

Best Practice Pack

Contents

Access to our Website Resources.....	2
Why Log In?	2
Navigating the Site.....	2
The Trainee Working Week	3
Study Leave.....	4
Trainee Timetables (<i>Where is my trainee?</i>).....	5
ST2	Error! Bookmark not defined.
ST3	Error! Bookmark not defined.
Clinical Evaluation and Procedural Skills (<i>DOPS replacement</i>)	5
DOPS Replacement.....	5
Pre Existing DOPS.....	5
Expected Standard.....	5
Required Examinations.....	5
CEPS Learning Log Entries.....	5
CEPS Assessment Opportunities for Trainers	5
Joint Surgeries	5
What counts as a joint surgery?	5
Benefits of joint surgeries?.....	5
Balancing Joint Surgeries and Patient Demand	6
Patients try to talk to me instead of the trainee	6
Reflective Writing	6
Support for Trainees.....	7
Educational Supervisor Reports	7
Timing	7
Annual Review of Competency and Progression (ARCP).....	9
Example Pre Screening Form Used At ARCP.....	9

Access to our Website Resources

Your username is: trainer

Your password is: CWtrainer

Log in by clicking on the login button shown at the top of the website page.

The screenshot shows the top of the website. At the top, there is a navigation bar with 'Register' and 'Login' buttons. The 'Login' button is circled in blue. Below this is the website header with the Coventry and Warwickshire VTS logo, social media icons for Twitter and Facebook, and the NHS logo. A search bar is also present. Below the header is a main navigation bar with links: Home, BSOL, ST1, ST2, ST3, My Profile, VTS Teaching, Practice Locations, Diary, FY2, ARCP, and Resources. The 'Resources' link is circled in blue. Below the main navigation bar is a sub-navigation bar with 'The VTS Team' and 'Groups'. Below this is a banner section with a photo of Katherine King, Area Director, and a large 'Login to access the full site' button.

If you are new to the scheme congratulations on getting through the first hurdles of recruitment and selection. If you are mid-course, welcome to our website.

You will by now have realised that 'times they are a changing' and one of the key attributes to being a GP is knowing how to deal with that change and accompanying uncertainty.

The Educators of Coventry and Warwickshire also find change challenging, but we are determined to help you transform into confident, competent General Practitioners. We are here to help you and hope you find the new website engaging and interactive.

The Coventry & Warwickshire GPVTS Team

Why Log In?

If you do not log in you won't be able to access the resources for trainers held on our website. We use password protection to help ensure that information provided is directed to the desired audience.

Navigating the Site

The site menu is shown under the header bar. Information specific to each year group can be found on the year group tabs. Information specific to trainers and practice managers is found under the Resources tab.

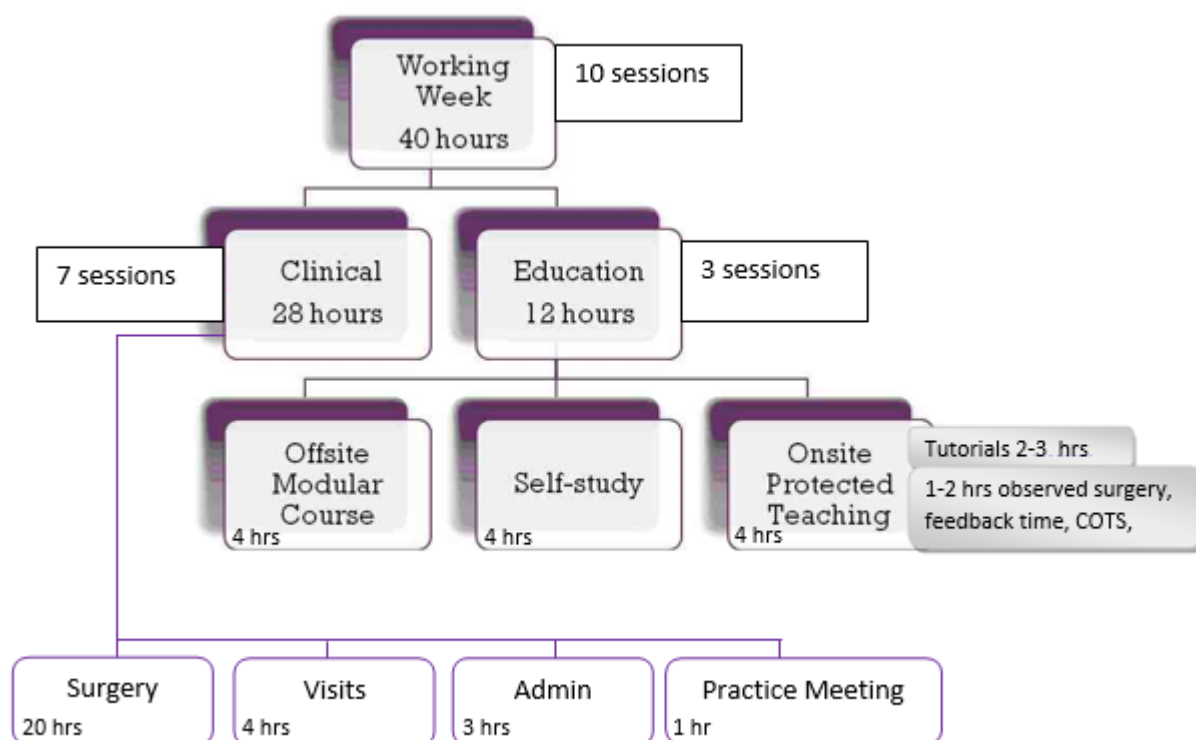
The Trainee Working Week



A session is 4 hours and so the working week can be divided into 10 sessions.

Clinical work includes surgery, visits, and administration, practice business meetings. It DOES NOT mean a registrar should do seven surgeries.

Three sessions or 12 hours should be devoted to education. Educational sessions include the half-day release, updating the e-portfolio, reading, and protected time for tutorials, practice educational meetings. Educational sessions can include patient contact time for example COTs, attending an outpatient session, sitting with another doctor or clinic, joint surgeries, debriefs, tutorials etc.



When the VTS half days is not running the free educational session is an opportunity for the trainee to further gain some competencies. This time can fruitfully be used for an agreed educational plan that could be clinical (e.g. attending an ENT clinic) or educational (e.g. undertaking an audit)

Study Leave

30 Days Study Leave

15 counted towards
VTS

15 remain for trainee
use

When VTS is not running the time normally set aside for VTS is available to trainees for educational activities. This time is taken from the trainee's working week and does not affect their 15 days of annual study leave.

Trainees are entitled to 30 days of study leave per year of which 15 are regarded as VTS leaving 15 days they can take for other things over and above annual leave etc. They tend to use this for CSA and other courses. You need to keep a bit of an eye on "private study time" and are entitled to deny leave if you don't feel its in their educational interest e.g. some years ago we declined a request for 3 days study leave an ST2 wanted to take to attend a paediatric rheumatology course. As they were struggling with basic GP we regarded that as inappropriate.

If the trainee is unhappy with that decision they can appeal to Dr Katherine King and/or the postgraduate dean. Alongside this and best regarded completely separately is the trainee working week. This should consist (for a full time trainee) of 28 hrs clinical time (which should include time to complete administrative tasks) and 12 hours of education. Those 12 hours consist of 4 hrs in practice teaching (joint surgeries, debriefs, tutorials etc) 4hrs personal study time and (when its running) 4hrs VTS. When the VTS is not running this is still education time and the trainee should have a discussion with you about how they will use it. Its a good opportunity for them to attend hospital and community clinics, complete audits, and yes do their CSA groups. You are entitled to ask for something definite from them ideally a learning log reflecting what they have achieved on that afternoon. It may be that approaching CSA an additional surgery with feedback is the most appropriate use of their time but it has to be an educational opportunity not just service work.

Trainee Timetables (*Where is my trainee?*)

Available on the website under the diary tab

Clinical Evaluation and Procedural Skills (*DOPS replacement*)

DOPS Replacement

Clinical Evaluation and Procedural Skills (CEPS) is the replacement for Directly Observed Procedures (DOPS)

Pre Existing DOPS

All examination skills should be entered as a CEPS because DOPS are being phased out. *DOPS entries made by trainees before CEPS were introduced remain acceptable evidence of competency.*

Expected Standard

Can a trainee do what would be expected of a competent GP? A CEPS will be deemed competent if the choice of examination, proficiency of skills demonstrated and conclusions drawn from findings are of the standard expected of a competent GP (safe and independent practice).

Required Examinations

Intimate examinations (rectal, breast, male and female genital examinations) are mandatory. *NB There is no longer a requirement for trainees to be competent in performing cervical smears.* A single competent CEPS in each examination is considered acceptable evidence of competency.

CEPS Learning Log Entries

Trainees can make learning log entries for CEPS. This is an opportunity for trainees to reflect on CEPS e.g. a trainee might reflect on a hospital letter which has confirmed an abnormal finding. Trainees may also reflect on learning about physical examination.

CEPS Assessment Opportunities for Trainers

CEPS can be assessed using a variety of methods e.g. direct observation, video, and case based discussion. A case based discussion provides an opportunity for the trainer to explore the trainee's ability of a trainee to select appropriate aspects of examination based on the presenting case.

Joint Surgeries

What counts as a joint surgery?

A joint surgery is a surgery in which the trainer and trainee sit in the same room and observe each other consulting. Time is built into the surgery for feedback and discussion between patient consultations.

Benefits of joint surgeries?

1. Allows the trainee to go through a rapid learning cycle, receiving feedback and trying it out in the next consultation.
2. Enables the trainer to assess the trainee's knowledge, skills, attitudes and competency. A joint surgery at the start of the trainees post helps answer the following questions;
 - a. Is this trainee safe with my patients? How much supervision do they require? How long should their appointment times be?

3. Allows the trainee to observe the trainer and learn about the standard expected of a competent GP. Also provides an opportunity for the trainee to develop the ability to provide balanced feedback.
4. Allowing trainees to feedback on your consulting helps demonstrate a high level of trust that can promote a strong trainer trainee relationship.

Balancing Joint Surgeries and Patient Demand

You may choose to run Joint surgeries instead of a tutorial. Running joint surgeries this way can make them workload neutral. The trainee receives a valuable educational experience whilst also helping with practice workload.

Patients try to talk to me instead of the trainee

This is common. An effective technique is to avoid eye contact. After introducing yourself at the start of the consultation sit quietly out of the direct gaze of the patient and avoid making eye contact. Once a good rapport has been established between the patient and trainee it is safe to observe more directly.

Reflective Writing

'What has this trainee learnt from their clinical experience that will help them to be a better doctor?'

Entries should be reflective not purely descriptive.

Encourage trainees to answer the question prompts present in the learning logs. They help the log entry to demonstrate reflection.

There are examples of reflective log entries on our website. Tutorials about how to write a reflective log entries are also present. Click on any of the ST1, ST2 and ST3 tabs.

Home	BSOL	ST1	ST2	ST3	VTS Teaching	Practice Locations	Diary	FY2	ARCP
The VTS Team									

[Home](#) } [ST2](#)

ST2 - Preparing for Assessment

General FAQ	Learning in Hospital Posts	Reflective Writing	Forms Needed in ST2
AKT	CSA	Support for Trainees	Courses
ST2 VTS Timetable	Mandatory Surveys	ARCP	Learning Logs
PDP	ESR		

There are several established resources to aid reflective writing. These are linked below:

[Here is a link to some reflective log entries to give you a flavour of the standard expected.](#)

[Here is a link to a presentation about reflective writing.](#)

[Here is a link to the often cited Arthur Hibble Document on reflective practice.](#)

Support for Trainees

There are various ways in which trainees can access support.

As TPD's we try to be approachable. Each trainee is assigned a mentor TPD.

To help those going through a period of difficulty we have network of support.

They can speak to:

Their mentor TPD

The TPD leads for supporting trainees (Dave Rapley and Libby Hodges)

Their Education Supervisor

Their Clinical Supervisor

Trainees requiring more help can be referred to the Professional Support Unit

Please inform TPDs if you are aware of any significant difficulties faced by your trainees so that we can ensure appropriate support is available.

Educational Supervisor Reports

Timing

An ESR is conducted every six calendar months, whether trainees are training full-time or not. Reviews are carried out even if they do not coincide exactly with the end of posts. This ensures regular feedback and engagement with the evidence in the Trainee ePortfolio, and means that the ARCP panel has a recent ESR to inform their decision making.

The dates of ARCP panels determine the dates by which ESR's must be completed.

Dates of ESR for Trainees Due ARCP

ESR must be completed no less than 2 weeks before the ARCP panel date (and not more than 8 weeks before the ARCP panel date)

Trainees are made aware of their ARCP panel date by email.

Dates of ESR for Trainees NOT Due ARCP

Trainees not due ARCP may still be called to panel if the Educational Supervisor requests it. In order that trainees can be seen by a panel ESRs must be completed by:

Winter ESR - Mid December

Summer ESR - End of June

Review meetings usually take between one and two hours, followed by a write-up in the ePortfolio.

A generic e-mail will be sent to all trainees via e-portfolio with details of when the next ARCP is to be held and by which date they should have had their ESR. (Please ensure that both Trainees and the Educational Supervisors have signed and submitted the ESR, otherwise it will not progress to the ARCP process.)

Annual Review of Competency and Progression (ARCP)

We welcome trainers as observer at panels. Those who have already spent a 1/2 or full day at an ARCP have reported finding the process "enlightening", "really useful" and "invaluable". Panels run most months as well as for 6 weeks in June and July. They are always on a Thursday at West Bromwich Albion Football Club (just off Junction 1 of M5) and the lunches are excellent! Please ask Bianca for details - she can book you a place

Shown below are the forms used to screen trainees in preparation for their ARCP. The forms outline what is required from a trainee.

Example Pre Screening Form Used At ARCP

Candidate Name:	Click here to enter text.	GMC No:	Click here to enter text.	ST Year	Choose an item.				
Period to be Reviewed:	Click here to enter text.			Review Stage	Choose an item.				
				Working Hours	Choose an item.				
Date of pre-screening	Click here to enter a date.	Name of pre-screener	N.Boeckx	Trainee area	Choose an item.				
Date of ESR <i>NOTE: ESR must be within 8w prior to anticipated ARCP.</i>	Click here to enter a date.	ESR Outcome	Click here to enter text.	Expected CCT date	Click here to enter a date.				
Likely date of ARCP	Click here to enter a date.	Last ARCP outcome	Click here to enter text.	Comments (eg LTFT/OOP/mat/sick)					
				Click here to enter text.					
Preparation	<i>This is an over-view of the e-Portfolio so that reviewing the most recent ESR more effective and efficient</i>								
e-Portfolio Heading	Expectation				Comments:	Y/N			
Posts	ST1				Click here to enter text.	Choose an item.			
	ST2								
	ST3								
	For ST3; Has there been 18m in GP?		Click here to enter text.			Choose an item.			
	If not 18m, document on ST3 ARCP form "We are satisfied that this trainee has met the full range of required competencies despite completing less than 18 months training in a GP practice."					Choose an item.			
Educators' Notes	Are there any significant educators' notes?		Click here to enter text.		Comments:				
					Click here to enter text.	Choose an item.			
Evidence	Assessments should exceed minimum for the review period and for the ST year. For each type of assessment check evidence supports grading						Click here to enter text.	Choose an item.	
	WPBA	ST1	ST2	ST3	Actual	1st 6m			2nd 6m
	CSR	1/job	1/job	Nil	CSR	Click here			Click here to

						to enter text.	enter text.		
	CBD	3+3	3+3	6+6	CBD	Click here to enter text.	Click here to enter text.		
	COT/miniCEX	3+3	3+3	6+6	COT/mCEX	Click here to enter text.	Click here to enter text.		
	PSQ	1 in GP	1 in GP	1	PSQ	Click here to enter text.	Click here to enter text.		
	MSF	1+1 (5 clinical)	-	1+1 (5 clinical, 5 non-clin)	MSF	Click here to enter text.	Click here to enter text.		
PDP	PDP present with minimum 1 entry per attachment PDP entries derived from learning log Entries with appropriate SMART objectives PDP resulting in new learning logs Evidence of personal learning needs being identified, planned learning and successful outcomes							Click here to enter text.	Choose an item.
Log Entries	Specific Evidence		These should be completed by ST3-Final					Comments:	
	Audit		This should be ideally relevant to primary care and should involve audit					Click here to enter text.	Choose an item.
	Sig Event Analysis		This should be an appropriate discussion from a forum/meeting looking at a significant event					Click here to enter text.	Choose an item.
	Safeguarding (level 3) plus reflection		Should be shown under Course /Certificates or under Children and Young People Curriculum Heading					Click here to enter text.	Choose an item.
	OOH sessions		6 in ST2, 12 in ST3, 18 sessions in total, >108hrs total, 90+hrs clinical contact					Click here to enter text.	Choose an item.
	CPR/AED		Certificate should be uploaded as a log entry					Click here to enter text.	Choose an item.
	OOH		Should be ticked by ES, check with log entries					Click here to enter text.	Choose an item.
	Evidence from Learning Log Log entries should be regularly added, (suggest at a rate of 2-3 weekly) Clinical encounters should be added regularly Wide variety of learning activities							Click here to enter text.	Choose an item.

	<p>Entries should be linked to curriculum appropriately; not too little nor too much ES should be linking to competences; not too little or too much Entries should show personal reflection Entries should show learning needs. Log entries can also lead to PDP entries.</p>			
Candidate Name:				
ESR	<p>Ensure that you are looking at the most recent ESR. Any problems with dates/numbering is the responsibility of the trainee to discuss and correct with e-Portfolio administrators</p>			
Page	Area	Expectation	Comments:	Y/N
Page 1 Personal Details	Declarations:	These must be signed by trainee and countersigned by ES when appropriate. This is imperative by ST3-Final.	Click here to enter text.	Choose an item.
	Competence Areas	Self-Rating: Evidence should be appropriately referenced	Click here to enter text.	Choose an item.
		ES Feedback: Evidence should be appropriately referenced and be robust enough to justify rating. Is there evidence of progress? By end of ST3 all areas should be graded Excellent or Competent for Licensing for a Satisfactory outcome	Click here to enter text.	Choose an item.
Page 2 Curriculum Coverage	<p>There should be evidence of adequate coverage of each curriculum area. By ST3 at least 3 in difficult areas and more in common areas</p>		Click here to enter text.	Choose an item.
Page 3 Skills Log	DOPs	<p>They should all be self-assessed. By end of ST3 self-assessment should be Confident to Perform Unsupervised All mandatory DOPs should have at least one satisfactory assessment by an appropriate assessor for that DOP. Will be superseded by CEPs</p>	Click here to enter text.	Choose an item.
Page 4 Work Place Based Assessment	1. Naturally Occurring Evidence	<p>Review the naturally occurring evidence against the competences. Is there sufficient quality evidence to demonstrate competence in that area? Linkage of Log Entries to Competence Area By end of ST3, every area have sufficient evidence (at least 3 in hard to achieve areas, more in common areas)</p>	Click here to enter text.	Choose an item.
	2. Review of PDP	<p>At every ARCP, there should be clear demonstration of evidence of engagement in the learning cycle. If this is not clear check learning log entries for this. By ST3 this should be very apparent.</p>	Click here to enter text.	Choose an item.
Progress to Certification	AKT	If not yet passed then document past scores and low scoring areas	Click here to enter text.	Choose an item.
	CSA	If not yet passed then document past scores and areas of 4 or more deficiencies.	Click here to enter text.	Choose an item.
Feedback on Areas for Development		Is there feedback on how trainee could develop? Are the suggestions appropriate and have they been heeded by the trainee?	Click here to enter text.	Choose an item.

Ed Supervisor Recommendation	Recommendation Click here to enter text.	ESR Comments; please state any relevant comments Click here to enter text.	Comments: Click here to enter text.	Choose an item.
Suggested outcome		Click here to enter text.		
	Outcome 1	Achieving progress and competences at the expected rate (clinical/academic) (Satisfactory progress for ST1 and ST2)		
	Outcome 2	Development of specific competences required - additional training time not required		
	Outcome 3	Inadequate progress by the trainee - additional training time required Released from training programme with or without specified competences		
	Outcome 4	Released from training programme with or without specified competences		
	Outcome 5	Incomplete evidence presented - additional training time may be required (Omission of evidence for		
	Outcome 6 ST3 final	Final ARCP) Has gained all the required competences for the completion of training (clinical/academic) (satisfactory for CCT)		
Reasons	Check JEST and GMC completion if this is a requirement:			
ARCP Actual outcome				
Reasons				
Competence areas to develop				
Next ARCP				