Kent Surrey and Sussex Postgraduate Deanery for Medical and Dental Education

Medway GP Vocational Training Scheme

A Guide for Postgraduate Doctors and Staff in Medway NHS Foundation Trust

August 2015 - This Handbook is mapped to the KSS Deanery’s Graduate Education and Assessment Regulations (GEAR)
Please Note: Every effort has been taken to ensure all the contact telephone numbers / email addresses and website addresses are accurate and up to date within this handbook – if however you experience difficulty please contact the PGMEC staff or PD’s.

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1. Introduction

Welcome to the Kent, Surrey and Sussex (KSS) Postgraduate Deanery.

Welcome to the Medway Postgraduate Centre in Medway NHS Foundation Trust. This Faculty Handbook is written for you as a Postgraduate Doctor and all who will be working with you during your time here at Medway NHS Foundation Trust. Its purpose is to give you information about how your programme works, and who the key people are who will be working with you. This handbook contains generic information, but is specifically written to support those of you who are on the Medway GP VTS. It should be read in conjunction with your curriculum found at www.rcgp-curriculum.org.uk and your specialty Handbook which can be found at www.gpkss.ac.uk. This Handbook also includes a profile of the Medway GP VTS. (See Below).

This handbook is updated annually based on feedback to the Faculty Group from you as a Postgraduate Doctor and from your Supervisors.

2. Location

During your time with us you will be based at Medway Maritime Hospital for posts in ENT, Adult/Elderly Medicine, Paediatrics, Emergency Medicine and Obstetrics and Gynaecology and the Wisdom Hospice for Palliative Medicine. Psychiatry placements may be undertaken in Medway, Maidstone, Tunbridge Wells, or Dartford and are part of the Kent and Medway Partnership Trust (KMPT).

The Medway Postgraduate Centre is a separate building, across the green, opposite the entrance to the main hospital Emergency Medicine Department.

3. Brief Profile of the Medway GP VTS Department

There are 3 GP Programme Directors (PD’s) and upwards of 18 GP Trainers, (each GP VTS registrar is allocated an Educational Supervisor who will be your “ES” for the whole 3 years). The PD’s and trainers meet every other month to discuss curriculum updates, teaching programme and many other current issues. The Department is support at Trust level by the Medical Education Department.

4. Key People

There are several key people who will support you during your time with us:

Postgraduate Centre:
Medical Education Manager: Carol Atkins, Tele: 01634 825295
Email: carol.atkins@medway.nhs.uk

Postgraduate Centre:
Medical Education Advisor - GP: Stella Caswell Tele: 01634 825297
Email: stella.caswell@medway.nhs.uk

Programme Director:
Dr Tariq Hussain – email tarighussainmd@hotmail.com

Programme Director:
Dr Satvinder Lall – email Satvinder@doctors.org.uk
Programme Director:
Mr Peter Milburn – email peter.milburn@canterbury.ac.uk

A full list of people directly involved in your programme, eg. Educational Supervisors, KSS staff, Library staff is given in Appendix A.

5. Local Programme Administrative Arrangements

The administrative hub of the department is based within the Postgraduate Centre.

Two of the three Programme Directors are based in GP surgeries and the 3rd is based at Canterbury Christ Church University at Medway, they will oversee the education of all GP trainee doctors in all their training envelopes The Director of Medical Education and the Medical Education Manager play and organisational and supporting role throughout the programme. Medical Staffing is also based in the Postgraduate centre for any contractual queries.

The national arrangements for the management of your programme are contained in your e-portfolio: http://www.rcgp-curriculum.org.uk/eportfolio.aspx

If you experience any local administration issues your first point of contact is the postgraduate centre.

6. The GP Programme Curriculum

(GEAR: S 1.2/S 1.4/S 1.5)

The curriculum for your GP training scheme can be found at http://www.rcgp-curriculum.org.uk/eportfolio.aspx and a hard copy is also held in the Postgraduate Centre or Library. The local GP faculty are responsible for ensuring that the GP programme is such that it will enable you to meet specific competences required in any given year by your GP curriculum. The local programme is thus mapped to the GP national curriculum – this is outlined in a specialty specific handbook which is used to support your training programme/curriculum and is available as a hard copy or electronic copy from your local administrator.

The curriculum also includes opportunities for you to work with other healthcare professionals such as specialist nurses, pharmacists, radiographers, community psychiatric staff, general practitioners and practice-based staff, as well as many others.

Training programmes are compliant with current employment law, equality and rights legislation and in line with “good medical practice”.

6.1 The Aims and Objectives of the GP Curriculum

(GEAR 1.4)

The purpose of the GP curriculum is:

- to train and educate the GP to a standard whereby they achieve CCT (Certificate of Completion of Training)
- to consolidate the six domains of core competences as outlined in the curriculum
- to prepare the doctor for a professional life of development and change

The curriculum statements define the essential knowledge and skills needed to work as an independent GP. It is an evolving document and should be used throughout training to
guide your learning. Each statement covers a clinical area, e.g. the General Practice consultation, metabolic problems, care of acutely ill people and relates to six domains of core competence (primary care management, person-centred care, specific problem-solving skills, a comprehensive approach, community orientation and a holistic approach and three essential application features: contextual, attitudinal and scientific.

There are several big questions about the curriculum:

1. What is important?
2. What should be taught and learned where?
3. Who is responsible for what?

6.2 What is important

Probably all 600 pages of the curriculum are important. It tells you in detail what you need to know, and what skills you need to acquire, the importance of balance between evidence based medicine (EBM) and value based medicine, and the importance of personal attitudes. It tells you about courses and websites, and suggests opportunities for learning.

However, 600 pages is a lot to sit down and read. It is so detailed it is easy to lose direction and get lost in the details. For this reason, the answer to “What is important” is:

6 Domains And 3 Essential Features

These domains and essential features are:

6 domains of core competencies

1. Primary Care Management
2. Person-centred care
3. Specific problem solving skills
4. A comprehensive approach
5. Community orientation
6. A holistic approach

6.3 Essential features

1. Contextual (personal, family, community and culture)
2. Attitudinal (professional capabilities, values and ethics)
3. Scientific (research based, continuing learning, quality)

6.4 How you complete the GP Curriculum

The GP Curriculum is competency based and leads to you achieving the MRCGP, obtaining our CCT, (Completion Certification Training), by way of workplace based assessments, clinical skills assessments and applied knowledge test, all of which are logged on an e-portfolio. This e-portfolio is reviewed and monitored by the programme leads, administrators and the Deanery at various points through the training year – all of whom will give you regular feedback about your progress. It is your responsibility to ensure the relevant review meetings are arranged at the appropriate times and recorded on your e-portfolio.
6.5 The e-portfolio (GEAR S1.17)

When you begin specialty training and register with the RCGP you will be given access to your own e-portfolio.

NEVER UNDERESTIMATE THE IMPORTANCE OF THE E-PORTFOLIO, the e-portfolio is an essential, mandatory requirement and a key aspect of your learning within the programme. It is your responsibility to maintain an e-portfolio. Its purpose is to provide an audit of your progress and learning and to facilitate the ARCP process. Further information on how to manage and complete the e-portfolio can be found on your RCGP website www.rcgp-curriculum.org.uk/eportfolio.aspx

You should never be in any doubt about your progress and what you can do to improve this.

6.6 Personal Portfolio:

All doctors, including ST1 and ST2, must respect and uphold the principles set down in the GMC document “Good Medical Practice”, the cornerstone of the standards required to be a good doctor. Good Medical Practice is the basis of Appraisal and for Revalidation. The key areas within “Good Medical Practice” are:

- Good clinical care
- Developing Good Medical Practice
- Teaching and training
- Maintaining trust
- Working with colleagues
- Probity and honesty
- Health

It is important therefore, to keep a record of training and progress in all these areas. Data must be collected together and maintained in a Personal Portfolio, Logbook or Training Record. The new e-portfolio can be used for this and is the best tool to use. All doctors are now required to have such a portfolio to facilitate annual appraisal and assessment. Doctors in training must provide the evidence from appraisals and assessments by their trainers and supervisors. The provision of such evidence is a requirement of the GMC for Revalidation, a legal requirement if a doctor is to remain on the Register. This information and ‘evidence’ should be collated in the e-portfolio and an account and password is available through the Deanery (www.kssdeanery.ac.uk). It usually takes 48hrs for you to be issued with this after application.

The purpose of the e-Portfolio is to bring together within one folder the details of the range of experience, learning, education and training and assessment, together with the documentation relating to appraisal and subsequent Personal Development Plan (PDPs). The e-portfolio will be invaluable throughout all of these processes. Supervising Consultants/Educational Supervisors will require sight of a Portfolio from each trainee when planning training and when carrying out the assessments. A Personal Development Plan will then be generated for the trainee to further their knowledge and skills.

Although the above requirements are now mandatory, perhaps the most important use of a Portfolio is personal. The e-Portfolio should assist each trainee to plan training and ultimately his/her career. Learning to use a Portfolio-based approach to continuing education will be of lasting benefit throughout the entirety of a medical career. A Portfolio should become an invaluable companion in Continuing Professional Development. The Portfolio and its upkeep is a personal responsibility; however, help will be available from Educational Supervisors and those involved in appraisal and assessment. Begin entering data into the portfolio immediately; use it not just as a record of education, training, assessment, appraisal and achievement, but also to assist reflection on personal progress and personal development.
6.7 The GP Programme Structure
(GEAR: 2 1.4/S 2.3)

This 3 year programme consists of approximately 20 trainees at each grade (ST1, ST2 and ST3). ST1 and ST2 years are spent in hospital or hospital/gp posts - each of 4 months duration and ST3 year is spend within a local GP practice.

The programme is structured to comply with the Generic current standards for training of the Postgraduate Medical and Education Training Board (PMETB) and the Gold Guide 2013.

Below, this Faculty Handbook gives you details of how the national curriculum is organised here at Medway NHS Foundation Trust:

The training year is normally beginning of August to the end of July. You will meet with your Educational Supervisor within the first 4 weeks of commencement and from this meeting your educational needs will be noted as a Personal Development Plan, ("PDP"). Your progress is monitored on a regular basis through your e-portfolio and the LFG meetings.

Remember to have a final meeting with your consultant supervisor before the end of a 4 month hospital placement so you can meet the new consultant supervisor early in the next post with all relevant documentation complete. This will enable you to gain the maximum educational opportunities from the placement.

Annual Review of Completion Progress (ARCP) usually begins around the 10th month of the training year which is normally beginning August to end of July. The KSS Deanery will inform your directly if your are required to attend the panel – their decision is largely a result of the e-portfolio review and whether this has been completed and kept up to date as outlined in the guidelines.

6.8 How will you learn in this programme?

We adopt a variety of learning approaches which include: web-based, CDs, ward based clinical teaching, exposure to outpatients and theatres at the appropriate identified level, group learning, private study, courses, reflective practice, audit projects, regular teaching specific to year and specialty, but also multi-specialty if appropriate. Above all this is a ‘trainee centred’ approach to learning with you at the centre of the learning cycle taking responsibility for identifying your own learning needs and sourcing the opportunities to meet those needs. If you feel you are not covering the relevant parts of the curriculum, say so.

The GP Programme is based on the theory that trainees learn best when they:

- reflect upon their own experiences, facilitating further enquiry
- identify what they have learned and what they need to learn
- are involved in planning their own education and training
- reflect on the effectiveness of their learning and the nature of the learning experience
- use reflective writing to help consolidate major learning experiences

A weekly structured teaching programme is organised which will take place on a Wednesday in the postgraduate centre at Medway Hospital or at Canterbury Christ Church University in Medway, trainees are advised to visit www.medwayvts.com where there is an up to date version of the programme. “ITP tutorials” take place on a Wednesday morning and follow a programme organised by the GP Trainers. In ST3 year attendance at teaching should average 70% or above.
6.9 Curriculum Development

Postgraduate Doctors are entitled to a voice in the implementation of national curricula and can actively contribute to its development at local and national levels through the LFG/LAB structure and Specialty Schools.

6.10 Feedback
(GEAR S1.10; S1.11)

This is a crucial aspect of your programme. You can expect to receive detailed feedback on your progress from your Educational Supervisor and from your Clinical Supervisor. This will happen during ongoing review meetings with your Educational Supervisor. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage. If you encounter any problems you should address these with your Educational Supervisor in the first instance.

6.11 How you are assessed
(GEAR S 1.6; 18)

This programme is competency based and trainee-led. The assessment tools are outlined in e-portfolio guidance notes. The assessments are recorded online in your e-portfolio. It is your responsibility to undertake the assessment process in accordance with your Specialty curriculum guidance.

Educational Supervisors will check your e-portfolio for progress and difficulties will be referred to the Local Faculty Group. Only approved assessors can undertake assessments. A list is available from Medical Education.

- Assessment components of the MRCGP

1. AKT (applied knowledge test) - external assessment by
2. CSA (clinical skills assessment) - the RCGP
3. WPBA (workplace-based assessment) - in-house assessment by the Deanery and trainer

Competencies for the MRCGP are assessed in all its components. The WPBA component applies to all the years of training i.e.) ST1, ST2 and ST3. It is recommended that the AKT and CSA components be attempted in ST3. It is anticipated that a doctor early in training (ST1) will not have reached the ‘competent stage’. It is anticipated that competencies will improve as training progresses from the ST1 to the ST3 stage. Continual assessment will help build a richer picture of performance and progression throughout the training envelope.

The WPBA (workplace-based assessment)

This involves a number of assessments.

i. Case based discussion (CBD)
ii. Consultation observation tool (COT / CETS in general practice training, mini CEX in hospital training)
iii. CEPS - Clinical Evaluation of Procedural Skills (FORMALLY dops)
iv. Multi source feedback (MSF)
v. Patient satisfaction questionnaire (PSQ)
**Some important facts need to be remembered:**

- the WPBA takes place over the whole training envelope i.e.) ST1, ST2 and ST3.

- in keeping with PMETB guidelines, feedback about performance is provided in all components of MRCGP.

- preparation and learning is to be supported by the **e-portfolio**.

- regular review, as well as a final decision on the summation of all evidence, will be conducted through a Deanery Panel.

- not all competencies can be assessed in any one assessment

- it is anticipated that grade descriptions would improve with time through the training envelope from ST1 to ST3

A few doctors at the end of training may ‘need further development’. Likewise, a few doctors may be ‘excellent’. Most will be ‘competent’.

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**6.12 What Meetings should you know about regarding assessment?**

ARCP’s will be completed towards the end of the training year – a satisfactory outcome is required to progress to the next level of training.

**6.13 What is the appeals process?**

(GEAR S2.14)

All trainees are discussed 4-monthly at the Local Faculty Group meetings and any identified problems would be channelled through the Head of the GP School and an appeals process would be managed following the Gold Guide (sections 7.118 – 7.152) for Specialty Training.

**6.14 What if you need help?**

(GEAR S 2.4; 2.11; 2.12; 2.13)

Some trainees may find the early years of GP training difficult and if you feel things are not going well you much seek help, not only for you, but for the safety of your patients. Your Clinical and Educational Supervisors are usually able to advise you if you need help, or direct you to the appropriate personnel.

The Medical Education Department operates an ‘Open Door’ approach and here you can find information about local Trust policies, e.g. Grievance, Bullying and Harassment and Equal Opportunities, also online on the Medway Maritime Hospital Intranet, under **Policies and Procedures**. There is a zero tolerance to bullying, therefore if you feel your are being undermined please discuss this with someone you feel comfortable with.

KSS Deanery also offers support for trainees in difficulty (TiD). Details of the KSS Deanery Trainees in Difficulty Guide can be found on the KSS Deanery website, **www.kssdeanery.ac.uk**.

**6.15 What to Do If There Is Trouble**

Many Problems can be satisfactorily dealt with by discussion with your educational leads and the Postgraduate Centre/Educational Supervisor/GP Trainer should be your first
contact. However, on occasions this may not be possible and then any of the Programme Directors will be pleased to be approached and will advise you of the correct procedure.

6.16 Help For Sick Doctors

The National Counselling and Welfare Service for Sick Doctors can be contacted on their “hot line” - 0171 580 3160

The principal aim of the service is to offer help/advice/treatment to doctors whose illness is likely, in time, to impair fitness to practice and possibly cause conflict with the authorities. Please also refer to the booklets issued by the GMC - ‘Good Medical Practice’. You may also seek help from your departmental head, clinical supervisor, clinical tutor, and the LMC. We encourage you all to be registered with a local GP outside of your Training Practice.

7.0 The Committees and Groups Associated With Your GP Training

GPSTR Educational Committee (Previously the GP Registrar Committee)

a) Each hospital site should be represented on the Committee

b) The Chairman of the committee sits as a full member of the Regional GP Education Board. This committee oversees the specialist training scheme, day release courses and all general practice educational matters.

c) Royal College of General Practitioners (RCGP): Each health region has a College Faculty. We are in the South East Thames Faculty. Each has a Faculty Board caring for its activities and there is a vacancy for one practice registrar on this committee.

Political Committees

The Local Medical Committee (LMC) is the most important general practice committee. It not only advises the PCTs, but also, through the elected representation on the General Medical Services Committee (GMSC), negotiates with the Review Body and with the Department of Health. Any ST3 may attend the LMC as an observer provided that his/her trainer arranges this with the LMC chairman, Rob Sadler. All ST3’s should take the opportunity to attend an LMC meeting.

8.0 Induction/Handover/Taking Consent & ST3 Checklist (GEAR S 1.7/ S 1.8/ S 1.9)

8.1 Induction

You will be inducted to the Trust and whilst in a hospital post, your specialty programme and your specialty department. You will also be required to complete statutory and mandatory training modules as part of the induction process, which are:
• Moving and Handling (to be carried out on wards)
• Safeguarding Children (Level 1 – e-learning)
• Safeguarding Vulnerable Adults (e-learning)
• Blood and Blood Products (at induction and e-learning)

8.2 Handover

Handover must convey high quality and appropriate clinical information to allow for the safe transfer of responsibility for patients. Good practice includes:

• Protected daily handover between teams at shift change
• Written list of patients for review.

The departmental policy for handover to ensure patient care is outlined at Directorate induction. The GP training scheme encompasses rotations outside of the main hospital, you will be expected to make yourself familiar with and adhere to the processes of such organisations.

8.3 Taking Consent

The policy for taking consent can be found on the Medway Maritime Hospital Intranet:

• Home page
• Policies and procedures
• How to find the policy you need
• Go to "medical director" (left hand side of page)
• Policies are listed alphabetically.

All doctors need to ensure they are familiar with Trust policy.

**THINK** – do I undertake this procedure regularly?
**THINK** - do I fully understand potential complications/risks?
**THINK** – have I fully understood the Trust policy on consent?

If you answer “no” to any of the above, do not take consent. If you have asked a more junior trainee, eg. F1/F2, outside a supervised and learning situation on your behalf, you are clearly liable for the lack of governance.

8.4 ST3 Checklist

Before the beginning of your ST3 year there are a number of formalities that need to be addressed and below are the actions you must complete before commencing your ST3 Placement.

• Disclosure & Baring Service

If you are starting a GP post you need enhanced DBS clearance.

Website Address: [www.gov.uk/disclosure-baring-service-check/overview](http://www.gov.uk/disclosure-baring-service-check/overview)

• Performance List

If you are going to be working in General Practice (starting ST3 or a GP training attachment in ST1 or 2) you must be on the performer’s list before you can start seeing patients on your own.
Kent Primary Care Agency
2 St Faith’s Street
Maidstone
Kent ME14 1LL

Tel: 01622 655 000
Fax: 01622 655 001

- Registering with the Royal College of General Practitioners
  www.rcgp.org.uk
  www.rcgp.org.uk/the_gp_journey/new_professionals/membership/register.aspx

RCGP Headquarters
30 Euston Square
London NW1 2FB

Tel: 020 8453 4610

- Update MDU/MPS
- Make contact with Clinical and Educational Supervisor
- Sign Employment Contract
  http://www.gpkss.ac.uk/vti/train_info/pdfs/GPRcontframe1.pdf
- Sign Educational Contract
  http://www.gpkss.ac.uk/vti/train_info/pdfs/EdCont1.pdf
- Out of hours
  Below is a link to the KSS Deanery website and the documentation for your out of hours commitments.
  http://www.gpkss.ac.uk/vti/oohtd.htm
  - If entering ST1 or ST2 Contact HR in Hospital
  - Induction Days
    You should receive information from the deanery, if not please contact Nina Tafa.

- Political Committees
  The Local Medical Committee (LMC) is the most important general practice committee. It not only advises the PCTs, but also, through the elected representation on the General Medical Services Committee (GMSC), negotiates with the Review Body and with the Department of Health. Any ST3 may attend the LMC as an observer provided that his/her trainer arranges this with the LMC chairman, Rob Sadler. All ST3’s should take the opportunity to attend an LMC meeting.
9.0 Educational Supervision

The KSS approach to meeting the PMETB requirements for educational supervision are outlined in Appendix 2: Educational Supervision in KSS Deanery, GEAR.

9.1 Your Educational Supervisor – Roles and Responsibilities (GEAR S 1.6)

Your Educational Supervisor (GP Trainer), is responsible for overseeing your training and ensuring that you make the necessary clinical and educational progress. You should have regular feedback from your Educational Supervisor. The responsibilities of an Educational Supervisor are given in the Gold Guide: 2013

You will be given the name and location of your Educational Supervisor at Induction and with a few exceptions, this will be your “ES” throughout the 3 year programme.

Assigned Educational Supervisors are responsible for:

- Setting, agreeing, recording and monitoring the content and educational objectives of the placement using the learning agreement.
- Ensuring delivery of the training and education required to enable the trainee to fulfil the objectives of the placement, including the identification and delegation of training and assessment in other clinical areas
- Overseeing the achievements and personal and professional development of the trainee and, in consultation with specialty colleagues, reflecting this in the formal report to the annual review process, the ES will complete the final WPBA report
- Ensuring patient safety in relation to trainee performance by the early recognition and management of those doctors in distress, or difficulty

10.0 Your Clinical Supervisor – roles and responsibilities (GEAR S1.6/ S1.12/ S1.14)

In addition to your Educational Supervisor at the beginning of each 4 month rotation you will also be allocated a specialty Clinical Supervisor. Your “CS” is responsible for your progress within each placement and for your day-to-day clinical progress. You should have regular feedback from your Clinical Supervisor. The process by which information about your progress is collated by your Educational Supervisor from your Clinical Supervisor is through your e-portfolio, regular consultant meetings and the Local Faculty Group (LFG) meetings. They will also be the trainee doctor’s initial point of contact in issues relating to the specific hospital post.

11.0 Your Role as a Learner
You are responsible for your own learning within the programme with the support of key people as above. You should ensure that you have regular meetings with your supervisors, that you maintain your portfolio, keep up to date with assessments as required and be signed off. It is important that you take advantage of learning opportunities available, both within your specialty and in others you may have an interest in, or are relevant to your career path.

You should:

- Arrange and attend regular meetings with your Educational and Clinical Supervisors
- Plan and stage assessments carefully and in advance. Remember the assessments are formative, not summative and are designed to show progress
- Keep all your documentation up to date
- Build in time to reflect upon your review meetings, assessments, learning opportunities etc.
- Use the educational opportunities available to you
- Actively seek out learning opportunities

Make sure you use your time productively, by being an active learner. Recognise opportunities to learn outside of the formal teaching sessions.

You should keep your e-portfolio up to date. Failure to do so may result in you being considered with concern as a trainee requiring additional support.

12.0 Local Faculty Groups
(GEAR S 6.1-6)

Local Faculty groups (LFGs) hold a Quality Control remit within the system of educational governance operational in KSS Deanery.

12.1 The GP Local Faculty Group
(GEAR S6.1-6)

The GP Faculty Group’s remit is threefold:

- To ensure that the local programme is fit for purpose and in line with GP curriculum requirements
- To quality control the local programme
- To ensure that trainee progression is tracked, supported and audited

Trainee representatives are invited to the “LFG” and the business of the meetings is recorded and copies of the minutes sent to the Local Academic Board (LAB), and Quality Department at KSS and Deanery Specialty School.

The Progress of all trainees is reviewed in the second part of the meeting. This is the confidential part and takes place once the trainee representatives have left the meeting. As part of this review any causes for concern are highlighted, discussed and remedial actions considered if appropriate. Trainees will have been made aware of any areas to be discussed prior to the meeting and of the outcomes of any LFG discussion.

Trainees who are deemed to be in difficulty, or requiring additional support are managed within the KSS Deanery policy, available on www.kssdeanery.ac.uk and may be referred to the KSS Deanery School of GP. The GP LFG meets three times a year, in November, March and June. The LFG’s work is quality controlled by the KSS Deanery Standards for the Local
Faculty Graduate and Assessment Regulations (GEAR) and by the Local Academic Board (LAB).

13.0 Your Year Group (GEAR S 6.10)

Each Specialty group needs to meet as a Year Group three times a year, to elect a Year Group Representative and to give feedback to the Faculty about the local programme.

13.1 Your Year Group Representative (GEAR S 6.10)

This is key part of the feedback process. This is a member of your cohort who will undertake to consult with the whole cohort (either face-to-face or by e-mail) to gather feedback about the local programme and to give this feedback at the thrice yearly meetings of the Local Surgical Faculty Group. The feedback loop must be closed as relevant information/responses from the LFG need to go back to the cohort. This is the responsibility of the Year Group Representative. To enable this, Part 1 of the Local Faculty Group minutes will be sent to the identified Year Group Representative. If you would like the chance to help in the education and training within GP, you may find this of interest. Representatives will be given the opportunity to attend an internal workshop outlining the role. KSS Deanery also provides opportunities to attend regional workshops the for “trainee voice”. The skills required are transferable to subsequent posts and can be utilised at regional and national level.

There is a Local Academic Board (LAB) in the Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives Annual Audit and Review Reports from LFG’s and oversees and directs the work of all Local Faculty Groups. The trainees also have a voice at the LAB and the LAB Trainee Representative will report trainee issues and concerns gathered from individual LFG Trainee Representatives to the LAB.

14.0 Your Specialty School

Details of your specialty school can be found at:
www.kssdeanery.org/general-practice

15.0 How can you access career support? (GEAR S 3.1; 3.2; 3.3; 3.4)

Information about the KSS Deanery Career Service can be accessed at http://kssdeanery.org/education/careers www.support4doctors.org www.medicalcareers.nhs.uk

Local careers information and support can be accessed by speaking to your College Tutor in the first instance. The Trust also has a career lead for doctors in training; Dr Bov Jani, Director of Medical Education. Dr Jani can be contacted through the Medical Education Department, or e-mail bov.jani@medway.nhs.uk

The Trust career leads are available during your time at Medway to help you for example, to explore options within your specialty, the possibility of less than full-time training or to support you with your application to high training programmes.
Career exploration, application form, and interview support sessions are offered to Foundation trainees at several points throughout the year as part of the teaching programme and postgraduate doctors are also welcome to attend these sessions.

16.0 Using educational resources

The Trust Library is an invaluable resource, comprising a superb range of educational resources, which you can access both in person, as well as via the Internet with an Athens account. The Medway NHS Foundation Trust Library Service is committed to contributing to the health of the community by providing a high quality information service to all Trust healthcare professionals and this includes all our doctors in training. We provide access to a wide range of educational resources, with the library stocking an extensive, multi-professional collection of books and journals to support your learning. These can be accessed in person between 8.30 am and 8.45 pm, Monday to Thursday and 8.30 am to 5.00 pm on Fridays, where we hope you will find the friendly library team ready to help you. We can also help you access a comprehensive collection of electronic databases, full-text journals, including the BMJ journals collection and other resources such as the Cochrane Library and the BNF. With an NHS Athens account they are all available via the Internet at any time of the night or day. During Library opening hours, you may use our 8 PCs, all of which have access to NHSmail, Internet and connected to a high volume printer. We also have a scanner attached to a PC for work-related or private use. Any resources not held in the library can be accessed through a system of inter-library loans and there is not usually a charge for this facility. The Library service can offer 1-2-1, or small group training sessions to suit your skills level. Whether you want to search Medline more effectively, find out more about the many Internet-based resources available, obtain an NHSnet e-mail account, we are here to help.

On line resources
Kent, Surrey and Sussex Library catalogue http://www.southeastlibrarysearch.nhs.uk/
NHS Evidence http://www.evidence.nhs.uk New Website ksslibraries.nhs.uk

16.1 How Do You Access Other Educational Opportunities?

It is important to remember that learning opportunities are all around you during your working hours. 95% of your learning will occur as you carry out your daily duties. The following booklets, available from the Association of Medical Education, may help you identify the opportunities available:

No. 27, D Hargreaves, P Stanley and D. Ward, Getting the Best Out of Your Training, Edinburgh: ASME, 2000

David Guile, Informal Learning and the Medical Apprentice

17.0 How About Study Leave and How to Apply for Study Leave?

Please Note: ST1 Trainees commencing August 2011 will follow a different procedure than their predecessors – Medway will be the employing Trust for all trainees whether they are in Psychiatry, The Wisdom Hospice, an ITP or in a hospital post – the exact procedure has not been confirmed and you will be advised by the Medical Education Department when this has been agreed. Some of the generic guidelines still apply in that you will need to demonstrate the proposed leave will support your personal development plan etc.
KSS Deanery study leave guidelines are available on the website www.kssdeanery.ac.uk – a hard copy is also available in the Medical Education Department – if you are in a hospital post you are more likely to have a successful application if you adhere to these guidelines:

- be able to show how the proposed course/leave will support your learning/development needs and discuss this with your clinical or educational supervisor if you are in any doubt – the aims/objectives and intended outcomes should form part of your personal development plan
- complete a “Study Leave Request Form” available from the Medical Education Department, Postgraduate Centre, at least 6 weeks before the date of the proposed leave
- ensure you indicate any costs (course fees, travelling etc.) you would like to be considered for reimbursement after the course has taken place
- Get the form signed by the service manager or clinical supervisor of the department you will be in on the date of the proposed leave
- Ensure the form is then passed to your local administrator who will get this counter-signed by the GP Programme Director
- the Medical Education Manager/Director of Medical Education are the budget holders and will have the final decision

For each hospital post you can apply for a maximum of 10 days within each 4 month rotation and a maximum of £176.66 is reimbursable pending the process above. Study Leave can not be carried forward and can not be claimed retrospectively.

If you are in an ITP post – your study leave is at the discretion of the GP Practice and you should follow their guidelines - expense claims are sent directly to the KSS Deanery.

If you are in a Pschiatry post the procedure above still applies although any expense claim must be sent to ……………………………...

If you are at the Wisdom Hospice you ..............................

18.0 How Do I Apply For Annual Leave

Whilst in a hospital post you must apply for annual leave through your current specialty, the processes for which are outline at departmental inductions or through the service manager.

19.0 Absence Reporting

Should you are unable to come to work due to sickness you must of course inform the department at the very earliest opportunity, when you are fit to return to work please let the GP Administrator know the length of time you have been away, she can be contacted on 01634 825297 or preferably by email: Stella.Caswell@medway.nhs.uk

20.0 GMC Ethical Guidelines (GEAR S1.19)

The GMC website www.gmc.org.uk, has a list of current ethical guidance, including Good Medical Practice, which you can view using the A-Z of Ethical Guidance.

21.0 How about less than full time training? (GEAR S1.15)
Less than full time training details can be found on the KSS Deanery website, [www.kssdeanery.ac.uk](http://www.kssdeanery.ac.uk). Select Less Than Full Time Training on the left-hand side of the page. The page offers advice on how less than full time training works and how to apply, as well as Deanery contacts.

### 22.0 Faculty Group educational support

The KSS Deanery offers a range of educational support/programmes. For details please go to [http://education.kssDeanery.ac.uk/fac_dev-Accredited_Programmes.php](http://education.kssDeanery.ac.uk/fac_dev-Accredited_Programmes.php)
Appendix A

Useful Names, Numbers and Web-sites

Websites:
You can follow Medway VTS on “Twitter”

www.medway.nhs.uk the Trust’s external site –

www.medwayvts.com
this site lists contact numbers for Programme Directors and Trainers

www.kssdeanery.org
www.pmetb.org.uk

Gold Guide:

Contact details for the Psychiatry Trust and Wisdom Hospice:

Angela Pendleton (Medical Education Manager, Psychiatry) – 01622 224449 Email angela.pendleton@kmpt.nhs.uk
To contact Consultant in Palliative Care Call Wisdom Hospice 01634 830456

Medway NHS Foundation Trust – Postgraduate Staff

Carol Atkins – Medical Education Manager – carol.atkins@medway.nhs.uk
Stella Caswell – Medical Education Advisor- GP – stella.caswell@medway.nhs.uk
Dr Bov Jani – Director of Medical Education – bov.jani@medway.nhs.uk

Medway NHS Foundation Trust – Department Service Managers (Rotas)

The main switchboard number for Medway Maritime Hospital is 01634 830000 –