

2011 - 12

Stockport GP VTS ST3 Study Guide



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PCME - Stockport
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Introduction

Welcome to the Stockport GP VTS 'ST3 Structured Teaching Programme'. You have hopefully safely arrived in your training practice and are starting to feel at home there.

GP VTS ST3 **Induction** will be 9.15 – 11.30 in Pinewood House Postgraduate Education Centre, Stepping Hill Hospital on Tuesday 9th August. This is an important session to get lots of tips from myself and previous trainees about how to successfully negotiate the ST3 year.

The next important dates for your diary (and to remind your practices) is the introductory **Residential Course** at the Palace Hotel in Buxton. This is a compulsory module of the course (and a guaranteed highlight of the ST3 year). This is for the full days of Thursday and Friday the 8th and 9th of September complete with overnight stay. For more details, see later in the Study Guide.

September 13th sees the start of the Tuesday morning **Half-day Teaching Programme** which forms a compulsory part of your weekly timetable during term times.

The programme aims to provide an environment where learning can be facilitated over the third year of specialist GP training within a peer group. This course is well established in Stockport and has been highly valued by previous registrars.

This teaching programme is what you may hear referred to as the 'half-day release course' or 'playschool'. There have been many changes in the way specialist GP training is organised over recent years. These changes continue to provide new challenges and an ever-evolving training programme.

Resources to use in preparation for these sessions are found in this Study Guide along with how each session 'maps' to the GP Curriculum. Preparation for these sessions will maximise the amount you will gain from these sessions.

In addition to the session of structured teaching and practice education session in your practices, you have a **Third Educational Session in your weekly timetable** (ie. three educational sessions per week). This session is for you to use flexibly, in the spirit of 'adult learning' to fulfil your own personal learning agenda. It is expected that for each educational session there will be a corresponding entry in your eportfolio to record to learning achieved – ie. at least 3 per week.

Further details on how to organise educational activities such as observing clinics, attending courses and visiting community support groups is also found in this Study Guide. Make the most of these learning opportunities this year – discuss with your educational supervisors and plan ahead.

What is a study guide?

When a coach load of tourists arrive at a strange resort, it will include a range of people from different backgrounds, experience, interests and even countries. They all recognise that their time at the resort is limited and they need to be pointed in the right direction to visit the sights and attractions of most interest. A good travel guide will help them accomplish this task, as will a good travel company representative.

Similarly, GP trainees on the course come from different backgrounds, experience, interests and even countries. Time in the GP ST3 resort is limited – so this guide is to help the ‘GP trainee tourists’ get the maximum benefit from their ST3 year.

A study guide is not a textbook. The emphasis of a study guide is on the *process* of learning rather than the *content*. It acts as a signpost and guide to learning rather than the knowledge itself.

The GP curriculum is, of course, the guide to the content of the intended learning and reference is made to the curriculum in each of the educational sessions.

How to use this study guide

The Study Guide can be broken down into four sections:



The Buxton Residential

The two-day residential in Buxton at the beginning of the course is a great opportunity for the group to get to know each other. The first section of the study guide contains the programme for the residential as well as a discussion of how GPs learn.

This forms the pre-course preparation work for the residential.



The Structured Teaching Programme

The next section details the programme for the three terms of the structured teaching programme followed by details of recommended resources that could be used in preparation for each session.



The Curriculum

The GP curriculum is overviewed in this section along with the assessments you will need to complete to gain your 'certificate of completion of training' i.e. MRCGP.



Further Learning Resources and Administration

The final section signposts further learning resources that are available including eLearning, recommended reading, and courses. Also included are **further helpful administrative details**.

Who's who?

The Structured Teaching Programme is organised and facilitated by your friendly Stockport VTS Educator Team. We form one of the programmes of the South Academy of the GP Specialist Training School of the North Western Deanery. For more details see the NW Deanery website: www.nwpgmd.nhs.uk.

Associate Director Rebecca Baron Rebecca@dower24.co.uk

Rebecca has overall responsibility for all the GP training in four programmes of the South Academy including Stockport. She is also a GP in Bracondale Practice in Stockport and a previous VTS course organiser in Stockport.

Programme Director Bonny Needham Bonny.needham@ntlworld.com

Bonny is responsible for the coordination of the Stockport GP training program over the three specialist training years and also oversees the Foundation Year 2 placements in GP. She has also been a course organiser for 7 years in Stockport. Bonny needs to know if you want to take study leave – she controls your study allowances. She also needs to know if you have any special circumstances, for example pregnancy! Bonny also organises the GP trainer and training practice quality assurance process in Stockport and coordinates allocation of trainees to training practices and liaises with Stockport Foundation Trust over the GP training posts in hospital.



Dr Bonny Needham
Gatley Medical Centre
Old Hall Rd
Gatley
Stockport
SK8 4DG
0161 426 5100

Having been to St. Andrews/Manchester Universities, I did my GP training in South Manchester and Stockport. I worked briefly as a CMO before becoming a partner at Gatley. After doing the first PED course and completing a Certificate in General Practice, I discovered my passion for medical education. I combine half-time clinical work with my educational roles.

I am the overall Programme Director for GP Training in Stockport. I am also a GP Appraiser.

My husband, David, also a GP, works in Wythenshawe. We have 2 boys: Chris aged 18 and Jon, aged 15. All 3 are mad musicians – I've lost track of the number of drum kits and guitars they have between them.

Primary Care Medical Educator

Tom Howling

t.howling@nhs.net

I take the lead in organising your ST3 structured teaching programme and oversee training in the ST3 year in Stockport.



Dr Tom Howling
Brinnington Health Centre
Brinnington Rd
Brinnington
Stockport
SK5 8BS
0161 430 4002

After completing the Stockport VTS in 2000, I spent a year as a locum GP before becoming a full time partner at Brinnington Health Centre where I have been now for 10 years.

I am a GP trainer and also have experience as a GP appraiser and as a facilitator on the deanery HPE, PED and Basic Trainers courses. I have completed a Postgraduate Certificate in GP Education at Manchester University and an MSc in General Practice at UCLan.

I live in Mellor with my wife Rachel (another GP), three children - Emily (12), Lucy (10), Matthew (8) and a border collie called Sam. I enjoy singing in Mellor Church Choir, playing the cornet and hill walking.

This is my 5th year organising the ST3 course in Stockport.

Primary Care Medical Educator Dave Harniessdaveharniess@doctors.org.uk

Dave takes the lead in organising the ST1/2 structured teaching programme taking over this year from Jo Rowell.



Dr Dave Harniess
Bracondale Medical Practice,
141 Buxton Rd,
Heavily,
Stockport.
SK2 6EQ
0161 426 9050

I'm the latest addition to the educational team in Stockport. I loved living in Manchester during my undergraduate days and never left apart from a brief diversion to Bolton. I worked in Salford as a salaried GP for a while before moving across city. I have been a GP trainer for about 3 years now and have loved doing it and so was pleased to get the opportunity to help on the Stockport GP ST training scheme. I am working towards my Certificate in GP education with UCLAN at present.

I have 2 young kids Sam and Joel who always seem to be getting up to something mischievous. I enjoy travelling as my family is spread out throughout the world. Sam (aged 3) has already experienced trekking in Nepal, walking the great wall in China as well as a road trip around Europe to a family wedding this summer. My wife is also a GP who locums and works with Asylum Seekers and Refugees in Salford. We also enjoy running the local church youth group in Old Trafford pretending we know what dubstep is!

GP Registrar List

Here is a list of all the ST3 GPs on the Stockport ST3 Structured Teaching Course to promote communication and peer support...

Name	Email Address	Practice Details	Trainer
Jamal Abushena		Heald Green Health Centre Finney Lane Heald Green Cheadle SK8 3JD 0161 426 9020	Dr Andy Wright
Victoria Bramwell		Heald Green Health Centre Finney Lane Heald Green Cheadle SK8 3JD 0161 426 9020	Dr Carmel Morris
Victoria Curd		Marple Cottage Surgery 50 Church Street Marple Stockport SK6 6BW 0161 426 0011	Dr Andy Johnson
Rory Killough		Marple Bridge Surgery Town Street Marple Bridge Stockport SK6 5AA 0161 427 1074	Dr Martin Rodgers
Hollie Greendale		Sett Valley Medical Practice Hyde Bank Rd New Mills High Peak SK22 4BP 01663 743483	Dr Neil Start
Nishaan Khoosal		Bracondale Medical Centre 141 Buxton Rd Heaviley Stockport SK2 6EQ 0161 426 9050	Dr Dave Harniess
Farhan Munawar		The Village Surgery 31 Bramhall Lane South Bramhall, Stockport SK7 2DN 0161 439 3322	Dr David Riley
Abigail Walsh		Brinnington Surgeries Brinnington Health Centre Brinnington Rd Brinnington, Stockport SK5 8BS 0161 430 4002	Dr Tom Howling

Ferozuddin Shah		Heald Green Health Centre Finney Lane Heald Green Cheadle SK8 3JD 0161 426 9020	Dr Kevin Dean
Abdulla Alnouri (from Aug 2011 – Jun 2012)		Cheadle Medical Practice 1-5 Ashfield Crescent Cheadle SK8 1BH 0161 426 9090	Dr Jo Wilson
Samana Syed (from Aug 2011 – May 2012)		Gatley Health Centre Old Hall Road Gatley Cheadle SK8 4DG 0161 426 5100	Dr Andy Davison
Susan Harris (from Nov 2011 – Oct 2012)		Marple Medical Practice 50 Stockport Road Marple, Stockport SK6 6AB 0161 426 5375	Dr Melanie Wynne-Jones
James Cuthbertson (from Feb 2012 – Jan 2013)		Cheadle Medical Practice 1-5 Ashfield Crescent Cheadle SK8 1BH 0161 426 9090	Dr Jo Wilson
Rebecca Leon (from Jan 2012 – June 2013)		Bramhall Health Centre 66 Bramhall Lane South Bramhall, Stockport SK7 2DY 0161 426 5850	Dr Jill Lowe
Rajeswari Thiagarajan* (from Aug 2011 – Mar 2012)		Bramhall Health Centre 66 Bramhall Lane South Bramhall, Stockport SK7 2DY 0161 426 5850	Dr Lynda Pozzoni
Rebecca Baldry* (from Aug 2011 – Apr 2012)		Marple Medical Practice 50 Stockport Road Marple, Stockport SK6 6AB 0161 426 5375	Dr Madhu Valluri

*not attending ST3 structured teaching course as already completed previously



The Buxton Residential

At the start of the first term, the Stockport Course has a two-day residential at The Palace Hotel, Buxton. This is a great opportunity for the group to get to know each other. This section of the study guide contains the programme for this course as well as a discussion of how GPs learn. This forms the pre-course preparation work for the residential.

The Venue

Barceló Buxton Palace Hotel
Palace Road
Buxton
Derbyshire
SK17 6AG
01298-22001



www.barcelo-hotels.co.uk/hotels/northern-england/barcelo-buxton-palace-hotel

The Programme

Thursday 8th September

9.30am	Registration in hotel reception
10.00am	Whole group introduction
10.30am	The Nature of General Practice
11.15am	Coffee
11.30am	Learning styles (bring completed questionnaire)
12.45am	Reps and Lunch
2.00pm	Dealing with Drug Reps Dr Tom Miller
2.45pm	Briefing for Task
3.00pm	Tea
3.15pm	Group Initiative Task
5.30pm	Feedback
8.00pm	Dinner

Friday 9 th September	
10.00am	How to give a presentation
10.30am	Presentation preparation
11.00am	Coffee
11.15am	Presentation - Practical
12.30am	Reps and Lunch
1.30pm	Assessing Learning Needs Defining aims for the year ahead Developing Learning Plans
3.30pm	Plenary and Finish

Pre-course work

Please read the following section concerning how GPs learn and have a look through the rest of this study guide.

This pre-course work should take about 20 minutes to complete so please set aside enough time to do this *before* arriving at Buxton!

How GPs learn: teaching ≠ learning

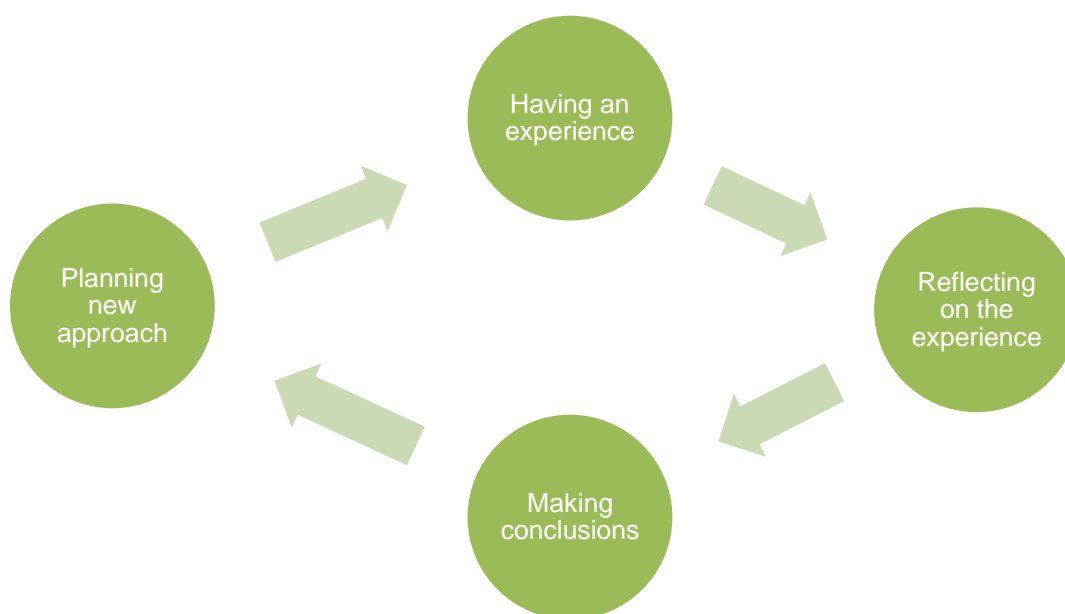
The purpose of the specialist training programme in general practice (and the GP ST3 year in particular) is that the registrar learns to be a better GP than would have been the case without the training.

What is learning? Learning has happened when people can *demonstrate* that they know something that they didn't know before (insights and realisations as well as facts) and/or when they can do something they couldn't do before (skills). Unfortunately, teaching can occur without any learning taking place just as learning can take place in the absence of teaching.

There are a number of key principles that make learning more effective for adults, which have been identified from many years of research. These principles of 'adult learning' are particularly relevant for GPs not only in the registrar year, but also for ongoing continuous professional development. If they are applied in practice, learning will be more effective:

1. GPs learn from experience

Learning in most adults is generally more effective when it is based on real experience rather than abstract theory alone. For a GP, learning from experience involves reflecting on (i.e. 'thinking about') events that occur in daily practice, considering why these feel significant, addressing any learning needs that arise and formulating a new approach that can be adopted in the future. Then, the next time a similar situation recurs, the GP's response will be different; this leads to another new experience, a further opportunity for reflection, and so on. This reflective learning cycle can repeat *ad infinitum* and each time it occurs something new can be learned. This is the **cycle of experiential and reflective learning** (after Kolb, 1984):



2. GPs like to direct their own learning

Most adults like to feel in charge of their lives and the same applies to their learning, although there are times when we want to be told what learning activities to do rather than find out for ourselves. This is particularly the case when a learner is under stress or adjusting to a new learning environment. Speciality registrars who are just starting out in general practice often request a considerable amount of direction from their trainers and course organisers initially, although they tend to take more and more control of their learning as their experience and confidence grows. This principle is referred to as **self-directed learning** (Brookfield, 1986).

3. GPs learn what they need to learn

For many GPs, their readiness to learn is often strongly related to how relevant they perceive a learning activity to be to the tasks they perform in their day-to-day role. In other words, learning based on the curriculum needs to feel relevant to learning how to be a GP, passing the new MRCGP assessments, or getting through appraisal and revalidation, or many learners will lose interest. This principle is known as **needs-based learning**.

4. GPs learn how to solve problems

Yes, you've guessed it – **problem-based learning** (Knowles, 1984). Those of you who trained in Manchester will be very familiar with this concept. Traditionally, lessons at school are categorised into subjects. In medicine these are generally referred to as 'specialities'. Unfortunately in the real world of GP-land patients do not often present with their complaints neatly categorised. A competent GP must learn to apply his or her medical expertise effectively to daily situations, based on the underlying theoretical medical knowledge and theory he or she has previously acquired.

Learning Styles

The cycle of experiential and reflective learning above, whilst depicted as a circle in the diagram, is in reality a continuous spiral as the process should lead to a different experience the second time around. When that does not happen, you hear people saying things like "they never seem to learn...", or "you'd think they'd know by now...".

The four stages (experiencing, reflecting, concluding and planning) are all vital and equally important but people develop preferences for certain stages. These preferences distort the learning process so that the whole learning process may become biased to one style. Learning styles tend to be based on past experiences so that what proved enjoyable and successful in the past gets repeated. Similarly a "bad" experience tends to lead to rejection of similar circumstances and a teaching method that involves similar techniques and hence styles.

In common with the diagram's four stages, there are four learning styles (described below) as people tend to choose one or other of the four stages in preference. In time people have a balanced "blend" in which all sections are equal but it is possible for individuals to have very marked preferences which can lead to learning deficiencies.

There are a number of techniques available to aid trainers and trainees gain a deeper understanding of their personality, educational preferences and approaches to learning. Most have been developed by educational or organisational psychologists and are questionnaire-based tools. They include those concentrating on personality styles e.g. Myers-Briggs, and learning styles, e.g. Honey and Mumford.

The *Honey and Mumford's Learning Styles Questionnaire* (www.peterhoney.com) can be a useful tool to help a learner understand his or her learning style preferences and this will be discussed further at Buxton. The questionnaire which analyses your own preferred learning style forms part of the pre-course work.

The four styles are:

1. Activists

Activists enjoy 'doing things' and tend to act first and consider the implications afterwards. They tend to learn best through experience and when dealing with new problems. They need a wide range of activities to keep them engaged and they need to be able to bounce ideas off others. They enjoy chairing meetings, leading discussions and role-playing. They may learn less than others when listening to lectures or from reading, writing or thinking on their own, or when they have to absorb and analyse data. They thrive on the challenge of new experiences but can be bored with implementation and longer-term consolidation.

2. Reflectors

Reflectors like to stand back and ponder experiences and observe them from many different perspectives. They collect data and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about an experience is what counts, so they tend to postpone reaching definitive conclusions for as long as possible. They listen to others and get the drift of the discussion before making their own points. As a result they tend to have a low profile especially at the beginning of a group. They need time to reflect and deliberate on what is presented to them and are good at producing in-depth analyses and reports if they are not given tight deadlines (although without any deadline they may never produce anything!). They need time to prepare and resist being rushed or hurried.

3. Theorists

Theorists think problems through in a logical way and try to assimilate facts into a coherent theory. They tend to be perfectionists who won't rest until things are neat and tidy and fit into a rational scheme. They are keen on basic assumptions, principles, theories and models and may learn best when given a complex problem where they have to use their skills and knowledge. They want to have the chance to question and investigate ideas behind things. They can feel uncomfortable with subjective assessments and lateral thinking and may find learning more difficult when the learning activity is unstructured or when they have to participate in situations that emphasise emotion and feelings.

4. Pragmatists

Pragmatists like opportunities to experiment and tend to be keen to try out what they've learned so they can evaluate its practical use. They prefer to deal with concepts and ideas that can be applied to their role. Pragmatists learn less well when there is no obvious or immediate benefit that they can recognise and prefer to get straight to the point in learning activities, becoming impatient with what they perceive to be an unproductive discussion.

What is the correct style?

Each style connects with a stage on the continuous learning cycle:

People with an **activist** preference with their "I'll try anything once" approach are well equipped for **experiencing**.

People with **reflector** preference, with their predilection for "mulling things over", are obviously equipped for **reflecting**.

People with **theorist** preference, with their need to have tidy answers, are well equipped for **concluding**.

People with **pragmatic** preferences, with their liking for things practical, are well equipped for **planning**.

All styles are correct and can be seen to have their strengths (but also potential pitfalls). Most people display a mixture of all four styles although one or two tend to be dominant. It is important to know if you have a very strong preference for one style (or more commonly an aversion to certain styles) as it affects your choice of 'learning method' and opportunities which could result in difficulties when the topic to be learnt is not taught in your preferred style.

Educators tend to replicate their learning style preferences in the teaching styles they adopt. Sometimes a trainer and trainee will happen to share the same learning preferences; this can result in a harmonious educational partnership, although it risks a degree of over-comfort and possible collusion, which can potentially inhibit the

development of the less preferred learning styles in the trainee. More visible educational difficulties can arise when there is a large mismatch in preferences between learner and teacher – for example, a strongly reflective trainer and an activist trainee can have quite different opinions on the best ways to learn.

What if I have a style excluded?

Don't panic!

Firstly, you need to be aware of any reasons why you may have developed this bias. This may date back a long way so it is not always obvious. The consequence of having a notable bias in learning preferences is that you reduce your learning opportunities. On the DRC we aim to provide for all learning styles so this may mean that some sessions are run in what seems a comfortable style to you while others you will find more of a challenge. Please be patient with this - the course is designed to provide for all the registrars with their various preferences. Although we aim to appeal to all styles, we cannot change the whole course to suit the bias of one individual at the expense of some others. The sessions that you find more challenging provide an opportunity for you to experience different ways of learning that you can reflect on and develop.

Secondly, a strong bias may affect your day to day living beyond your learning activities. For example:

Strong reflectors and theorists have problems with:

- Handling new experiences
- Making plans
- Putting plans into action

Strong activists and pragmatists have problems with:

- Considering a range of choices
- Reviewing progress
- Looking critically at their completed activities

So what can I do to increase a low score in one style?

Basically this tends to involve doing an activity in your low score style in a non-threatening situation until you become more comfortable with it.

This involves a degree of self-discipline and willingness to experiment...

To increase reflector

- Make a decision to act and carry it out
- Reflect on reasons for its success or failure
- Keep repeating the activity

To increase activist

- Try to put yourself in situations where you have to make a rapid response without having much thinking time (e.g. playing computer games! etc.)
- Practice brainstorming by coming up with a range of ideas in a short strict time span
- Try looking at ideas in relation to what you would see as their practical merits

To increase theorist

- Try organising yourself by using lists and timetables
- In discussions when you may have been passionate and involved, practice being objective and unemotional
- Try developing a step-by-step approach to problem solving and avoid getting sidetracked

To increase pragmatist

- Try looking at ideas in relation to how useful they are in practice
- Try to look at situations with regard to when it is useful to cut corners and when it is not
- Try organising your work in terms of the targets that you have to reach.



The Structured Teaching Programme

This section of the study guide describes the purpose of the Tuesday half-day teaching sessions and sets out the programme for the course. It also gives details of recommended resources that should be used in order to prepare for each course session. Preparation for each session of the course will help make the most of the opportunities for learning provided.

The change from a full day release teaching to a half day release programme a few years ago was intended to free up one of your three contracted 'educational sessions' per week for you to use flexibly to fulfil your own personal learning agenda. It is anticipated that this session may well still be on a Tuesday afternoon (but not necessarily always).

Last year these sessions were used creatively by the group. Some sessions were spent in small peer-groups preparing for the CSA assessment. Other sessions were spent attending clinics or services not previously experienced. It will be expected that for each educational session there should be a corresponding entry in your eportfolio to record to learning achieved. Ideas for using educational sessions will be discussed on the residential and some may be suggested by your trainer. They could include:

- Peer-group work
- Attending CATS clinics at Kingsgate House (contact Chris Hebden* to arrange)
- Experiencing the EIS (Early Intervention Service)
- Visit to Central Youth
- Visit to Moat House School (in group) for pregnant teenagers
- PALS
- St Ann's Hospice or Beechwood Cancer Care
- Tutorial with a different trainer or arrange a practice swap with another registrar for a day (preferably in a different area but same computer system!)
- Community Drug Team
- Community Alcohol team
- MOSAIC
- Formal RCGP (or other) courses

*Chris Hebson, Business Support Manager CATS, Kingsgate House, Wellington Road North, Stockport, SK41LW.

Tel. 0161 426 5420 Email Chris.Hebson@stockport-pct.nhs.uk

If educational sessions are going to necessitate a change in the practice timetable then this should be checked and approved with your trainer at least *4 weeks in advance*. Although your education is very important, it has to be realised that working in a general practice means that you have to balance your needs/wants with team-working and ensuring the practice functions well. Make sure you are clear with your trainer about how you should arrange absence from the practice. You don't have to worry about the Structured Teaching Programme sessions which are compulsory and should be timetabled in by your trainer.

There is some variation in how the educational sessions are organised in different practices. This is due to practicalities such as room availability. Some practices need their registrar to be out of the way on a Tuesday afternoon, some want them in if there is no specific education planned. Discuss this with your trainer and plan your educational sessions accordingly.

Learning in groups

The teaching programme run by specialist training programmes are generally very popular among registrars (well anything's better than real work, right?!). This is partly because learning groups provide important functions that extend far beyond the simple educational aims of the particular group activity. For example, many registrars particularly value the opportunity to meet with fellow trainees in order to share experiences with patients ('horror stories') and chat about how they are tackling their learning.

Being a speciality registrar can feel quite isolated at times, especially as few practices are able to accommodate more than one learner at a time; a weekly meeting with a group of peers performs an important 'housekeeping' function for many ST3 doctors.

Research suggests that learning groups are most productive if they are facilitated effectively, although many groups can become productive by themselves if given sufficient time to develop. Registrars, trainers and recently qualified GPs have previously formed informal learning groups to help them prepare for assessments or to facilitate continuing professional development.

Group learning can be particularly useful for the shaping of attitudes and also act as professional 'barometers' against which individual GPs may judge their own professional opinions and values. Groups are the perfect setting to debate wider ethical and professional issues, often arising from difficult cases, the learning of which requires the consideration of points of view that are necessarily different from one's own.

Attendance at Programme Sessions and Absence

For the avoidance of doubt, attendance at all the sessions of the teaching programme is compulsory.

The sessions form part of your contracted (and paid!) employment. Any leave (sickness, annual, study etc.) that causes absence from a session **must** be notified to me as soon as possible (text, phone or email is fine) – unless there are unforeseen circumstances this should be *in advance of the missed session*.

We are required to report all absence (authorised and unauthorised) to practices who then report all absences monthly to the 'central employer'. Unauthorised absence obviously would result in investigation and disciplinary measures by North Lancashire TPCT. Authorised absence (including for reported sickness) is counted and if this exceeds a certain amount will require additional time to complete training.

Stockport ST3 Structured Teaching Programme 2011 - 2012

Autumn Term

Date	9.30 – 11.00	11.15 – 12.30
9 th August	ST3 Induction	A registrar's-eye view of ST3 <i>Dr Becci Baldry and Dr Abbie Brown</i>
8 - 9 th September	Buxton Residential	
13 th September	GMC Guidelines and Ethics	
20 th September	EBM for AKT	Critical Appraisal for AKT
27 th September	Medical statistics for AKT	Communicating Risk
4 th October	Dealing with Complaints	Patients' Benefits <i>Mr Brian O'Mullane</i>
11 th October	Screening	
18 th October	IM&T <i>Mr Paul Ansbro</i>	Practice Management <i>Mr Paul Ansbro</i>
25 th October	No course – Half Term and AKT on 26 th October	
1 st November	Consultation Models	Consulting Skills 1
8 th November	Consulting Skills 2	Consulting Skills 3
15 th November	Consulting Skills 4	Heartsink Patients
16 th November	Mock CSA <i>Heald Green 7pm</i>	
22 nd November	Lifestyle Issues	
29 th November	Triadic Consultations	Telephone Consulting
6 th December	Young People	

Stockport ST3 Structured Teaching Programme 2011 - 2012

Spring Term

Date	9.30 – 11.00	11.15 – 12.30
10th January	Negotiation Skills	Assertiveness
17th January	Genetics in General Practice <i>Dr Andrew Maurice</i>	
24th January	Loss and Grief	
31st January	Resuscitation and Medical Emergencies in Primary Care <i>Dr Tim Simper</i> <i>Satisfactory completion of this session is essential for eportfolio</i>	
7th February	Safeguarding Children <i>Sue Gaskell and Dr Zubairu</i>	<i>Practical Respiratory Medicine</i> <i>Jon Bell</i>
14th February	No course – half term	
21st February	No course – trainer's meeting	
28th February	Dermatology <i>Dr Raj Patel</i>	
6th March	Partnership Agreements	Practice Finance
13th March	Careers	
20th March	Salaried Post or Partnership? <i>Dr Viren Mehta</i>	Writing your CV <i>Bring yours along!</i>
27th March	Managing Change in General Practice	Planning

Stockport ST3 Structured Teaching Programme 2011 - 2012

Summer Term

Date	9.30 – 11.00	11.15 – 12.30
17th April	Teams	Creative problem-solving
24th April	Pensions <i>Mr Mark Dutton</i>	
1st May	Employment Task Session 1	
8th May	Employment Task Session 2	
15th May	Motivation and Morale Task	
22nd May	Commissioning Group Task	Appraisal and Revalidation <i>Dr Rebecca Baron</i>
29th May	No course – half-term	
5th June	Time Management	Delegation
12th June	Leadership	Reflection on the year
3rd July	Canal Trip	

Bonny, Dave and I would welcome feedback (constructive!) about the current course (including this study guide) in order to help in the future development of the structured teaching programme in Stockport.

Recommended Resources for Pre-session Preparation

Preparation for each session of the course will help make the most of the opportunities for learning provided. The following table gives the session name and relating curriculum statement number to enable reference to the GP curriculum and a selection of resources that relate to the session. This list is by no means exhaustive!

Further details concerning the curriculum are to be found in the next section of the study guide (or www.rcgp-curriculum.org.uk) and further useful resources can be found in the fourth section.

I have particularly tried to highlight useful web-resources. In addition to this there will be papers relating to the topics which can be found by searching the archives of the BMJ and BJGP. There are also short interactive learning modules to be found at doctors.net.uk, bmjlearning and the RCGPe-GP. If you find a particularly useful resource then please let me know so this section of the guide can evolve.

Do not forget the other 'paper' resources in your practice library and also the wealth of advice available from discussions both with your trainer and the wider primary healthcare team members.

Topic	Curriculum Statement	Suggested Resources
Guidelines and Evidence Based Medicine (EBM) series	3.5	The NICE guidelines: www.nice.org.uk The SIGN guidelines: www.sign.ac.uk Trisha Greenhalgh's book <i>How to read a paper: the basics of evidence based medicine</i> (Blackwell Publishing, 2006) provides a good introduction to evidence-based medicine. She also had a series of articles in the BMJ addressing areas of EBM. The NHS Clinical Governance Support Team: www.cgsupport.nhs.uk
Communicating Risk	5	BMJ theme issue Vol. 327, No. 7417 www.bmj.com
Consulting Series	2	Pendleton et al. <i>The Consultation: an approach to learning and teaching</i> , OUP, 1984. Neighbour R. <i>The Inner Consultation</i> , MTP, 1987. Stott and Davis. The exceptional potential in each primary care consultation. <i>Journal of the RCGP</i> , 1979, 29, 201-5. Tate, P. <i>The Doctor's Communication Handbook</i> , Radcliffe Medical press, 2002. Kurtz et al. <i>Teaching and Learning communication skills in medicine</i> , Radcliffe medical press, 1998 (reference only!).

IM&T	4.2	http://www.scimp.scot.nhs.uk/gpg/doc_page19.shtml
The computer in the consultation	4.2	European Computer Driving Licence www.ecdl.nhs.uk Patient information leaflets www.patient.co.uk Data Protection Act www.ico.gov.uk Freedom of Information Act www.foi.nhs.uk Connecting for Health www.connectingforhealth.nhs.uk
Dealing with Complaints	3.1	http://www.healthcarecommission.org.uk/db/documents/Spotlight_on_Complaints_08.pdf http://www.medicalprotection.org/uk/factsheets Your practice complaints procedure
Patients' Benefits	5	DWP website – A-Z list of benefits with links to the directgov site: www.dwp.gov.uk Benefits calculator at www.entitledto.co.uk
Loss and Grief	7,12	Cruse Bereavement Care: www.crusebereavementcare.org.uk BMJ 'Education and debate' series called 'Coping with loss' from 1998 Vol. 316. www.bmj.com
Young People	8	www.youthhealthtalk.org Teenager friendly health advice: www.teenagehealthfreak.org RCGP and RCN joint publication: <i>Getting it Right for Teenagers in Your Practice</i> : www.rcn.org.uk/members/downloads Gillick/Fraser competency: <i>Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health: available at</i> www.dh.gov.uk '0-18 years: Guidance for all Doctors' published by GMC in 2007. Available at: http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance/index.asp

Dermatology	15.10	SIGN www.sign.ac.uk guideline for melanoma British Association of Dermatologists: www.bad.org.uk Primary Care Dermatology Society: www.pcids.org.uk Dermis online atlas: www.dermis.net DermNet NZ: www.dermnetnz.org Google images is useful for quickly locating pictures of skin conditions: www.google.co.uk ABC of Dermatology
Triadic Consultations	2	Kurtz et al. Teaching and Learning communication skills in medicine, Radcliffe medical press, 1998
Resuscitation	7	UK Resuscitation Council: www.resus.org.uk GPNotebook: www.gpnotebook.co.uk contains clinical information on managing acute medical conditions.
Negotiation, Assertiveness, Delegation, Motivation and Morale, Managing change	4.1	First Practice Management provides a range of resources to support practice managers: www.firstpracticemanagement.co.uk Also a useful resource for education on business skills is: www.businessballs.com A good book with short chapters on practice management topics is : 'How to be an even better practice manager'. Armstrong, M. 5 th Edition, Kogan Page 1999.
Telephone Consultations	2, 7	Oxford Handbook of GP pg 50 Telephone Consultations in Primary Care: A Practical Guide by Tony Males.
Respiratory Medicine	15.8	Guidelines of British Thoracic Society: www.brit-thoracic.org.uk
Safeguarding Children	3.2, 8	Victoria Climbié Inquiry: www.victoria-climbie-inquiry.org.uk Key national resource on child protection: www.everychildmatters.gov.uk
Making a diagnosis	2	See consultation skills resources Elstein, AS and Schwarz, A, 2002 'Evidence base of clinical diagnosis', BMJ, 324;729-732 www.bmj.com
Teams and Problem solving	4.1	Belbin RM. <i>Management teams: why they succeed or fail</i> Oxford: Butterworth-Heinemann, 1981. <i>How to be an even better practice manager.</i> Armstrong, M. 5 th Edn Kogan Page 1999. BMJ Career Focus articles: http://careerfocus.bmj.com
Partnership Agreements	4.1	BMA guidance available at www.bma.org.uk : http://www.bma.org.uk/ap.nsf/Content/HubPartnershipAgreements

Leadership	4.1	Education resources at www.businessballs.com <i>How to be an even better practice manager.</i> Armstrong, M. 5 th Edn Kogan Page 1999. BMJ Career Focus articles: http://careerfocus.bmj.com
Practice Accounts	4.1	Information on practice finances is available at: www.healthcarerepublic.com/practice Department of Health: www.dh.gov.uk BMA: www.bma.org.uk
Genetics in General Practice	6	How to draw a 'pedigree' tree at www.clingensoc.org/Docs/Standards-/CGSPedigree.pdf British Society for Human Genetics: www.bshq.org.uk Info on genetic testing: www.genectestingnetwork.org.uk PKU screening and the Guthrie test: www.newbornscreening-bloodspot.org.uk Primary Care Genetics Society www.pcgs.org.uk NICE guidelines on referral of certain familial conditions (e.g. familial breast cancer): www.nice.org.uk/guidance/cg41 NHS National Genetics Education and Development Centre: www.geneticseducation.nhs.uk
Pensions	4.1	BMA information about pensions: www.bma.org.uk/ap.nsf/Content/Hubaskpensions NHS Pensions Agency: www.nhspa.gov.uk
Time Management	4.1	Education resources at www.businessballs.com <i>How to be an even better practice manager.</i> Armstrong, M. 5 th Edn Kogan Page 1999. BMJ Career Focus articles: http://careerfocus.bmj.com
'Heart-sink' patients	2,13	Series of articles in BJGP.
Employment Law	4.1	Practice policies BMA: www.bma.org.uk
Practice Based Commissioning	4.1	The Public Health Resource Unit provides educational resources to help GPs develop practice-based commissioning skills: www.phru.nhs.uk
Clinical Governance	3.1	NHS Clinical Governance Support Team: www.cgsupport.nhs.uk
GMC Guidelines and Ethics	3.3	www.gmc-uk.org/guidelines

The Curriculum



This section of the study guide overviews the new curriculum for GP and a rough guide to succeeding at the MRCGP!

The MRCGP assessments

Until 2007 there were two sets of assessments that GP trainees would take to become a qualified GP at the end of their training. One was to complete the summative assessment process, involving an MCQ exam, an audit, a video (or simulated surgery) and a structured trainer's report. The other was to pass the four components of the MRCGP exam. All this is now replaced with the single, compulsory 'new MRCGP' assessment with three components:

1. Applied Knowledge Test

A multiple-choice question paper

2. Clinical Skills Assessment

An OSCE-style assessment of GP skills

3. Workplace-Based Assessment

A continuous assessment based on an enhanced trainer's report

The MRCGP Competency Areas

The MRCGP assessments have been designed around 12 competency areas, also referred to as assessment domains, which represent the important aspects of general practice that can be appropriately assessed:

1. Communication and consultation skills

This includes how a GP communicates with patients and uses recognised consultation models and communication techniques.

2. Practising holistically

This considers the ability of the doctor to operate in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts.

3. Data gathering and interpretation

This involves gathering and using data for making clinical judgements, the choice of physical examinations and investigations, and how they are interpreted.

4. Making a diagnosis/making decisions

This examines how a GP adopts a structured, conscious approach to decision making.

5. Clinical management

This assesses how a doctor recognises and manages common medical conditions in primary care.

6. Managing medical complexity and promoting health

This looks at the aspects of care that go beyond managing the straightforward problems, including the management of co-morbidity, uncertainty, risk and approaches to health rather than just illness.

7. Primary-care administration and IMT

This includes the appropriate use of primary-care administration systems, effective record keeping and information technology for the benefit of patient care.

8. Working with colleagues and in teams

GPs must be able to work effectively with other health professionals to ensure good patient care, including sharing of information with colleagues.

9. Community orientation

This involves managing the health and social care of the practice population and local community.

10. Maintaining performance, learning and teaching

This looks at how doctors maintain their performance and ensure effective continuing professional development of themselves and others.

11. Maintaining an ethical approach to practice

This examines how GPs ensure they practice ethically, with integrity and a respect for diversity.

12. Fitness to practise

The GP's awareness of when his or her own performance, conduct or health, or that of others, might put patients at risk and the actions taken to protect patients.

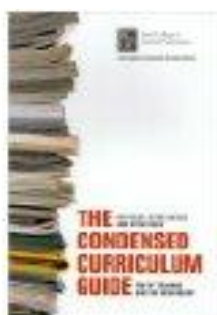
How the new MRCGP assessments relate to the curriculum

The curriculum sets out the core knowledge, skills and attitudes required to be a competent GP. There are 32 curriculum statements: one core statement that describes the core competences and essential features, and 31 topic statements that cover specific areas of general practice and put the core competences into context.

It is actually quite difficult to properly assess all these curriculum areas – especially *attitudes*. For this reason the above competency areas focus on *behaviours* that a GP is expected to perform in the workplace. These behaviours along with the straight-forward knowledge areas are more easily assessed. The MRCGP assessments have therefore been designed to represent the key aspects of general practice that can be assessed but are not designed to represent the entirety of general practice on their own.

Much of the content of the MRCGP syllabus is taken from the knowledge base contained within the curriculum. There are also included some clinical topics not currently covered by curriculum statements (e.g. Haematology and Renal Medicine).

Further details concerning the curriculum statements can be found at www.rcgp-curriculum.org.uk. A rather more concise version has been published and is well worth a look. There should be a copy in your practice library:



The Condensed Curriculum Guide: for GP training and the new MRCGP by Ben Riley, Jayne Haynes, and Steve Field.

Published 2007.

The MRCGP acronym buster!

The MRCGP suffers from an epidemic of acronyms. You may wish to fill in the third column with alternative translations of your own!

AKT	Applied Knowledge Test	
CBD	Case-based discussion	
CEX	Clinical evaluation exercise	
COT	Consultation observation tool	
CSA	Clinical skills assessment	
CSR	Clinical supervisor's report	
DOPS	Direct observation of procedural skills	
EMQ	Extended matching question	
MCQ	Multiple-choice question	
MMC	Modernising Medical Careers	
MSF	Multi-source feedback	
MTAS	Medical Training Application Service	
OSCE	Objective structured clinical examination	
PSQ	Patient satisfaction questionnaire	
RITA	Record of in-training assessment	
SBA	Single best answer questions	
WPBA	Workplace-Based Assessment	

Applied Knowledge Test

The applied knowledge test (AKT) is a multiple-choice question paper. It is computer-based and delivered at 150 Pearson VUE professional testing centres around the UK. There are 200 items in the test, which must be completed in three hours. There are three types of question:

- Extended matching questions
- Single best answer questions
- Table/algorithm completion



The AKT tests both clinical and non-clinical aspects of the essential knowledge as follows:

- Clinical knowledge (80%)
- Administration and health informatics (10%)
- Research, critical appraisal, evidence-based medicine and statistics (10%)

Questions are derived from accredited and referenced sources – review articles, original papers from well known journals and resources (*BNF, Clinical Evidence, BMJ, NICE guidelines, BJGP, DTB, Cochrane Review, Fitness to Drive Guidelines*).

You will notice we have put sessions before the autumn AKT exam date to help with the two 'non-clinical areas' which being worth 20% are key to passing this assessment – don't miss them! For those that have sat the AKT these sessions are still compulsory and we aim to make them also relevant for practice and the CSA and not just for surviving the AKT.

Applying to sit the AKT

Candidates will be able to sit the AKT at a Pearson VUE test centre on three occasions each year. The application process is in three stages. Candidates

1. register for the MRCGP through the college website (www.rcgp-curriculum.org.uk/mrcgp)
2. apply online to sit the test on the next available date from 2 months beforehand. The applicable fee (£441 is the current Associate in Training (AiT) rate) must be paid, normally online using a credit card. Applications are confirmed in an automatically generated email that gives the telephone number of the Pearson VUE contact centre and details of how to book.
3. book a test by phoning Pearson VUE and choosing a test centre. Details of centres and their locations are available on the Pearson VUE website. It is also possible to do this online.

The earlier a candidate books, the greater the chances of their preferred centre being available: candidates booking later may need to travel further. Pearson VUE will confirm each booking in an e-mail, which will give the address of the test centre, the time by which the candidate must arrive, the identification documents that must be presented, other details about sitting the test and the rules that apply.

It is essential to arrive on time: candidates who arrive late will not be admitted.

Dates of tests

Candidates apply online for the next available date:

Apply via College website	7 - 19 Sept 2011	29 Nov - 8 Dec 2011	6 -15 March 2012
Book with Pearson VUE	following email	following email	following email
Main date for AKT	26 Oct 2011	25 Jan 2012	25 April 2012
Results & feedback	23 Nov 2011	22 Feb 2012	24 May 2012

We would expect most people who have not already passed the AKT in ST2 will want to sit the AKT on 26th October and the course has been arranged to take this into account.

AKT Preparation

In terms of preparation, I would recommend reading the little introductions for all the sections in the BNF to boost your knowledge of therapeutics.

I would also recommend a self-assessment of your current confidence in the knowledge areas of the syllabus to help target any further knowledge gathering efforts towards current gaps. The 'Condensed Curriculum Guide' can help with this.

The previous ST3s have recommended the following:

1. Forming 'small learning sets' for testing each other, presenting NICE guidance etc...

2. Web-based MCQ questions:

AKTrevision.com – £20 for 3 month access

Passmedicine.com - £20 for 4 month access (this is the best one)

nPEP – available via the MRCGP Scotland site (www.npep.org.uk)

'most like the actual exam questions'

Free access for affiliate members

3. Books:



Applied Knowledge Test for the New MRCGP: Questions and Answers for the AKT 2nd edn (Paperback) by Nuzhet A-Ali Price £23.74.

Also any old MRCGP MCQ books that you may find in your practice library.

4. Courses:



Royal College of
General Practitioners

RCGP Mersey Faculty AKT exam preparation course Tuesday
13th September 2011 8.30am – 5.00pm £180
Venue LACE conference Centre, Liverpool. Booking form
downloadable from www.rcgp.org.uk.

Dr Una Coales's AKT Course in London. Saturday 9.30 – 4.00 September 3rd costs £250
www.mrcgpcourses.co.uk.

5. RCGP AKT Reports:

The RCGP produces a report for previous sittings of the AKT. These (found on the MRCGP area of the RCGP website) are worth a read as they highlight areas of the curriculum where candidates regularly underperform. You can also cheer yourselves up by looking at the pass rates!

Clinical Skills Assessment

This is an OSCE-style assessment of GP skills. Each candidate is allocated a consulting room and has 13 (lucky for some!) consultations, each of 10 minutes.

The stations test clinical, practical and communication skills. Candidates remain at their station throughout while simulated patients and assessors rotate round them. Patients are played by role-players who have been trained and calibrated to perform their role in a consistent manner.

The examiner marks each case on three domains - Data Gathering, Clinical Management and Interpersonal Skills.



Candidates' performance on each consultation is graded Clear Pass, Marginal Pass, Marginal Fail or Clear Fail by assessors who observe the consultations. All candidates will receive feedback on their performance.

Last year there were some changes in the way the pass mark is determined – determined for each day (to take into consideration the conditions and case-mix of the day). This does not affect your preparation so don't worry.

The CSA is only available at one purpose-built centre located at No. 1, Croydon (attractive building in picture above).

The CSA will test mainly from the following areas of the curriculum:

Primary Care Management - recognition and management of common medical conditions in primary care.

Problem Solving Skills - gathering and using data for clinical judgment, choice of examination, investigations and their interpretation. Demonstration of a structured and flexible approach to decision making.

Comprehensive Approach - demonstration of proficiency in the management of co-morbidity and risk.

Person-centred Care - communication with patient and the use of recognised consultation techniques to promote a shared approach to managing problems.

Attitudinal Aspects - practising ethically with respect for equality and diversity, with accepted professional codes of conduct.

The CSA may also test:

Clinical Practical Skills - demonstrating proficiency in performing physical examinations and using diagnostic/therapeutic instruments.

Applying to sit the CSA

GP trainees who have registered with the RCGP and are eligible to sit the CSA (i.e. they are in ST3) can apply online for a morning or afternoon assessment on a particular date. Dates will be offered until fully booked, after which further dates will be made available. Fees must be paid at the time of applying (£1,481 is the current AiT rate). Yes, that's £1,481 – it's not a misprint! The exam is expensive to put on, the college does not make a profit – so start saving and try not to have to sit it twice!!

Re-sitting the CSA

Trainees who fail the CSA may apply to re-sit in a subsequent series, but would need deanery approval for any extension of training that might be needed. Fees for re-sits are the same as for first assessments.

Top tips:

- **Try and book a morning session as there is much less waiting around involved.**
- **Travel by public transport arriving the day before your exam.**
- **As soon as you know your date, book the Croydon Travelodge.**

Assessment dates

	November 2011	*Feb-March* 2012	May 2012
Apply via website	4-12 October 2011	6-19 Dec 2011	27 March - 4 April 2012
Assessment week 1	21-26 Nov 2011	2 - 4 Feb 2012	10 -12 May 2012
Assessment week 2	28-30 Nov 2011	6 - 11 Feb 2012	14 - 19 May 2012
Assessment week 3	-	20 – 25 Feb 2012	21 - 26 May 2012
Assessment week 4	-	27 Feb - 3 March 2012	-
Assessment week 5	-	5 – 7 March 2012	-
Results	13 Dec 2011	22 March 2012	13 June 2012

Candidates wishing to change or cancel their booking should refer to the cancellations and refunds policy that applies to MRCGP. Applications are confirmed in an automatically generated email. A further email with more detail about taking the CSA will be sent nearer the time.

Before sitting the CSA, candidates should read the document [CSA Information for Candidates](#) on the website www.rcgp-curriculum.org.uk.

Please note in particular the requirements for arrival times (9.30 for morning assessments; 12.45 for afternoon assessments) and identification documents (valid passport, NHS photo ID card or photo-card driving licence).

Equipment

Candidates are required to bring to the CSA their normal doctor's bag. Refer again to the information for candidates document which lists what should (and should not) be in your bag.

CSA Preparation

Lots of **clinical experience of real surgeries** with real patients is the best preparation! Obviously work on communication skills using videoed consultations is also highly relevant for this.

‘Small learning sets’ are particularly suitable for discussing the softer topics such as ethical and professional dilemmas and for working through common likely clinical management scenarios. This assessment is as much about clinical management skills as communication skills.

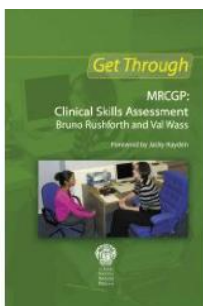


There are **courses** run by the RCGP North West England Faculty and Mersey Faculty. This has yet to be advertised on the RCGP website – usually costs around £350. You may prefer to choose one in London actually based in the horrible Croydon building to get the full experience – this has been recommended – see the RCGP website for more details.

Una Coales’s MRCGP CSA Courses £450 in London see www.mrcgpcourses.co.uk.

The Stockport trainers’ group kindly organise a very successful (and free!) ‘mock CSA’ evening – this will be on Wednesday 16th November – put in your diary and swap out of hours session early if there is a clash.

There are several **books** of scenarios available:



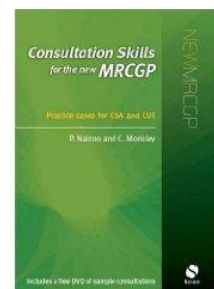
Get Through New MRCGP: Clinical Skills Assessment (Get Through Series) (Paperback) by Bruno Rushforth (Author), Val Wass (Author). Price £22.69.

Consultation Skills for the New MRCGP: Practice Cases for CSA and COT (plus DVD) (Paperback) by Prashini Naidoo (Author). Price £23.67.

CSA Scenarios for the new MRCGP (Paperback) by Thomas Das (Author). Price £25.59.



Cases and Concepts for the new MRCGP: Clinical Skills Assessment and Case-based Discussion: CSA and CbD: CSA and CbD for the NMRCGP by P. Naidoo. Price £22.69.



The Workplace-Based Assessment

The RCGP curriculum emphasises the importance of learning in the workplace and this is reflected in the WBPA component of the new MRCGP. This assessment is designed to bring teaching, learning and assessment together into one continuing process; trainees gather evidence of their actual performance in the workplace, which enables those aspects of professional behaviour that cannot be tested reliably outside the practice to be assessed, such as time management and team-working.

The WBPA is designed around an enhanced trainer's report. This requires the trainee to maintain a training record (ePortfolio) of evidence that enables the trainer to judge the trainee's progress and give feedback in each of the 12 MRCGP competency areas (see above).

The ePortfolio stores the trainee's *Training Record*, which contains:

- The evidence of competency
- A record of learning – stored under the relevant curriculum headings
- A technical skills log (see DOPS)

WPBA Tools

The assessment tools relevant for this year are:

- Multi-source feedback (MSF)
- Patient satisfaction questionnaire (PSQ)
- Case-based discussion (CBD)
- Consultation Observation Tool (COT)
- Direct observation of procedural skills (DOPS)

Multi-source feedback (MSF)

The MSF provides a sample of attitudes and opinions of colleagues on your clinical performance and professional behaviour. It helps to provide data for reflection on performance and gives useful feedback for self-evaluation.

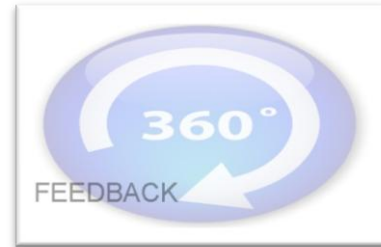
1. Collecting Feedback

The registrar and trainer should agree a date for the MSF and a date for the registrar and trainer to discuss the feedback generated by the MSF. It is important that protected time is set aside for the interview, which will be held after the closing date for responses.

The registrar selects five clinicians, mainly GPs and an additional five non clinicians. All these respondents need to be people who have observed the registrar in the

practice. The registrar gives all respondents the instruction letter which explains the process and gives details of how to input, and the closing date by which their feedback should be given. The GP trainer needs to be aware of which colleagues / staff members the registrar invited to complete the MSF.

Respondents will connect to the internet and log onto the ePortfolio, giving name and GMC number of the registrar. They will use a 7 point grade and enter feedback comments in two free text boxes. Clinicians will answer both questions. Non-clinicians answer just the first question.



The trainer will verify with a sample of colleagues / staff members that they did indeed contribute to the MSF. It is important that when checking that colleagues or staff have contributed, that the educational supervisor or GP trainer is not made aware of any details of their entry to the MSF

2. Using Feedback

Results will show the free text comments and the breakdown of scores. There will also be information on the mean, median and range of scores.



The Educational Supervisor will authorise the results to become available within the registrar's ePortfolio and visible to the trainer. The trainer should try to assimilate the numerical scores and free text comments within the context of the registrar's overall performance to date.

The feedback interview should be conducted in protected time with no interruptions. It will require excellent skills of giving feedback on the part of the interviewer. The interviewer should ensure that the registrar understands the background to the use and purpose of the MSF tool. Different individuals may require different lengths of time for reflection. It may be necessary to schedule the feedback for more than one occasion in order to make best use of data.

The Professional Conversation log in the Education Section of the ePortfolio may be used to record the discussion and the action plan arising from it.

How many? Two cycles in ST3 (5 clinicians and 5 non-clinicians).

Patient satisfaction questionnaire (PSQ)

The PSQ provides feedback to registrars by providing a measure of the patient's opinion of the doctor's relationship and empathy during a consultation. The evidence provided is useful in helping trainer and registrar to address needs and facilitate educational development during the training period.

1. Obtaining Feedback



The registrar and trainer should agree a date for the PSQ and a date for the feedback interview. The questionnaires and letters of explanation should be handed to consecutive patients (irrespective of their likelihood of responding) by the receptionist. The receptionist and trainer should complete the declaration form and return to the Deanery.

Patients complete the questionnaire and hand them back to the receptionist. This should continue until 40 completed forms have been returned. This may take a number of days.

The results should be entered into the registrar's ePortfolio.

2. Using Feedback

The feedback interview should be conducted in protected time with no interruptions. It will require excellent skills of giving feedback on the part of the interviewer. Different individuals may require different lengths of time for reflection. It may be necessary to schedule the feedback for more than one occasion in order to make best use of data. The interviewer should ensure that the trainee understands the background and purpose of the PSQ. Discussion should centre around the registrar's expectations in relation to the mean, median and range for each question.

How many? The PSQ should be used once during months 31 to 34.

Case-based discussion (CBD)

CBD is a structured interview designed to explore professional judgement exercised in clinical cases which have been selected by the registrar and presented for evaluation.

The registrar is responsible for selecting cases, requesting a CBD and ensuring the paperwork is properly completed. The registrar and the trainer should ensure that a balance of cases are represented including those involving children, mental health, cancer/palliative care and older adults, across varying contexts i.e. surgery, home visits and out-of-hours contacts.

In ST3, the registrar will select four cases and present copies of the clinical entries and relevant records to the trainer or educational supervisor one week before the discussion. The trainer selects one or two of the cases for discussion, depending on time available. These arrangements are open to flexible interpretation. There is no problem with the session only covering one case and the trainers may be flexible about the number of cases prepared for each session and the timescale before the session. The bottom line is a minimum of 12 assessed discussions for the year.

The trainer records the evidence harvested for the CBD in the ePortfolio against the appropriate competence areas.

Trainers or educational supervisors should aim to cover as many competences as are relevant to each case and can be covered in the time frame. It is unreasonable to expect that all the competences will be covered in a single CBD but if too few are considered useful evidence will be overlooked and there would be inadequate sampling of all the competences. It is helpful to tell the registrar at the beginning of the discussion which competence areas you expect to look at.

It is recommended that each discussion should take about twenty - thirty minutes, including the discussion itself, completing the rating form and giving feedback to the registrar.

How Many? A **minimum** of twelve CBDs should be carried out in ST3 (six before the six month review and six before the final review). More CBDs can be done if this is agreed between the trainer and the registrar. There may be occasions, for example, when the registrar is short of evidence in a particular competence area and another one or two CBDs might help to fill this gap.

Consultation Observation Tool (COT)

The COT has been designed to be used by trainers as an evidence-collecting instrument to support the more holistic judgements made about registrars.

The starting point for this assessment is either a video recorded consultation or a consultation directly observed by the trainer. In either case the observation should generate discussion and feedback for the registrar and yield evidence which will be recorded in the ePortfolio. It is likely that more evidence will be generated from consultations with greater complexity.

The selected consultations are rated according to a set of criteria which have been developed from the experience with Summative Assessment and the MRCGP consultation skills module. These criteria are built into the ePortfolio.

The Registrar records a number of consultations on video and selects one for assessment and discussion, or the registrar and the trainer agree on a prospective patient encounter which will be the subject of direct observation. In either case the patient must give consent in accordance with the guidelines for consenting patients.

Consultations should be selected across a range of patient contexts and over the entire period of training spent in general practice and should include at least one case from each of the following categories:

- Children (a child aged 10 or under)
- Older adults (an adult aged more than 75 years old)
- Mental health.

Time is set aside for both Registrar and trainer to view the consultation together during which time the trainer rates the evidence which they observe against the competence framework and COT criteria. The trainer then formulates a global judgement for the overall consultation and offers formal feedback on the consultation with recommendations for further work and development by the Registrar.

How many? How often? The requirement is for a minimum of 12 COTs in ST3 (six before each review). The minimum requirement applies whether or not the registrar is in full time training. One consultation should be viewed at a time.

Direct observation of procedural skills (DOPS)

DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care.

The registrar chooses the timing, procedure and the observer. There may be a need to check that the skills have been retained and are used appropriately within the context of general practice.

The observers may be experienced nursing staff or GPs.

There are eight mandatory procedures to be covered:

Application of simple dressing

Breast examination

Cervical cytology

Female genital examination

Male genital examination

Prostate examination

Rectal examination

Testing for blood glucose

Some of these procedures may be combined e.g. prostate and rectal examinations!

There are currently eleven other optional procedures which should be recorded, if undertaken.

How many? One DOPS should be carried out for each procedure, for at least the eight mandatory procedures. These need to be carried out until the mandatory skills log in the ePortfolio is complete. It is estimated that each DOPS will take between 10 and 20 minutes, including 5 - 15 minutes for assessment and 5 minutes for feedback.

If the mandatory DOPS have not already been covered by the beginning of ST3 then this needs to be prioritised in your learning plan possibly by attending relevant clinics. There is no plan to set up a 'skills lab' session as we have previously as everyone now will have had 3 years to arrange to get these done. Do not get towards the end of WBPA without completion of these DOPS.

Minimum Mandatory Assessments for Specialty Training Year 3

Minimums prior to '30 month review' – i.e. February 2012

- 6 x CBD
- 6 x COT
- 1 x MSF

Minimums prior to '34 month review' – i.e. June 2012

- 6 x CBD
- 6 x COT
- 1 x MSF
- 1 x PSQ

Plus the 8 mandatory DOPS and CPR certificate and Out of Hours attendance.

Passing the WBPA

WPBA is formative so there is no concept of fail! The assessments within WPBA (COT, CBD, DOPS) and all the naturally occurring evidence must demonstrate satisfactory progression through all of the competency areas.

The evidence presented on the eportfolio of assessments completed and coverage of the curriculum by learning log entries will be assessed by your educational supervisor at the educational supervisor reviews (30 month review and 24 month review) and then by the ARCP (annual review of competencies panel) at the deanery towards the end of the year.

In addition to the mandatory assessments, the 'naturally occurring evidence' presented in your eportfolio must include:

- **Effective use of the PDP (personal development plan)**
- **The breadth of curriculum coverage as demonstrated by the learning log entries (please only link each entry with *one or two* main curriculum areas/competencies – it does not fool the panel and looks bad). Don't submit an eportfolio with only a few or worse no linked log entries for a curriculum area!**
- **Range of educational activities undertaken – especially you will have needed to include audit work, significant event audit, clinical encounters and professional conversations. Make sure the audit demonstrates a full cycle.**
- **18 out-of-hours sessions.**
- **Evidence of definite significant learning activity in the areas of equality and diversity and safeguarding children.**

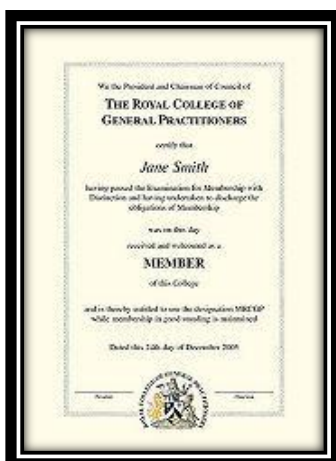
Your trainer should be aware of this but the panels have been made to tighten up on this requirement by the college. It was obvious from my experience on panel that not all educational supervisors/registrars were fully aware of this. Make sure both you and your trainer are aware so you avoid having to appear before the end of year deanery panel.



The summative judgement is made by the final review panel that review all the evidence presented on your eportfolio. If all is straightforward then you do not have to appear in person before the panel. If the eportfolio evidence is incomplete or there are any problems you will be asked to attend the panel to explain yourself!

An incomplete or scanty eportfolio cannot pass. The panel may offer a period of further training with a learning prescription if necessary (e.g. failed assessments) but is not obliged to. It is in the interests of everybody to identify areas of difficulty early to allow sufficient time for completion within the ST3 year. If there are problems please discuss with your educational supervisor and/or Tom.

<h1>AKT</h1>	<ul style="list-style-type: none"> • Applied Knowledge Test • machine marked test; Extended matching questions etc • held 3x/year in local driving theory test centres • sat at any time in GP training • May be appropriate to take before final year, or early in final year
<h1>CSA</h1>	<ul style="list-style-type: none"> • Clinical Skills Assessment • OSCE-type exam • held Oct, Feb, May in Croydon • sat during GPST year; Sensible to take early enough to have time to retake if necessary (but not too early)
<h1>WPBA</h1>	<ul style="list-style-type: none"> • WorkPlace Based Assessment • several components • Has to be recorded in e-portfolio • should be throughout GP training right from the start.... Please ensure this happens; you cannot make up for it later



Once you have successfully completed all the assessments (AKT, CSA and WPBA) and satisfied panel, you can then apply for your certificate of completion of training and have your name added to the GP register – then the really hard work begins!

Further Learning Resources and Administration

In order to claim everything you are entitled to it helps to be **organised** and **obsessive**...

There are **five** items to claim **every month**.

Keep a log because the money arrives in a lump sum.

They will not tell you how it is broken down.

Forms are easily available on the deanery website:

<http://www.nwpgmd.nhs.uk/genprac/traineeshome.html>

<u>Item</u>	<u>Form</u>	<u>Send to</u>
1. Visit mileage	RUA	PCT
2. Phone rental*	n/a	PCT
3. Mastercall mileage	RUA	PCT
4. Teaching mileage	EDUC	Deanery
5. Courses	Electronic Study Leave	Deanery

*Pauline Hughes at the PCT will accept scanned and emailed telephone bills.

Each item has to be on a **separate** form.

Also reimbursement of MPS/MDU form is sent to NLPCT.

Courses

Once you have attended the course send your invoice and EDUC forms to the Deanery that authorise them and pass onto the PCT for payment.

Teaching

Bizarrely, the Deanery requires a study leave application form for you to attend mandatory teaching at Pinewood. This is so they can release funding for your mileage costs.

Visit Mileage

Remember that you not only claim for visit mileage but also **mileage to and from work** on every day that you do a visit. You need to enter all locations as **postcodes** because they audit them. Use multimap to calculate your return mileage to each visit from the practice.

Deanery

Ashleigh deBurgh
South Academy Administrator
North Western Deanery
4th Floor, Barlow House
Minshull St
Manchester
M1 3DZ
a.deburgh@nwpgmd.nhs.uk

North Lancs Trust PCT

Pauline Hughes / Spencer Mckee
Medical Staffing
North Lancs Trust PCT
Moor Lane Mills
Moor Lane
Lancaster
LA1 1QD
Pauline.hughes@northlancs.nhs.uk

Study Leave

This has the potential to be really confusing for you and your practices. The reason for this is there are differing guidelines that count study leave in different ways. By far the easiest way of sorting this is to remember the following:

You work 10 sessions per week. Seven of these will be 'working' in your practice and three are educational sessions. One of these sessions will tend to be a tutorial, another the compulsory structured teaching programme and the third the 'pick and mix' session. The 'pick and mix' sessions and the weeks when the 'day release' is not running gives you flexibility to attend courses, sit exams etc. provided that some flexibility can be negotiated with your practices over timetabling. Remember if you take more than 3 educational sessions some weeks then you will have to 'work' more sessions on other weeks.

The arrangement of your study sessions and any changes to your usual timetable must be done in negotiation with your trainer at least 4 weeks in advance.

All educational sessions must be recorded in your learning log on the eportfolio.

Study leave has to be approved in advance – via the new electronic Study Leave Form.

Official study leave guidelines can be found on the Deanery website

www.nwpgmd.nhs.uk

Attendance at the structured teaching sessions is compulsory and unauthorised absence is regarded as a 'disciplinary offence' by the single lead employer (North Lancs TPCT). Please let Tom know if you are not going to attend in advance – just as you would do if you were missing a session in practice for any reason.

RCGP Courses

Details are attached. All the application forms are available on the Courses and Events section of the RCGP website. You are going to be asked to pay directly for the courses – you will then get a receipt so that you can claim the money back from the deanery via the study leave budget.

The College

The RCGP has an excellent website which is a good resource for all the central information you need about the MRCGP, Certification and the Curriculum. The NW Faculty is the local face of the College and they hope that you will use them as a resource for engaging with other trainees in the North West Deanery region as well as established GPs involved with the Faculty, and for your continuing professional development over your period of specialty training. To this end, one or two registrars from our group are asked to represent Stockport on the RCGP GP Registrar Sub Committee which is dedicated to Registrar welfare and education. If you are interested, please have a word with Tom.

Contact details for the NW Faculty of RCGP:

Royal College of General Practitioners
North West England Faculty
Bank Quay House
Sankey Street
Warrington
WA1 1NN

Tel (Direct): 01925 646321

Tel (General): 01925 646310

Fax: 01925 646311

Email: lvimbande@rcgp.org.uk

Web: www.rcgp.org.uk/northwestengland

Professional Development

The NW Faculty works in collaboration with the North Western Deanery to support the network of GP Educators in their delivery of the GP Curriculum to North West Trainees. In practice, this means we put on courses designed for NW trainees on a series of topics that support the relevant Curriculum Statements.

Please see the courses – they are now listed on the RCGP website complete with application details.

When applying for study leave to do a course think about whether you are fulfilling a real learning need and also the cost implications (both in terms of how much you have of allowance and factor in paying 'up front' in your personal finances). Remember also the exam costs!

Remember to get approval from Bonny for Study Leave as well as your Educational Supervisor.

Courses coming up run by RCGP NW faculty:

HIV in Primary Care Friday 23 Sept 2011 Leyland GPs, Practice Nurses & Health Care Professionals
EKU—Hot Topics Day Thurs 29 Sept 2011 Leyland £185/235 GPs, Nurses

Managing Allergies with Confidence in Primary Care Date & Venue TBC GPs, Nurses and trainees
Minor Surgery, refresher/update Wed 12 Oct 2011 at The Leyland Hotel Established GPs only
Neurology in Primary Care Date & venue TBC GPs, Nurses and trainees
Ophthalmology for GP Trainees 13 October at The Leyland Hotel

Orthopaedics Made Easy Date & Venue TBC GPs, Nurses and trainees
Child Health Update Wed 9 Nov 2011 Bolton TBC GPs & Nurses
Dermatology in Clinical Practice/Mod One Wed 9 & Thurs 10 Nov 2011 at Chorley GPs & Nurses
Minor Surgery in General Practice Wed 16 & Thurs 17 Nov 2011 at Chorley GPs, Nurses and trainees
ENT for GP Trainees Date & Venue TBC GP Trainees
Dermatology for GP Trainees 17 & 18 November at Chorley GP Trainees

Effective Urgent Care Consultations Date & venue TBC GPs, Nurses & Healthcare Professionals
Soft Tissue Injury Course Royal Oldham Hospital GPs & Nurses
Health & Work in Primary Care Wed 7 Dec 11, The Park Inn, Leigh GPs & Nurses
CSA Exam Prep Course Woodlands Centre, Chorley Friday 9 Dec 11 GP Trainees

Child Health Promotion 11,12 & 13 January at The Leyland Hotel GP Trainees

Dermatology in Clinical Practice Module Two Wed 8 & Thurs 9 Feb 2012 Chorley GPs & Nurses
Minor Surgery in General Practice Wed 22 & Thurs 23 Feb 2012 at Chorley GPs, Nurses and trainees
Mental Health in General Practice Date & Venue TBC GPs, Nurses and trainees
Palliative Care Course Date TBC Venue: The Leyland Hotel GPs, Nurses and trainees-
Dermatology for GP Trainees 2 & 3 February at Chorley GP Trainees

Minor Surgery in General Practice Wed 20 & Thurs 21 Mar 2012 at Chorley GPs, Nurses and trainees
Orthopaedics Made Easy Fri 30 Mar 2012 Chorley TBC GPs, Nurses

Child Health Update Date & venue TBC GPs & Nurses
Sexual Health & Young People Date & Venue TC TBC GPs, Nurses & Health Care Professionals
ENT Management in Primary Care Date & venue TBC TBC GPs & Nurses

Minor Surgery in General Practice Wed 20 & Thurs 21 June 2012 TBC GPs, Nurses and trainees
Contraception & STI update Date & Venue TBC GPs & Nurses
Orthopaedics Made Easy Date & Venue TBC GPs, Nurses and trainees
Cancer Care Made Less Difficult Date & Venue TBC GPs, Nurses and trainees
ENT for GP Trainees Date & Venue TBC GP Trainees

Minor Surgery in General Practice Wed 11 & Thurs 12 July 2012 TBC GPs, Nurses and trainees

Other Courses:

Hot Topics GP Update Course, NB Medical Education, Sat 17th September The Palace Hotel, Manchester. £150. www.nbmedical.co.uk

ST3 Practical Dermatology Study Day, Free – sponsored by Leo/GSK. 28th September 2011 Sporting Lodge Inn, Warrington Road, Leigh, Lancashire, WN7 3XQ. Places limited to 60 – email rose.dodd@leo-pharma.com to reserve a place.

Out-of-Hours Sessions

You have to do twelve sessions in the ST3 year (and record them on your eportfolio). These are in addition to the six you should have completed in ST2 attachment in GP. They are organised by the Rota Manager Helen Rose at Mastercall (out of hours service based in Stockport). You should get a rota by the end of August with your sessions for the year (September – May) along with your username and password for the computer system.

As no Stockport ST2 out of hours sessions ended up happening last year there is a problem. These six missing sessions will have to be made up before your final panel so there are 18 sessions in all. Negotiations on how this can be achieved are still on-going with Bonny and Mastercall.

The Mastercall out-of-hours sessions are all Monday – Friday, 7pm – 11pm at Stockport apart from one Saturday session 2pm – 6pm. Sessions 1-8 will be 'supernumary' to the usual doctor rota with direct supervision from a clinical supervisor (also 'supernumary to the rota'). All sessions are based at the Stockport centre. Make yourself known to the supervisor when you arrive.

A later start to the following morning *may* be negotiated with your practices after the evening sessions.

You cannot complete the year without the 12 completed sessions which are also included in your contract. Any rota swaps you have negotiated with your colleagues need to be communicated *at least* 24 hours in advance of the shift to Helen Rose.

Any 'extended' hours that form part of your practice working rota are fine to work within your contract but do not count in any way towards your out-of-hours commitment which are the twelve Mastercall sessions described.

Contact details:

Helen Rose,
Mastercall Services Ltd,
226-228 Wellington Road South,
Stockport,
SK2 6NW
Telephone: 0161 476 0400
Website: www.mastercall.org.uk

Email: roseh@stockport-pct.doctorscoop.nhs.uk
Direct dial number for Helen Rose is 0161 476 9656.

Out-of-Hours Session Scheme

Session 1:	Training and Induction
Sessions 2-6:	Telephone Triage and Face-to-face Consultations
Sessions 7-8:	Domiciliary Visits
Sessions 9-12:	Active doctor on duty (supervision by phone)