT and Consultation Assessment exams are also to be taken as study leave which needs to be applied for in the usual way. The DiT just goes to the exam and is not expected in work either before or after the exam

3.3 Change in Circumstances

Doctors in Training who are considering any of the below should first discuss their plans with their Training Programme Director.

Please click https://nwpgmd.nhs.uk/policies-guidance for information for our specific policies and guidance regarding the following:

- Less Than Full Time Training (LTFT)
- Out of Programme
- Supported Return to Training
- Inter-Deanery Transfers (IDTs)
- Dyslexia Screening

3.4 Supported Return to Training (SuppoRTT)

SuppoRTT is a national programme designed to improve the experience for all postgraduate doctors and dentists who have been out of training for 3 months or more.

Many postgraduate doctors and dentists in training take time out of training for a number of reasons which can often vary in duration. This can include parental leave, OOPs, career break, carer's leave and sickness.

HEE understands that regardless of the reason, returning back into training can be a challenging and stressful time for a postgraduate doctor or dentist. However, they are not on their own; Health Education England, the GP School and the Training Programme Directors are here to support and guide the Doctor in Training through this process.

Doctors in Training are encouraged to apply for the SuppoRTT programme before they take time out of training and more information can be found on our website:
https://www.nwpgmd.nhs.uk/supported-return-to-training

3.5 Doctors in Training in Difficulty

Despite training being rewarding, there are occasions where a Doctor in Training may need some extra support to help them through a difficult situation.

HEE NW's Professional Support and Well-being service recognises that training to become a GP takes considerable time, determination, effort, and skill. During this time Doctors in Training will inevitably undergo periods where they need additional support. This may be due to encountering adverse clinical events, experiencing a variety of wider life events or struggling with concerns relating to training and / or career progression.

It is recognised that there are times when Doctors in Training would benefit from increased and specialist support, beyond which the clinical and educational supervisor can provide. The Professional Support and Well-being service can provide this support for both the Doctor in Training and their educators.

For any Doctors in Training requiring additional support, please contact your Training Programme Director in the first instance for a discussion.

For further information on the support available and how to refer, please click here:

- https://www.hee.nhs.uk/coronavirus-covid-19/wellbeing
- https://www.hee.nhs.uk/our-work/supporting-your-mental-health-wellbeing

COMMON ACRONYMS

AKT	Applied Knowledge Test. This will be a machine marked test of knowledge as one of the 3 integrated and triangulated components of the MRCGP [RCGP]
ARCP	Annual Review of Competency Progression
BMA	British Medical Association
CBD	Case Based Discussion
CCT	Certificate of Completion of Training
CPD	Continuing Professional Development
CEGPR	Certificate of Eligibility for the GP Register
CS	Clinical Supervisor
CSA	Clinical Skills Assessment. One of the 3 integrated and triangulated components of the MRCGP
CBD	Case Based Discussion
COT	Consultation Observation Tool: as part of the WPBA will largely be based on MRCGP video performance criteria
DiT	Doctor in Training
DOPS	Direct Observation of Procedural Skills
DPGPE	Dean of Postgraduate General Practice Education
DRS	Doctors Retainer Scheme
FPG PR1	Finance Payment GPR form (for Doctor in Training employed by the practice)
FTSTA	Fixed Term Specialty Training Appointment [MMC]
FY1	Foundation Year 1
FY2	Foundation Year 2
GMC	General Medical Council
GP	General Practice/General Practitioner
GP+	GP+ post. Doctor in Training spend time in new types of training placements like community frailty services, sexual health services or community psychiatric services
GPC	General Practice Committee
GPST	General Practice Specialty Trainee, now called Postgraduate Doctor in Training
GPST R	General Practice Specialty Training Registrar, now called Postgraduate Doctor in Training

GPT	General Practice Tutor
HEI	Higher Education Institutes
HEE NW	Health Education England across North West England
ILT	Institute of Learning & Teaching
ITP	Integrated Training Post – now known as GP+ post
LAB	Local Academic Board
LFG	Local Faculty Group
LTFT	Less than Full Time
LLA	Lifelong Learning Adviser
LMC	Local Medical Committee
Mini-CEX	Clinical Evaluation Exercise
MCQ	Multiple Choice Question papers
MSF	Multisource Feedback
MRCGP	Membership of Royal College of General Practitioners
NHS	National Health Service
PAD	Patch Associate Dean
PDP	Personal Development Plan
PD	Programme Director (GP) (formerly known as VTS Course Organiser)
PGDiT	Postgraduate Doctor in Training
PSQ	Patient Satisfaction Questionnaire
NRO	National GP Recruitment Office
RCA	Recorded Consultation Assessment. One of the 3 integrated and triangulated components of the MRCGP
RCGP	Royal College of General Practitioners
RTG	Run Through Grade
SAC	Selection Assessment Centre (Recruitment of GP Doctor in Training)
SEAT	Single Employer Acute Trust
SEGPR1	Placement confirmation form (for Doctor in Training employed by the SEAT)
TPD	Training Programme Director (GP) (formerly known as VTS Course Organiser)

TSC	Trainer Selection Committee
WTE	Whole Time Equivalent
WPBA	Workplace Based Assessment. The evaluation of a doctor's progress over time in their performance in those areas of professional practice best tested in the workplace