

Eastern and Coastal
General Practice Specialist Training
Handbook

August 2007

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KSS Deanery

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London
SE1 2DD

Tel: 0207 4153400

Fax: 0207 4150049

www.gpkss.ac.uk



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0207 415 3435
atavabie@gpkss.ac.uk

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Mr Stephen Scudder

Lifelong Learning Adviser

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Programme Directors

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E-mail: Allan.Fox@gp-G82142.nhs.uk		
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E-mail: david.hindmarsh@nhs.net		
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ME13 8FH
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Foundation Programme Cossington Road
Canterbury
E-mail: greg.manson@dsl.pipex.com

Dr Kate Neden East Cliff Practice 01843 855800
ST3 Placements Montefiore Medical Centre
Dumpton Park Drive
Ramsgate
CT11 8AD
E-mail: catherine.neden@mildmaysurgery.co.uk

GPVTS

Programme Directors



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m.collins@gp-82128.nhs.uk

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Joanna Collyer

joannacollyer@hotmail.com

Trainee Support



Allan Fox

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ST1 & ST2 Programmes



Greg Manson

greg.manson@dsl.pipex.com

Foundation Programme

MRCGP tutor



Kate Neden

Catherine.neden@nhs.net

ST3 placements

Trainers in East Kent

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
Dr Allingham	Oaklands Health Centre Stade Street Hythe CT21 6BD	0844 4773550
Dr Peter Biggs	Northgate Medical Practice 1 Northgate Canterbury	0870 8902424
Dr Collins	Peter Street Surgery Peter Street Dover CT16 1EF	01304 216890
Dr Cooney	Willesborough Health Centre Bentley Road Willesborough Ashford TN24 0HZ	01233 621626
Dr Caroline Crosfield	75 High Street Minster Ramsgate	01843 821333
Dr De Caesteker	The New Surgery 128 Canterbury Road Folkestone CT19 5SR	01303 243516
Dr Diu	New Hayesbank Surgery Bybrook Kennington Ashford TN24 9JZ	01233 624642
Dr Findlay	Sandgate Road Surgery 180 Sandgate Road Folkestone	01303 221155

	CT20 2HN	
Dr Allan Fox	Wye Surgery Oxenturn Road Wye	01233 812419
Dr J Garland	Birchington Medical Centre Minnis Road Birchington	01843 841384
Dr Sue Greaves	Canterbury Health Centre 26 Old Dover Road Canterbury	01227 452444
Dr S Henry	Union Row Surgery Minster Ramsgate	01843 269980
Dr David Hindmarsh	The Crane Surgery Rectory Fields Cranbrook TN17 3JB	01580 712260
Dr Horton Szar	Northgate Medical Practice 1 Northgate Canterbury	0870 8902424
Dr Geoff Jones	10 New Dover Road Canterbury	01227 462197
Dr Mark Jones	The Surgery Bridge/Littlebourne	01227 831900 01227 721515
Dr Graham Joy	Bethesda Medical Centre Palm Bay Avenue Cliftonville Margate	01843 209 300
Dr Lakshman Kanagasooriam	Whitstable Health Centre Harbour Street Whitstable CT5 1BZ	01227 594400
Dr Kelly	Kingsnorth Medical Practice Ashford Road Ashford	01233 610140

	TN23 3ED	
Dr Lister	The Charing Surgery Charing Ashford TN27 0HZ	0844 4773040
Dr Lloyd Smith	Ivy Court Surgery Tenterden TN30 6RB	01580 763666
Dr Simon Lundy	Newton Place Surgery Newton Road Faversham ME13 8FH	01795 530777
Dr Alyson Macpherson	East Cliff Practice Montefiore Medical Centre Dumpton Park Drive Ramsgate CT11 8AD	01843 855800
Dr Greg Manson	Cossington House Cossington Road Canterbury	01227 763377
Dr Hugh Matthews	Park Surgery 116 Kings Road Herne Bay CT6 5RE	01227 742200
Dr Dan Moore	Faversham Health Centre Bank Street Faversham	01795 562011
Dr R C Morcom	The Grange Surgery Montefiore Medical Centre Dumpton Park Drive Ramsgate CT11 8AD	01843 572740
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Dr John Neden	East Cliff Practice Montefiore Medical Centre Dumpton Park Drive Ramsgate CT11 8AD	01843 855800
Dr Mike Pick	East Cliff Practice Montefiore Medical Centre Dumpton Park Drive Ramsgate CT11 8AD	01843 855800
Dr Rafla	The Surgery Bridge/Littlebourne	01227 831900 01227 721515
Dr Robertson Richie	The New Surgery 128 Canterbury Road Folkestone CT19 5SR	01303 243516
Dr Rob Sadler	East Cliff Practice Montefiore Medical Centre Dumpton Park Drive Ramsgate CT11 8AD	01843 855800
Dr Bob Simmonds	Canterbury Health Centre 26 Old Dover Road Canterbury CT1 3DU	01227 780437
Dr Sharvill	Balmoral Surgery 1 Victoria Road Deal CT14 7AU	373444
Dr Stanley	New Hayesbank Surgery Bybrook Kennington Ashford TN24 9JZ	01233 624642
Dr Kim Stillman	Canterbury Health Centre 26 Old Dover Road Canterbury	01227 452444

Dr Viney	CT1 3DE Balmoral Surgery 1 Victoria Road Deal CT14 7AU	373444
Dr Simon Wyeth	Newton Place Surgery Newton Road Faversham ME13 8FH	01795 530777

Postgraduate Centres

Canterbury Centre for Health and Clinical Sciences
Kent and Canterbury Hospital
Ethelbert Road
Canterbury
CT1 3NG

Tel: 01227 864395
Fax: 01227 864155

Medical Education Manager: Mrs June Toms
Postgraduate Administer: Karen Nicholson
Course co-ordinator: Danielle Berney
Clinical Tutor: Mr Martin Mayall
GP Tutor: Dr Peter Biggs

Queen's Centre for Clinical Studies
Queen Elizabeth, the Queen Mother Hospital
St Peter Road
Margate

Tel: 01843 225544 ext 62130
Fax: 01843 296082

Centre Manager: Rags Subramaniam
Postgraduate Administer: Miss Mary Lai
Librarian: Mr Jonathon Baker
Director of Medical Educator: Dr Alison Leak

Postgraduate Centre
William Harvey Hospital
Kennigton Road
Willesborough
Kent

Tel: 01233 633331

Clinical Tutor:	Dr B Prathibha	ext:	86055/86117
Medical Education Manager	Philippa Lee	ext:	86117
Study Leave Co-ordinator:	Wendy Ifield	ext:	86736
Librarian:	Elizabeth Strachan	ext:	88414

Trainee Check List Before Entering ST3 Placement

- Criminal Records Bureau Check

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

www.crb.gov.uk

CRB Customer Services
PO Box 110
Liverpool
L69 3EF

Tel: 0870 90 90 811

- Performance List

If you are going to be working in General Practice (starting ST3 or a GP training attachment in ST1 or 2) you must be on the performer's list before you can start seeing patients on your own.

Kent Primary Care Agency
11 Station Road
Maidstone
Kent
ME14 1QH

Tel: 01622 655 000

Fax: 01622 655 001

- Registering with the Royal College of General Practitioners

www.rcgp.org.uk

www.rcgp.org.uk/the_gp_journey/new_professionals/membership/register.aspx

RCGP Headquarters
14 Princes Gate
Hyde Park
London
SW7 1PU

Tel: 0845 456 4041

Fax: 020 7225 3047

RCGP Certification Unit
2nd Floor
31 Southampton Row
Holborn
WC1B 5HJ

Tel: 020 3170 8230

Fax: 020 3170 8232

- VTR forms sent to PMETB for verification (if applicable)

www.pmetb.org.uk

Address: 7th Floor
Hercules House
London
SE1 7DU

Tel: 020 7160 6100

Fax: 020 7160 6120

Certification Helpline 9am-5pm: 0871 220 3070

- E-portfolio (if not already arranged)
- Update MDU/MPS
- Make contact with Clinical and Educational Supervisor
- Sign Employment Contract

http://www.gpkss.ac.uk/vti/train_info/pdfs/GPRcontframe1.pdf

- Sign Educational Contract

There is a new Contract from August 2007. Please see the KSS Deanery website to download the most up to date copy.

http://www.gpkss.ac.uk/vti/train_info/pdfs/EdCont1.pdf

- Out of hours

Below is a link to the KSS Deanery website and the documentation for your out of hours commitments.

<http://www.gpkss.ac.uk/vti/oohtd.htm>

- If entering ST1 or ST2 Contact HR in Hospital
- Induction Days

Wednesday Lunchtime Learning Sets

There will be lunchtime meetings held on each of the 3 hospital sites. KCH Canterbury, and QEOM Hospital, Margate on Wednesday between 12:30 and 14:00 and William Harvey Hospital, Ashford between 14:00 and 15:00. These meetings will occur both in and out of term time. It is hoped that the ST1 and ST2 trainees will be able to attend to meet and socialise with their fellow GP trainees and also to have teaching on topics relevant to general practice. There is usually an open agenda which is directed by the learning needs of the learning set. We often cover hot topics, role play, case-based discussion and critical reading incorporating topics based on the GP curriculum. It is expected that everyone within the scheme will attend and lunch is provided. ST3 trainees are encouraged to also attend but if the educational half or whole day teaching is based on one of the other sites it is more important that they attend these instead. The programme for the ST3 teaching is available on the website.

Committees

GPSTR Educational Committee (Previously the GP Registrar Committee)

- a) Each hospital site should be represented on the Committee
- b) The Chairman of the committee sits as a full member of the Regional GP Education Board. This committee oversees the specialist training scheme, day release courses and all general practice educational matters.
- c) Royal College of General Practitioners (RCGP): Each health region has a College Faculty. We are in the South East London Faculty. Each has a Faculty Board caring for its activities and there is one practice registrar on this committee.

Political Committees

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

WHAT TO DO IF THERE IS TROUBLE

Many problems can be satisfactorily dealt with by discussion with the trainer and this should be your first contact. However, on occasions this may not be possible and then any of the Course Organisers will be pleased to be approached. The same applies to the Associate Dean, Dr Kim Stillman. You can also contact the Regional Dean, Professor Abdul Tavabie, should you feel this to be necessary. These conversations will be kept confidential unless you give permission for disclosure.

HELP FOR SICK DOCTORS

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

- 0171 580 3160
- or at 3rd Floor, 7 Marylebone Lane, London NW1 5HH.

The principal aim of the service is to offer help/advice/treatment to doctors whose illness is likely, in time, to impair fitness to practice and possibly cause conflict with the authorities.

Please also refer to the booklets issued by the GMC - ‘Good Medical Practice’.

You may also seek help from your departmental head, clinical supervisor, clinical tutor, and the LMC. An alternative option is to contact the Dover Counselling Service, which will provide you with an appointment within a week. There is no charge for this service. You may contact them on 01304 204123.

We encourage you all to be registered with a local GP outside of your Training Practice

Appraisal

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

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

It is important therefore, to keep a record of training and progress in all these areas. Data must be collected together and maintained in a Personal Portfolio, Logbook or Training Record. The new e-portfolio can be used for this and is the best tool to use. All doctors are now required to have such a portfolio to facilitate annual appraisal and assessment. Doctors in training must provide the evidence from appraisals and assessments by their trainers and supervisors. The provision of such evidence is a requirement of the GMC for Revalidation, a legal requirement if a doctor is to remain on the Register.

This information and ‘evidence’ should be collated in the e-portfolio and an account and password is available through the Deanery (www.kssdeanery.ac.uk). It usually takes 48hrs for you to be issued with this after application.

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

Although the above requirements are now mandatory, perhaps the most important use of a Portfolio is personal. The e-Portfolio should assist each trainee to plan training and ultimately his/her career. Learning to use a Portfolio-based approach to continuing education will be of lasting benefit throughout the entirety of a medical career. A Portfolio should become an invaluable companion in Continuing Professional Development.

The Portfolio and its upkeep is a personal responsibility; however, help will be available from Educational Supervisors and those involved in appraisal and assessment. Begin entering data into the portfolio immediately; use it not just as a record of education, training, assessment, appraisal and achievement, but also to assist reflection on personal progress and personal development.

[Web link: Royal College of General Practitioners - RCGP Curriculum Site: GP Curriculum Statements](#)

- 1 Core Statement - Being a GP 185kb
- 2 The General Practice Consultation 137kb
- 3 Personal and Professional Responsibilities
 - 3.1 Clinical Governance 147kb
 - 3.2 Patient Safety 130kb
 - 3.3 Ethics and Values Based Medicine 129kb
 - 3.4 Promoting Equality and Valuing Diversity 134kb
 - 3.5 Evidence Based Health Care 147kb
 - 3.6 Research and Academic Activity 123kb
 - 3.7 Teaching Mentoring and Clinical Supervision 157kb
- 4 Management
 - 4.1 Management in Primary Care 152kb
 - 4.2 Information Management and Technology 145kb
- 5 Healthy People: promoting health and preventing disease 144kb
- 6 Genetics in Primary Care 159kb
- 7 Care of Acutely Ill People 189kb
- 8 Care of Children and Young People 257kb
- 9 Care of Older Adults 154kb
- 10 Gender-specific Health Issues
 - 10.1 Women's health 230kb
 - 10.2 Men's health 163kb
- 11 Sexual Health 155kb
- 12 Care of People with Cancer & Palliative Care 141kb
- 13 Care of People with Mental Health Problems 188kb
- 14 Care of People with Learning Disabilities 138kb
- 15 Clinical Management
 - 15.1 Cardiovascular problems 142kb
 - 15.2 Digestive problems 137kb
 - 15.3 Drug and alcohol problems 181kb
 - 15.4 ENT and facial problems 140kb
 - 15.5 Eye problems 123kb
 - 15.6 Metabolic problems 147kb
 - 15.7 Neurological problems 149kb
 - 15.8 Respiratory problems 128kb
 - 15.9 Rheumatology & conditions of the musculoskeletal system (including trauma) 155kb
 - 15.10 Skin problems 136kb

The RCGP curriculum is a very (very) comprehensive document. After discussion with the subject leads in the hospitals we have put together a list of competencies that should be achievable in your hospital jobs as ST1 and ST2s in East Kent. It will also help focus your learning when a ST3 on areas that you have not been able to cover or may have a weakness in. There are appraisal sheets attached also. Your clinical supervisor may choose to use other documentation. These curriculum guides do not form part of your assessment but will provide evidence of your competence in those areas. For your assessment please refer to the RCGP website for current information regarding the work place based assessment and the nMRCGP.

Dr.....

First Two Weeks in Post

Appraisal date:

Supervisor:

Comments

Previous relevant experience:

Current career plans

Educational objectives

1. General:

2. Specific:

Agreed study leave objectives

Trainee's comments:

Dr.....
Final month review

Appraisal date:	Supervisor:
-----------------	-------------

Comments
Medical knowledge:

Clinical skills

Communication Skills:	Management Skills:
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Attitude and commitment to post

Have the agreed educational objectives been meet? General YES/NO	Specific YES/NO
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What were the learning opportunities with the following?

Supervisor
College tutor
Procedures training
Clinical training
Topics training

Training Record reviewed YES/NO (this is voluntary on part of SHO)
--

Career plans:

Objectives to take to next SHO post:

Are there any special matters of concern?

Trainee's comments:

East Kent GP Vocational Training Record

Formal Appraisal During Post

Dr.....

8. Care of Children and Young People

To be completed with your clinical supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your clinical supervisor to verify that you have attended the required courses and your clinical supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor in your 6 month review.

RELEVANT COURSES	Date/place	Date/place
ESSENTIAL LEARNING OUTCOMES		Supervisor to endorse or comment
Primary Care Management		
Manage contact with children and their families		
Demonstrate understanding of the importance of multi-agency working		
Coordinate care with other primary health professionals taking an advocacy position for the patient/family when needed		
Deal effectively with abuse of children and young people		
Prescribe and advise appropriately with regard to dose, risks and benefits, cultural beliefs about illness and medicines		
Demonstrate an understanding of the welfare of the unborn with regard to domestic violence, substance misuse and mental health problems		
<i>Dealing with common and important conditions including; neonatal problems, constipation, abdominal pain, pyrexia and febrile convulsions, cough/dyspnoea, wheeze, respiratory infection, bronchiolitis, otitis media, deafness, blindness, gastroenteritis, viral exanthems, UTIs, meningitis, epilepsy, asthma, diabetes, arthritis, learning disability, behavioural disorders, child development</i>		
<i>Prevention; prenatal diagnosis, breast feeding, diet and exercise, emotional wellbeing, child protection and accident prevention, immunisation, smoking, drugs and alcohol, pregnancy and STIs,</i>		
Person centred care		
Effective communication and engagement with patients and families		
Develop and apply the primary care consultation to allow carers, children and young people to; participate in their own care plan, support them in their		

decision making taking into account confidentiality and autonomy; give information on medicines in a clear way, understand the transition from child to adolescent	
Specific problem solving skills	
Use a decision making process based on prevalence and incidence of illness in the community:	
a) Be aware of normal growth and development	
b) Be aware of neonatal problems	
c) Manage conditions which may present in an un differentiated way, recognise the seriously ill child and intervene urgently	
d) Recognise children at risk	
Be aware of consultations with children may be a presentation of maternal postnatal depression	
Recognise the significance of non-attending	
Comprehensive Approach	
Assess developmental needs in the context of their family and environmental factors	
Understand the key vulnerability factors for children and young people in special circumstances	
<i>Recognising inequalities and ethnic diversity</i>	
<i>Apply health promotion and disease prevention strategies appropriately</i>	
Community orientation	
Reconcile the health needs of patients, families and their community in balance with available resources	
Understand the legal and political context of child/adolescent care	
Understand the local systems of care and pathways and assessment of needs	
Holistic Approach	
Describe the impact of disability on the child and family	
Promote physical mental and emotional wellbeing by encouraging the development of a healthy lifestyle	
Attitudinal aspects	
Knowledge of ethical principles particularly consent and confidentiality	
Describe the importance of sensitivities of young people about their health attitudes, behaviours and needs	
Describe the importance of record-keeping and information sharing	

East Kent GP Vocational Training Record

Formal Appraisal During Post

Dr.....

9. HCOOP

To be completed with your clinical supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your clinical supervisor to verify that you have attended the required courses and your clinical supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor in your 6 month review.

RELEVANT COURSES	Date/place	Date/place
Cardiopulmonary resuscitation		

ESSENTIAL LEARNING OUTCOMES	Supervisor to endorse or comment
Primary Care Management	
Knowledge of epidemiology of older peoples problems in primary care	
Understand physical, psychological, social changes of aging	
Knowledge of pharmacology, problems of multiple prescribing, iatrogenic disease, non-compliance	
Person- centred care	
Ability to communicate effectively , recognizing may need slower tempo, possible unreliability, value of third parties	
Ability to communicate findings in understandable way.	
Ability to communicate with the patients family	
Ability to communicate with team.	
Ability to provide long term continuity of care through various systems..	
Respect patients autonomy and dignity in decision making	
Understand way in which social situation and mental state influence the management of the patient.	

<i>Specific problem solving skills</i>	
The ability to manage :	
Falls	
Parkinson's disease	
Stroke	
Confusion, cognitive impairment Use of mental health tests	
Gait disorders	
Use of ADL scale	
Osteoporosis	
Recognise effect of aging on presentation of common conditions	
<i>Comprehensive Approach</i>	
Understand concept of co-morbidity, and manage concurrent health problems	
Understand role of health promotion, disease prevention	
<i>Ability to work effectively as part of a team , including family members</i>	
<i>Community orientation</i>	
Knowledge of local and national health care systems	
Knowledge of benefits and services available to elderly patients	
Knowledge of range and referral guidelines for support services, eg podiatry, hearing aids, walking aids, social services, home care, meals on wheels	
Knowledge of different forms of day care and residential care	
Ability to manage transfer of care from secondary to primary care.	
Understand legal issues, mental health act, power of attorney, court of protection, guardianship, living wills, death certification and cremation.	
<i>Holistic Approach</i>	
Understanding the importance of spiritual and cultural aspects in care	
Exploration and understanding of patients experience, beliefs, values as they affect healthcare.	
<i>Attitudinal aspects</i>	
Knowledge of ethical principles	
Ensure personal opinions regards issues such as smoking, obesity, age, race etc do not affect management.	
DESIRABLE PROCEDURES	Supervisor to endorse or comment
ECG	
Rectal examination	

Injection Intramuscular		
Injection venous		
Injection Subcutaneous		
Urinary catheterization male		
Urinary catheterization female		
Pelvic examination		
ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Multidisciplinary team meeting		
Acute elderly medical take		
Care of elderly tutorials		
Day Hospital		
DESIRABLE EXPOSURE	Date/place	Tutor's signature
Domiciliary visit		
Community rehabilitation and assessment team,		
Visit nursing home		
Visit residential home		
Attend specialist outpatient clinics		

East Kent GP Vocational Training Record

Formal Appraisal During Post

Dr.....

10.1 Obstetrics and Gynaecology

To be completed with your clinical supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

RELEVANT COURSES	Date/place	Date/place
ESSENTIAL LEARNING OUTCOMES		Supervisor to endorse or comment
Basic Clinical Skills		
1. Gynaecology		
a) Take a gynaecological history		
b) Perform a gentle and thorough pelvic examination, including <ul style="list-style-type: none"> • Digital examination • Speculum examination • Bimanual examination • Assessment of the size, position and mobility of the uterus • Recognise abnormality of the pelvic organs Paying attention to professional etiquette, patient consent, comfort and information.		
c) Competently perform a cervical smear with sensitivity and care		
d) Take swabs for bacteriology and virology		
e) Change a ring pessary		
f) Catheterisation		
2. Obstetrics		
a) Take an obstetric history and have knowledge and understanding of normal pregnancy and pregnancy problems		
b) Examine the pregnant abdomen		
c) Listen to the fetal heart		

Administration, Teaching and Organisational Skills

- | | |
|---|--|
| a) Keep appropriate medical records | |
| b) Review laboratory, and radiological reports | |
| c) Impact information to patients | |
| d) Participate in clinical audit, perinatal morbidity and departmental educational meetings | |

Basic Surgical Skills

- | | |
|---|--|
| Arrange appropriate investigations <ul style="list-style-type: none">• Pregnancy testing• Urinalysis, MSU and urine dipstick• Blood tests including renal function tests, hormone tests• Bacteriological and virology tests | |
| Arrange prophylaxis and pre-operative therapy | |
| Have knowledge of specialist treatments and surgical procedures including <ul style="list-style-type: none">• Laparoscopy• D+C• Hysterectomy• Oophrectomy• Ovarian cystectomy• Pelvic floor repair• Medical and surgical termination of pregnancy• Sterilization | |
| Conduct a post-operative review | |
| Manage post-operative fluids and electrolyte balance | |
| Arrange discharge and appropriate follow up | |

Normal Obstetrics

- | | |
|--|--|
| Attend antenatal clinics in hospital and with the community midwives | |
| Conduct an antenatal booking including assessment and management of <ul style="list-style-type: none">• Smoking and alcohol• Age factors• Previous obstetric history• Diabetes and obesity• Rhesus problems• Use of antidepressants• Hypertension and other medical problems• Anaemia• Acid reflux• Leg ache and varicose veins• Haemorrhoids• Rubella testing and immunisation | |
| Understand the risks of prescribing in pregnancy | |
| Conduct post natal review on ward and with community midwives | |
| Give contraceptive advice | |

Early Pregnancy Problems

- | | |
|--|--|
| Attend Early Pregnancy Assessment Unit | |
| Diagnose and interpret pregnancy test and scan | |
| Investigate and evaluate first trimester bleeding | |
| Understand and manage miscarriage and abortion | |
| Investigate suspected ectopic pregnancy and understand it's potentially serious nature | |

Manage Minor Problems of Pregnancy	
Varicose veins	
Haemorrhoids and constipation	
Nausea, vomiting and hyper emesis	
Gastric reflux	
Backache	
Symphysis pubis dysfunction	
Fetal Development and Neonatology	
Assess fetal growth on measuring symphysial-fundal height	
Interpret obstetric ultrasound scans	
Have awareness of the importance and management of: <ul style="list-style-type: none"> • Growth retardation • Reduced movements • Intra-uterine death • Foetal abnormality 	
Be able to examine the neonate	
Complications of Pregnancy	
Attend Day Care Unit	
Diagnosis, investigate and manage pre-eclampsia antenatally	
Observe the management of <ul style="list-style-type: none"> • Multiple pregnancy • Abnormal lies (breech) • Antepartum haemorrhage and abruption • Anaemia • DVT and PE • IGT/DM • Premature labour • Polyhydramnios • Placenta praevia • Post dates • Intra-uterine infection 	
Intrapartum Management	
Observe and conduct normal labour and delivery	
Assess perineal trauma	
Management of post partum haemorrhage	
Observe the management of abnormal labour	
Observe instrumental delivery and caesarian sections	
Attend multidisciplinary training day	
Common Gynaecological Problems	
Knowledge and understanding of the presentation and management of common gynaecological problems: <ul style="list-style-type: none"> • Pruritis vulvae • Vaginal discharge • Gynaecological infections including Bartholin's abscess and sexually transmitted infections • Dysparunia 	

<ul style="list-style-type: none"> • Acute and chronic pelvic pain • Endometriosis • Amenorrhoea • Menorrhagia • Dysmenorrhoea • Fibroids • Inter-menstrual bleeding • Irregular bleeding patterns • Post-menopausal bleeding • Pre-menstrual syndrome • Menopause and menopausal problems including the use of HRT • Urinary malfunction: dysuria and incontinence • Vaginal and uterine prolapse • Infertility- primary and secondary 	
Specialised Clinics	
Attend and have knowledge about the investigation of <ul style="list-style-type: none"> • Subfertility • Urogynaecology and urodynamics • Colposcopy • Rapid access clinic • Fetal medicine • Family planning clinic 	
Person-centred care	
Communicate sensitively with women about sexuality and intimate issues	
Describe the importance of confidentiality and informed consent	
Describe the issues relating to the use of chaperones	
Specific problem solving skills	
Demonstrate a reasoned approach to the diagnosis of women's symptoms in a manner that is comfortable for both the patient and the GP using history, examination and incremental investigations and refer appropriately	
Intervene urgently with suspected malignancy	
Recognise and intervene immediately when patients present with a gynaecological emergency	
Demonstrate an understanding of the importance of risk factors in the diagnosis and management of women's problems	
Comprehensive Approach	
Outline screening strategies relevant to women (e.g. cervical, postnatal depression) and discuss their advantages and disadvantages	
Outline prevention strategies relevant to women (e.g. safer sex, pre-pregnancy counselling, antenatal care, immunisation and osteoporosis)	
Understand the importance of promoting health and a healthy lifestyle in women, and in particular the impact of this on the unborn child, growing child and the family	
Holistic Approach	
Understanding the importance of the psychosocial component of women's health and the need, in some cases, to provide women patients with additional emotional and organizational support e.g. <ul style="list-style-type: none"> • Pregnancy options • Hormone replacement therapy 	
Contextual Aspects	
Be familiar with legislation relevant to women's health <ul style="list-style-type: none"> • Abortion • Contraception for minors 	

<i>Attitudinal aspects</i>	
Recognise their own values, attitudes and approach to ethical issues <ul style="list-style-type: none"> • Abortion • Contraception for minors • Consent • Confidentiality • Cosmetic surgery 	

DESIRABLE PROCEDURES	Supervisor to endorse or comment
Female catheterisation	
Change ring pessary	
Perform a cervical smear	
Observation of common gynaecological operations in theatre	
Involvement in/development of audit	
Teaching other members of team	

ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Early Pregnancy Assessment Unit		
Antenatal clinic		
Time with community midwives		
Antenatal Day care Unit		
Normal labour and delivery		
Gynaecology outpatient clinic		

DESIRABLE EXPOSURE	Date/place	Tutor's signature
Gynaecological malignancies and their management		
Trophoblastic disease and it's management		
Management of faecal incontinence secondary to obstetric complications		
Pre-pregnancy counselling including discontinuing contraception. Family and genetic history and lifestyle advice		

East Kent Vocational Training Record

Formal Appraisal during Post

Doctor.....

12. Palliative care

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

RELEVANT COURSES	Date/place	Date/place
ESSENTIAL LEARNING OUTCOMES		Supervisor to endorse or comment
Primary Care Management		
Knowledge of referral guidelines to palliative care		
Knowledge of the principles of palliative care and how it applies to malignant and non malignant disease		
Person centred care		
The ability to attend to the full range of physical social and spiritual needs of the patient and carers		
The ability to deal with the patient's psychological adjustment to death and serious illness		
The ability to communicate effectively with :		
a) Patients and their families		
<ul style="list-style-type: none"> • Breaking bad news 		
<ul style="list-style-type: none"> • 'Answering the impossible' (knowing what to say when there are no answers) 		
<ul style="list-style-type: none"> • Discussing aspects of death 		
b) Primary and secondary care teams		
Knowledge about how to provide 24 hour continuity of care through various clinical systems		

<i>Specific problem solving skills</i>	
The ability to manage:	
e) Pain	
f) Breathlessness	
g) Nausea and vomiting	
h) Weakness	
Prescribing controlled drugs	
Knowledge about a syringe driver	
a) Indications	
b) Drug compatibility	
c) Drug conversion	
Use of transdermal patches	
Understanding pharmacological aspects of opioids and other drugs commonly used in palliative care	
Knowledge of palliative care emergencies and their appropriate management:	
a) Major hemorrhage	
b) Hypercalcaemia	
c) SVC Obstruction	
d) Spinal cord compression	
e) Bone fractures	
f) Anxiety/panic	
g) Use of emergency drugs	
End of life care pathways	
After death care including:	
a) Death certification and procedures following death	
b) Understanding the role of the coroner	
<i>Comprehensive Approach</i>	
Ability to manage cancer and non cancer symptomatology in the same patient	
Ability to explain treatment options and symptom control	
Ability to work effectively as part of a team	
<i>Community orientation</i>	
Understanding the importance of comprehensive discharge planning	
Knowledge of benefits and services available to terminally ill patients	
Appreciate the importance of the social and psychological impact of cancer on patient's family, friends and employers	

<i>Holistic Approach</i>	
Understanding the importance of spiritual and cultural aspects in care	
Knowledge of normal and abnormal grieving and its impact upon symptomatology	
<i>Attitudinal aspects</i>	
Knowledge of ethical principles	
Knowledge of ethical dimensions of treatment and investigation choices	
Knowledge of relevant legal issues e.g. Advanced Directives	
Knowledge of Drs own personal attitudes and experiences which can affect their attitudes towards patients with cancer or who are dying	
Dr is able to maintain his own physical/mental health in dealing with death and dying	

DESIRABLE PROCEDURES	Adequate (date)	Supervisor to endorse or comment
Running a family meeting		
Rectal examination		
Injection Intramuscular		
Injection Subcutaneous		
Subcutaneous infusion		
TENS Machine		
Nebuliser		
Involvement in/development of audit		
Teaching other members of team		

ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Multidisciplinary team meeting		
Palliative care advisory nurse (PPAT) visit		
Hospice Day Centre		
Undertaker		
Follow patient through all care settings		

DESIRABLE EXPOSURE	Date/place	Tutor's signature
Experience complementary therapy		
Attend oncology clinic		
Attend radiotherapy planning		
Bereavement visit		

Ward round with hospital palliative care team		
Attend Chronic Pain clinic		

East Kent GP Vocational Training Record

Formal Appraisal during Post

Dr.....

13. Psychiatry

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

ESSENTIAL LEARNING OUTCOMES	Supervisor to endorse or comment
Primary Care Management	
Manage people with mental health problems in primary care, including <ul style="list-style-type: none"> • talking therapy, • medication and • self help. 	
Describe specific interventions and guidelines for individual conditions, using NICE guidelines where appropriate	
Describe the need to check for psychological factors in consultation and investigation of illness	
Demonstrate how to screen, and diagnose people experiencing mental health problems	
Describe ways of first presentation of psychosis in young people	
Describe how to access health and social care organisations	
Describe when it is appropriate to refer to and collaborate with specialist MH services	
Knowledge Base	
Symptoms	
Be able to recognise, manage and appropriately refer patients with	
<ul style="list-style-type: none"> - Tired all the time - Insomnia - Anxiety 	

<ul style="list-style-type: none"> - Depression - Multiple somatic complaints - Palpitations, paraesthesia - Early signs of psychotic illness, psychiatric manifestation of systemic disease 	
Common and/or important conditions	
Neuroses : Depression, anxiety states, phobias, obsessive disorders	
Affective disorders: depression, mania	
Psychoses: schizophrenia, bipolar disorder, paranoia	
Eating disorders	
Postnatal problems	
Psychosexual problems	
Bereavement	
Personality disorder	
Addictions: drugs, alcohol, substance abuse, gambling	
Old Age: Alzheimer's Disease, dementia as depression, depression	
Children: behaviour problems, autism, ADHD,	
Learning Disabilities	
Investigation/Consultation skills	
Be able to engage with people and take a psychiatric history	
Understand the psychodynamics of a case	
Be able to use depression rating scales	
Be able to advise relatives/carers	
Recognise the need for, and urgency of referral	
Treatment	
Understand the place for and use of	
<ul style="list-style-type: none"> - Psychotherapy, counselling, CBT and simple behavioural techniques 	
<ul style="list-style-type: none"> - Medication 	
<ul style="list-style-type: none"> - Community Psychiatric support 	
<ul style="list-style-type: none"> - ECT 	
<ul style="list-style-type: none"> - Therapeutic value of Doctor-Patient relationship 	
Emergency Care	
Be able to diagnose and know how to manage	
<ul style="list-style-type: none"> - Threatened or attempted suicide 	
<ul style="list-style-type: none"> - Acute psychoses 	
<ul style="list-style-type: none"> - Delirium 	
<ul style="list-style-type: none"> - Panic 	

- Aggressive or violent patients		
- Drug overdose or withdrawal		
Understand the relevant Sections of the Mental Health Act		
Prevention		
Mental health promotion, especially children		
Early intervention in psychosis		
Community orientation		
Be able to		
• Describe extent and implications of stigma and social exclusion		
• Describe how to challenge inequality		
• Demonstrate how to work with other agencies		
• Describe the importance of avoiding medicalisation of some mental illness		
DESIRABLE EXPOSURE	Adequate (date)	Supervisor to endorse or comment
Access to supervision of colleagues doing psychotherapy		
Drug and alcohol Services Clinics		
ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Four monthly Tuesday morning Education Programme at St Martin's Hospital		
Access to Specialist teams: Cat, Enhanced Care, Early intervention in psychosis Team, Intake Team, Learning Disabilities meetings, Adult MH Team meetings/Allocations		
Outpatient Clinics		
A&E		
SKILLS ASSESSMENT	Adequate (date)	Supervisor to endorse or comment
Psychiatric History Taking		
Use Depression Rating Scales		
Psychotherapeutic skills		

East Kent GP Vocational Training Record

Formal Appraisal during Post

Dr.....

15.4 ENT

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

ESSENTIAL LEARNING OUTCOMES	Supervisor to endorse or comment
Primary care management	
Knowledge of referral guidelines to secondary care / clinical nurse specialist / direct referrals (e.g audiology)	
Knowledge of primary care management of common ear symptoms (hearing loss, wax, otalgia, otorrhoea, tinnitus, vertigo, facial weakness)	
Knowledge of primary care management of common nose symptoms (rhinorrhoea, nasal obstruction, facial pain)	
Knowledge of primary care management of common throat symptoms (sore throat, hoarseness, dysphagia, neck masses)	
Knowledge base	
Proficiency at the use of:	
-Otoscope	
-Head light / mirror	
-Microscope	
-Flexible nasopharyngoscope	
IMPORTANT CONDITIONS	
Ear	
Otitis media (acute and chronic suppurative with and without cholesteatoma, and otitis media with effusion)	
Otitis externa	
Conditions causing hearing loss	
Conditions causing tinnitus	
Conditions causing vertigo	

Nose	
Acute and chronic rhinosinusitis	
Nasal polyps	
Epistaxis	
Snoring and obstructive sleep apnoea	
Throat	
Pharyngotonsillitis and adenotonsillectomy	
Airway obstruction and tracheostomy	
Neck masses	
Emergency Care	
Epistaxis (cautery and packing)	
Fractured nose	
Otitis externa	
Auricular haematoma	
Pharyngotonsillitis and quinsy	
Foreign body (ear, nose, pharynx and oesophagus)	
Person centred care	
Recognise strategies for coping with hearing impediments	
Recognise strategies for coping with parental concerns about paediatric ENT conditions	
Empower patients with self coping strategies (experience of hearing and speech therapy sessions)	
Specific problem-solving skills	
Ability to prioritise the urgency of ENT conditions in the light of appropriate history and examination	
Recognition of alarm symptoms necessitating urgent referral	
Ability to utilise and interpret appropriate diagnostic tools	
A comprehensive approach	
Recognise ENT manifestations of systemic disease (HIV, GORD, Wegeners)	
Recognise occupational risk factors for ENT disease (deafness, rhinitis)	

East Kent Vocational Training Record

Formal Appraisal during Post

Doctor.....

15.5 Eye Problems

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

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RELEVANT COURSES	Date/place	Date/place
ESSENTIAL LEARNING OUTCOMES		Supervisor to endorse or comment
Primary Care Management		
Manage primary contact with patients who have an eye problem		
Co-ordinate care with other primary care health professionals		
Make timely appropriate referrals		
Promote visual wellbeing		
Describe strategies for early detection of eye problems		
Knowledge Base		
<ul style="list-style-type: none"> Symptoms 		
Be able to recognise, manage and appropriately refer patients with -		
Disorders of lids and lacrimal drainage		
External eye disorders		
Disorders of refraction		
Disorders of aqueous drainage (glaucomas)		

Vitreo-retinal disorders	
Disorders of optic disc and visual pathways	
Eye movement disorders	
<ul style="list-style-type: none"> • Examination 	
Be able to demonstrate complete examination of the eye, including-	
measurement of visual acuity	
pinhole testing of the eye	
eversion of the eyelid	
examination of pupil and red reflex	
assessment of ocular movement and cover testing	
visual field testing by confrontation	
direct ophthalmoscopy	
colour vision testing	
fluorescein staining of the cornea	
<ul style="list-style-type: none"> • Investigations 	
Understand appropriate investigations -	
to exclude systemic disease	
secondary care investigations eg slit lamp, IOP measurement, field testing	
<ul style="list-style-type: none"> • Treatment 	
Understand and be able to explain the use of medications and treatments including	
Mydriatics	
Topical steroids	
Antibiotics	
Glaucoma agents	
Removal of foreign bodies	
<ul style="list-style-type: none"> • Emergency care 	
Be able to recognise and institute primary care management of ocular emergencies and refer appropriately-	
Superficial ocular trauma	
Arc eye	
Severe blunt injury, hyphaema	
Severe orbital injury	
Penetrating ocular injury	
Retined intra-ocular foreign body	
Sudden painless loss of vision	
Severe intra ocular infection	

Acute glaucoma	
Red eye	
<ul style="list-style-type: none"> Prevention 	
genetic factors	
co-morbidities eg diabetes	
hypertension	
<ul style="list-style-type: none"> Community Orientation 	
Role of, and appropriate referral to community optician	
DVLA driving regulations for people with visual problems	
Access to sources of social support for children and adults with visual impairment	

DESIRABLE PROCEDURES	Adequate (date)	Supervisor to endorse or comment
Observing in Theatre		
Community Optician		
Diabetic Eye Screening		
Involvement in/development of audit		

ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Formal weekly teaching		
Ward work		
A+E		
Outpatients/GP/PSI clinics		

East Kent Vocational Training Record

Formal Appraisal During Post

Dr.....

15.9 Trauma and Orthopaedics

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

RELEVANT COURSES	Date/place	Date/place
ESSENTIAL LEARNING OUTCOMES		Supervisor to endorse or comment
Primary Care Management		
Explain the aetiology and natural history of common and important musculoskeletal conditions		
Describe the roles of the primary healthcare team, allied health professionals, complementary therapists and secondary care (eg shared-care protocols), and referring to them appropriately		

<i>The Knowledge Base</i>	
a) The ability to assess presenting symptoms of:	
• Inflammation- pain, swelling, redness, warmth	
• Lack of function- weakness, restricted movement, deformity and disability	
• Injuries- cuts, bruises, wounds	
b) Knowledge about common and /or important trauma and orthopaedic conditions and their management (including children):	
• Acute back/neck pain	
• Chronic back/neck pain	
• Shoulder pain	
• Knee pain	
• Soft-tissue disorders	
• Osteoarthritis	
• Pain management	
• Acute arthropathies	
• Awareness of rare diseases	
• Chronic disability	
• Common injuries	
c) Knowledge about the investigation of common trauma and orthopaedic conditions:	
• Indications for plain radiography, ultrasound, CT and MR scan including the use of tools such as the "Ottawa Rules"	
• Interpretation of X-rays	
• Understand the implications of "Misses" on X-rays and common errors	
• Understand the indications for additional investigations ie blood tests	
d) Knowledge about the treatment of common trauma and orthopaedic conditions:	
• Understand the principles of treatment from common conditions managed largely in primary care including the use and monitoring of NSAIDs and disease-modifying drugs	
• Knowledge of when joint injections and aspirations are appropriate in general practice e.g. shoulder and knee joints	
• The ability to perform when appropriate joint injections and aspirations e.g. shoulder and knee joints and injections for tennis and golfer's elbow	
• Understand the roles of allied health professionals (nursing, physiotherapy, chiropody, podiatry, occupational therapy, counseling and psychological services)	
• Chronic disease management including systems of care, multidisciplinary teamwork and shared-care arrangements	
e) Knowledge and understanding about emergency care in relation to trauma and orthopaedics:	
• Understand and perform the initial management of the patient who has been burnt	
• Be aware of the safety of the patient, the scene of the incident and medical staff	

<ul style="list-style-type: none"> • Be aware of how and when to summon help in an emergency 	
<ul style="list-style-type: none"> • Be competent in basic life support (adult and paediatric), the use of simple airway adjuncts (for example oropharyngeal airway and pocket mask) and the safe use of a defibrillator 	
<ul style="list-style-type: none"> • Be competent in stopping haemorrhage 	
<ul style="list-style-type: none"> • Be competent in reducing pain by the use of analgesia or other methods 	
<ul style="list-style-type: none"> • Be aware of the principles of major incident management 	
<ul style="list-style-type: none"> • Recognise referrals requiring emergency action to save life or prevent serious long-term sequelae 	
f) Knowledge of preventative in relation to trauma and orthopaedic medicine:	
<ul style="list-style-type: none"> • Advise regarding appropriate levels of exercise 	
<ul style="list-style-type: none"> • Health promotion regarding accident prevention 	
<i>Person centred care</i>	
The ability to communicate health information effectively to promote better outcomes e.g. use positive terms such as "wear and repair"	
The ability to communicate effectively with :	
c) Patients and their families	
<ul style="list-style-type: none"> • Diagnosis 	
<ul style="list-style-type: none"> • therapeutic options including when they have been exhausted 	
<ul style="list-style-type: none"> • sharing uncertainty when the patient wants this 	
d) Primary and secondary care teams	
Knowledge about how to provide 24 hour continuity of care through various clinical systems	
<i>Specific problem solving skills</i>	
The ability to urgently manage trauma in a primary care setting:	
i) Basic life support	
j) Control of haemorrhage	
k) Summoning help	
Assess the mechanism of injury when considering diagnosis	
Distinguish inflammatory from non-inflammatory conditions	
Describe the epidemiology of musculoskeletal disorders at all ages, and apply this when developing a differential diagnosis	
<i>Comprehensive Approach</i>	
Ability to explain and manage the problems that can be caused by the treatment of musculoskeletal disorders:	
<ul style="list-style-type: none"> • Gastrointestinal bleeds 	
<ul style="list-style-type: none"> • Osteoporosis 	
<ul style="list-style-type: none"> • Coronary heart disease 	
<ul style="list-style-type: none"> • Radiation damage 	

Ability to work effectively as part of a team	
Community orientation	
Understanding the importance of comprehensive discharge planning	
Avoid investigations or treatment that are unlikely to alter outcomes i.e. imaging methods	
Holistic Approach	
Recognise that psychosomatic symptoms are commonly describes as musculoskeletal problems	
Be aware of the physical, psychological and social impact of musculoskeletal conditions on individuals and their carers	
Recognise the psychological effects of trauma (e.g. post-traumatic stress disorder)	
Attitudinal aspects	
Demonstrate empathy and compassion towards patients with incurable, disabling or painful musculoskeletal conditions	
Provide adequate information for informed consent before any procedure is undertaken	
Dr is able to maintain his own physical/mental health in dealing with trauma and disability	
Psychomotor skills	
Demonstrate complete examination of the following:	
• Neck	
• Back	
• Shoulder	
• Elbow	
• Wrist and hand	
• Hip	
• Knee	
• Ankle	
Demonstrate competence in suturing and applying simple dressings	

DESIRABLE PROCEDURES	Fully competent (date)	Supervisor to endorse or comment
Joint aspiration • Knee		
Joint injections • Knee • Shoulder • Elbow		
Injection Intramuscular		
Injection Subcutaneous		
Manipulation of simple fractures i.e colles		
Manipulation of common joint dislocations i.e shoulder, hip		

Involvement in/development of audit		
Teaching other members of team		

ESSENTIAL EXPOSURE	Date/place	Tutor's signature
Multidisciplinary team meeting		
Fracture clinic		
Outpatient clinic		
Major trauma		

DESIRABLE EXPOSURE	Date/place	Tutor's signature
Experience complementary therapy		

East Kent Vocational Training Record

Formal Appraisal During Post

Dr.....

RENAL MEDICINE

To be completed with your Clinical Supervisor at the appraisal at post start and at the end of each section of the post.

There are a number of procedures and skills in which competence is either essential or desirable as a trainee in this post. If they have already been acquired earlier in training please ensure they are signed off on starting the post. It is important to ensure that the appropriate training has been undertaken before performing these tasks unsupervised. Please ask your Clinical Supervisor to verify that you have attended the required courses and your Clinical Supervisor to endorse the level of competence you have achieved with the skills and procedures. This can be shared with your Educational Supervisor at your 6 month review.

RELEVANT COURSES	Date	Place
ESSENTIAL LEARNING OUTCOMES		Clinical Supervisor to endorse or comment
Primary Care Management		
1. Knowledge of referral guidelines to renal medicine		
2. Knowledge of the roles of the primary care team in managing a renal patient		
a) specialist renal nurses (haemodialysis, peritoneal dialysis, transplantation, conservative management)		
b) dieticians		
c) counsellor		
Person centred care		
1. Recognise that non-concordance is common for chronic disease (e.g. chronic kidney disease) and respect patient autonomy when negotiating management.		
2. Effectively communicating with:		
a) patients and their families		
b) primary and secondary care teams		
c) out of hours service provides for patients with chronic kidney disease		
3. Be familiar with disease registers and data-recording templates for opportunistic and planned monitoring of renal disease to ensure continuity of care between different healthcare providers		

<i>Specific problem solving skills</i>	
1. Develop a logical, incremental management approach to common renal conditions encountered in primary care	
a) nephrotic syndrome	
b) nephritic syndrome	
c) vasculitis	
d) acute renal failure (community acquired)	
e) urinary tract infection	
f) renovascular disease	
g) diabetic nephropathy	
h) resistant hypertension	

2. Appreciation of when the following investigations may be helpful and to correctly interpret and act upon results	
I URINE TESTING	
a) Urine analysis (dipstick) near patient testing	
- proteinuria	
-haematuria	
- pyuria	
- +ve nitrites	

Clinical Supervisor to endorse or comment

b) Midstream urine (MSU) for microscopy and culture interpretation	
c) Challenges in interpreting urine analysis from catheterised patients	
d) Understanding urine protein and albumin estimation	
II BLOOD TESTING	
e) the use of GFR, eGFR and stages on chronic kidney disease	
f) U + E + creatinine	
g) Calcium, corrected calcium and phosphate	
h) HCO ₃ + acid-base balance	
i) uric acid	
j) protein	
k) serum electrophoresis	
III RADIOLOGICAL INVESTIGATIONS	
a) Renal ultrasound	
b) Intravenous urogram and nuclear medicine imaging	
3. Knowledge of renal emergencies and their management	
a) acute kidney injury	
b) hyperkalaemia	
c) fluid overload	
4. Knowledge of chronic disease management CKD Stage 1-4	
a) blood pressure management	
b) dietary advice	
c) anaemia	

	Clinical Supervisor to endorse or comment
5. Knowledge of chronic disease management CKD Stage 5 (end stage CKD)	
a) dialysis (peritoneal + haemodialysis)	
b) transplantation	
c) conservative management including dietary advice and fluid restriction	
6. Preventative management for CKD	
a) risk reduction + health promotion in patients with hypertension and diabetes	
b) immunisation in chronic kidney disease and transplantation	
<i>Comprehensive Approach</i>	
1. Ability to manage co-morbidity and polypharmacy in renal disease	
2. Develop strategies to simplify medication regimes and encourage treatment concordance	
3. Advise patients regarding lifestyle interventions for obesity and Diabetes Mellitus	
4. Advise patients with hyperlipidaemia, hyperuricaemia, hyperphosphataemia and hyperkalaemia	
5. Ability to work effectively within a team	
<i>Community orientation</i>	
1. Recognise the greater prevalence of renal disease in those of Asian and Afro-Caribbean origin, partly due to greater incidence of diabetes and hypertension	

	Clinical Supervisor to endorse or comment
2. Describe the exemptions from prescription charges for patients with metabolic conditions	
3. Understanding the importance of comprehensive discharge planning	
4. Knowledge of benefits and services to patients with chronic renal disease	
<i>Holistic Approach</i>	
1. Recognise the psychosocial impact of end-stage renal failure and transplantation	
2. Deal with specific psychosocial issues	
a) depression	
b) restrictions on employment and driving	
c) sexual dysfunction	
3. Develop skills to empower patient self-management and autonomy	
<i>Contextual and Attitudinal Aspects</i>	
1. Recognise the central role of primary care in managing Chronic Kidney Disease Stages 2-4	
2. Understand the key government policy documents that influence healthcare provision for renal disease	
3. Understand the systems of care for renal disease	
a) primary and secondary care roles	
b) shared care arrangements	
c) multidisciplinary teams	
d) patient involvement	

ESSENTIAL EXPOSURE	Date / place	Clinical Supervisor signature
1. Follow an End Stage renal disease (CKD 5) through all care settings		
2. Attend renal outpatient clinics		
3. Attend renal one-stop clinic (when in operation)		
4. Attend multidisciplinary team meeting		
5. Spend 2 sessions with specialist renal nurses		
6. Spend a session with a renal dietician		
7. Spend a session with a renal counsellor		
8. Plan the discharge of an End Stage renal disease (CKD 5) patient		

Medicine

Medicine is a big topic. It includes the following sections of the curriculum:

- Genetics – Huntingdon’s, Berry aneurysm
- Acutely ill
- Older adults
- Gender
- Cancer/palliative
- CVS, GI, drug/alcohol
- Metabolic
- Neurological
- Respiratory
- Rheumatology

In these sections there is a detailed list of learning outcomes (have a look in the curriculum) and a description of how they relate to the six domains and essential features.

The following is a brief summary of some of the key areas in each section:

Neurology

- Epilepsy
- Emergencies, meningitis, SAH, LOC, CVA
- Appropriate referrals/investigations/treatment
- CDM – Parkinsons, MS, dementia
- DVLA
- Attend neurology clinics
- Headaches

Respiratory

- Smoking cessation
- CDM – asthma, COPD and emergency management
- Antibiotics
- Symptoms, conditions, investigations (PEFR, spirometry), emergency (anaphylaxis), prevention

Rheumatology

- Back pain/neck/shoulder/knee (etc.)
- Soft tissue disorders
- Osteoarthritis
- Osteoporosis
- Inflammatory arthropathies
- PMR/TA
- Trauma
- Investigation, treatment, allied health professional roles, CDM, prevention, exercise and accident prevention

Shared care
Majority is dealt with in general practice

Acutely Ill

Teamwork/leadership
Prioritising
OOH
Appropriate referrals
Autonomy/continuity
Review and safety-netting
CDM/co-morbidity/prevention
Carers/support/bereavement
Mental health act/compulsory admission
EBM/protocols/significant event analysis
Resuscitation certificate yearly

Genetics

1:10 patients has disorder with genetic component
Understanding inheritance patterns
Draw family tree
Good communication
Antenatal screening

Cardiovascular problems

Management of risk factors and emergencies
Appropriate management and referral
NICE guidelines
DVLA

Digestive problems

Dyspepsia & GORD management/EBM
Colorectal cancer
Indications for appropriate and urgent referrals
Acute abdomen/GI bleeds
IBS

Metabolic problems

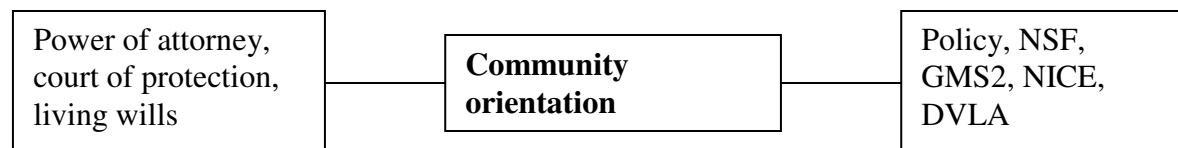
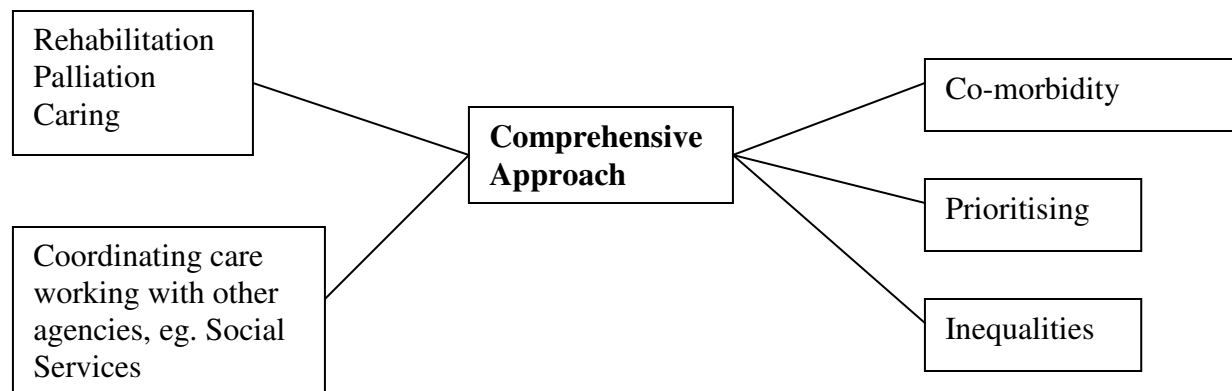
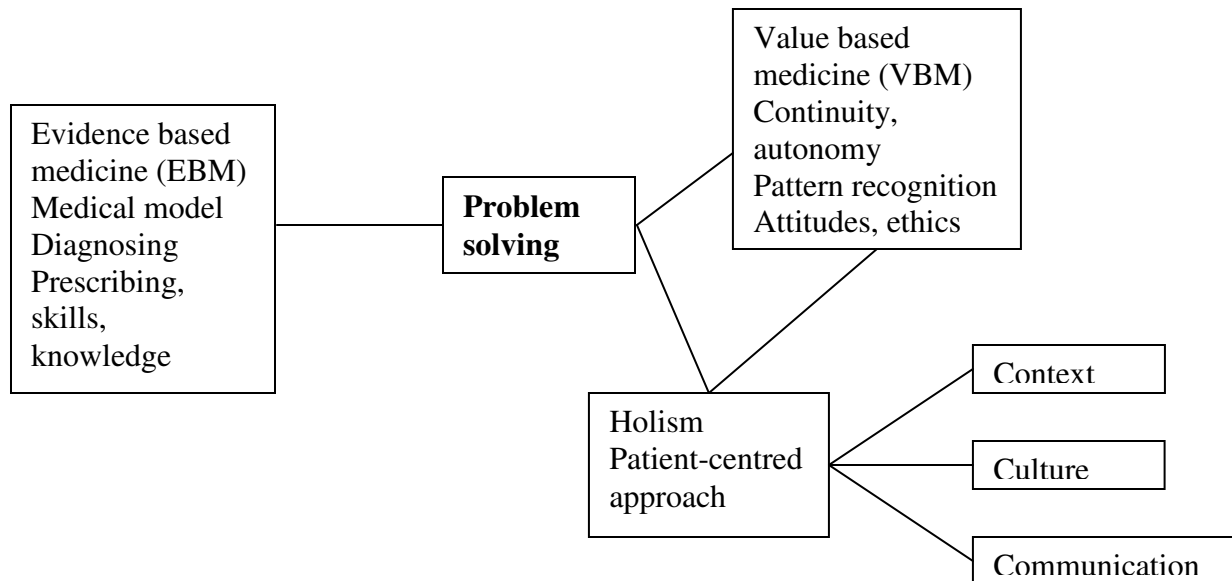
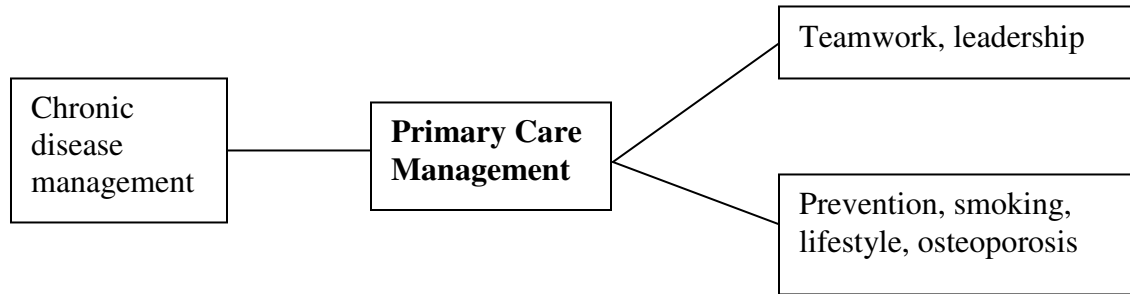
Obesity and diabetes mellitus; NSF & GMS2
Thyroid disease
Adrenal emergencies/diabetic emergencies
Gout
Coordination of care

How does this differ from a hospital orientated curriculum or training – surely there is a huge crossover? After all medicine is medicine, and there are only so many diseases and conditions, and these are not exclusive to hospital or general practice. The key difference is your view-point

or where you stand, and this is why it is important to relate learning and teaching to the six domains and essential features.

The learning outcomes can be “ticked off” in the e-portfolio and will be part of Registrars’ evidence of competence and record of development. They will also form part of the assessment by clinical supervisors. But development is not just a question of box ticking, having the right certificate, knowing the ins and outs of ECGs and how to wield a proctoscope. Development is about “acquiring knowledge in order to develop expertise”. Being an expert is about knowledge, but it is also about experience and outside recognition, intuition and pattern recognition. This sort of development relates to attitudes, values and integrity and is the basis of trust. Registrars’ assessments in general practice are clearly linked to the six domains and three essential features. It will be the course organiser’s job (working with hospital educators and registrars) to ensure that learning in hospital posts is also clearly linked to the six domains and three essential features.

The chart below indicates how some of the learning outcomes link to the domains:



Key messages:

- Link learning and teaching to the 6 domains and 3 essential features
- Don't just tick the boxes but develop expertise

GP Curriculum

Curriculum is a speeding chariot – the ground is changing under the wheels. “Evidence” is not constant.

There are several big questions about the curriculum:

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

What is important

Probably all 600 pages of the curriculum are important. It is an enormous achievement and has obviously been put together by some very big brains. It tells you in detail what you need to know, and what skills you need to acquire, the importance of balance between evidence based medicine (EBM) and value based medicine, and the importance of personal attitudes. It tells you about courses and websites, and suggests opportunities for learning.

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

6 Domains
And
3 Essential Features

These domains and essential features are:

6 domains of core competencies

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

Essential features

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

The following is a brief summary of what each domain is about:

Domain 1 – Management

- Health, function, quality of life as well as models of disease
- Health promotion, risk management, costs
- Team work. Advocate

Domain 2 – Person-centred

- Committing to person rather than body of knowledge
- Understanding context of illness
- Subjective aspects of medicine
- Continuity (responsibility not personal availability)

Domain 3 – Problem-solving

- Uncertainty, probability and safety
- Pattern recognition
- Consultation models

Domain 4 – Comprehensive approach

- Multiple complaints and co-morbidity
- Interpreting and prioritising
- Holistic approach
- Caring. Coordination

Domain 5 – Community orientation

- Influencing policy
- Balancing individual and community health needs

Domain 6 – holistic approach

- “Caring for the whole person in the context of the person’s values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost”
- Considers “inner experiences that are subjective, mystical (and, for some, religious), which may affect their health beliefs

What should be taught and learned where?

To answer this question we need to think about how we learn and consider the model of development that is used in the curriculum. Here are some theories:

- **Reflection on experience** - before and after and during
- **cognitive dissonance** - conflict between behaviour, attitudes and beliefs
- **situated learning** - related to context and social interaction
- **experiential** - subjects relevant to interests of learners; self initiated is best
- **andragogy** - learners involved in planning teaching
- **Bloom's taxonomy** – knowledge, skills and attitudes
- **right brain/left brain** - right brain equals feelings concepts imagination and ideas; left brain equals logic

There are lots more theories, but I think we have enough to go on. As you can see the theories stress the importance of experience in learning, keeping learning relevant to learners and related to context. It's not just about acquiring knowledge, but also about behaviour, attitudes, beliefs and skills. Decision making and problem solving are not just related to logical reasoning based on "evidence" but also to feelings, imagination and conceptual thinking. Reflection on action and in action is important if we are to learn from experience and become more aware of our own attitudes, capabilities and values (one of the three essential features).

The cognitive dissonance theory clearly shows the link between experience and values and beliefs:

- Cognitive dissonance occurs ("Whoa... that doesn't fit my self-image")
- learning occurs
- a change in values and beliefs takes place
- integrity and trust are re-established
- experience causes new cognitive dissonance
- the cycle begins again

The model of development in the curriculum is the Dreyfus and Dreyfus model of becoming an expert. This model suggests he will become an expert when you have

- Adequate experience
- outside recognition
- knowledge

Knowledge can be thought of as

- Propositional knowledge (facts)
- tacit knowledge (experiential, skills, intuition and pattern recognition)

"Experts" often make decisions based on pattern recognition and intuition (or gut feelings) and may find it hard to explain the process involved in these decisions. Dreyfus and Dreyfus suggested that this is the difference between the human brain and computers, and that a process of logic alone would never work as quickly as human thought processes, which also rely on intuition or "gut feelings".

Pattern recognition probably has an evolutionary basis. If you can notice the Tiger in the long grass you may have a survival advantage. However, pattern recognition is not infallible-it would not be an advantage to see tigers when they are not there. Pattern recognition is probably related to experience-elephants are easier to recognize if you have seen one before.

Conclusions

1. **Things related to experience should be taught in that arena**, e.g. family planning in a family planning clinic, spirometry with the respiratory nurse or technician, almost anything in the curriculum in your year in general practice.
2. **Values and beliefs** (important in the development of integrity) are probably best developed in group work with peers. Formation of attitudes is related to your peer group - your "era" has an influence. **Group work is vital.**
3. **Propositional knowledge.** Where do we get our "facts" from? Probably from:
 - role models
 - journals, books, Internet, Reading, study groups
 - lectures (hmmm!) - the problem with lectures is keeping information in context, lack of relationship to experience, lack of social interaction and the limited attention span of most humans

Final thoughts

1. Pattern recognition is not infallible
2. propositional knowledge is not "truth"
3. both are contextual

Who is responsible for what?

Adult learning is self- initiated, related to personal experience, reflection and self-awareness. So, basically, you are responsible. But you are not on your own. Your clinical supervisors, course organisers and GP trainers are also responsible for ensuring you have the necessary experience, and that you are regularly access to monitor your progress. These regular assessments will be recorded in your e- portfolio. There will also be outside assessment with the new MRCGP applied knowledge test and CSA (clinical skills assessment). Your course organisers are responsible for insuring your hospital teaching is related to the GP curriculum. Anybody

involved in teaching you has a responsibility to know something about adult education, so that you are given the best opportunity to develop.

Teaching and learning

Teaching and learning has its own section in the curriculum. As learners you will need to teach as this is one of the duty is of a doctor and you are much more likely to learn about something if you teach it.

The curriculum suggests that teaching should be learner centred, learners should be autonomous and supported by "teachers" and trainers. There is a connection here to consultation skills which value patient autonomy and are patient centred. The aim of both is to reach a shared understanding. Learning should be related to a CPD (continued professional development) although your PDP (personal development plan) is fairly clear -- pass all sections of new MRCGP and become a GP. Learning should be based on reflective practice and clinical supervision and mentoring should enhance reflection on experience.

The learning outcomes are –

- Understanding how adults learn
- planning and delivering teaching section

Learning with other professionals is also advised in the curriculum. The aim of this is to develop a better understanding of what others do and to broaden our perspectives and enhance teamwork.

A distinction is made between mentoring and clinical supervision --

- Mentoring -- wide focus and confidential
- clinical supervision -- narrow focus related to learning goals or outcomes

How?

So far we have some ideas about –

- Teaching and learning
- experience and reflection
- what should be learned where
- who is responsible
- what is important

What is not clear is how things should be taught.

Here are some thoughts on how –

- Presentations
- Groupwork

- Role play
- Video consultations
- Tasks, eg. Reading papers
- Storytelling (scenarios from our practice)
- Significant event analysis
- Case-based discussion
- Proposition learning/theoretical - microteaching

As you can see nearly all of these "hows" stress the importance of relating learning to learners' experiences. Being involved, having choice, being autonomous and using the experience of the group are all important for learning. "Presentations" means registrars teaching the group. Role-play is a good way to rehearse skills in a safe and supportive environment. Micro teaching is about the right amount of propositional knowledge at the right time. In summary, a lot of "how" can be summed up in the immortal words of Ali G. -- "keep it real".

The heart of the matter

No, this chapter is not about cardiovascular disease. It's about the consultation because this is at the heart of general practice. We need to be able to communicate properly with patients if we are going to be able to do all the six domains and three essential features stuff. If you don't understand your patient's problem fully and in context you can't practice holistically or be patient centred.

So ... good communication is needed for -

- Developing a partnership between doctor and patient
- trust and openness
- shared decisions and understanding.

These things don't just apply to communication with patients but are similar to what goes on in teaching and learning and are also useful when communicating with colleagues and team members.

Context is very important and forms quite a big list of learning outcomes in this section of the curriculum (go on have a look).

Here is a shortened version of this list -

- Recognize diversity
- respond flexibly
- share understanding
- think about relatives and friends (the patient's not yours – well, not during the consultation anyway)
- know about consultation models and think physical social and psychological when considering the diagnosis

Recognizing diversity is important because we are dealing with people and not just diseases. Everyone experiences their ill health in different ways and the effects of ill health have different meanings for each individual. Or, “people step in the same rivers and different waters flow over them “.

Knowing about consultation models is not just a theoretical thing, it is useful practically. Models are a bit like recipes or route maps or (if you read a Neighbour's book) teddy bears (ha- ha! now you will have to read the Inner Consultation to find out what that means).

So, models help you to know where you're going in a consultation and help you find your way if you get lost. If you find yourself wondering why a patient has come to see you or what they want from you, it may be helpful to consider ICE (ideas, concerns and expectations) or Hellmann's model (a lot of whys and whats - you will have to read about it somewhere else). If you feel you're going around in circles with the patient, thinking about transactional analysis

(parents, adult, child) may help you understand the process, or one of Heron's interventions may help you find an alternative approach.

This may all sound of mysterious and weird, but don't be daunted. Remember A. Hairyman's first rule of communication -

“There are no rules”

That's because you already know how to communicate as you've been doing it since you were born. Trust in your instincts and listen. No, you're not in listening, I said LISTEN, really listen and give your full attention to the patient and with practice and with the help of the models you will become expert.

The thing about your full attention is important - try not to think about your supper when a patient is telling you about their piles. You'll only end up referring them for pies, or having a big bunch of grapes for dessert. Here's a story -

Tich Nat Han and his friend were sitting under a tree having a picnic. The friend was eating a Satsuma and putting another segment in his mouth before he had finished the first while talking excitedly about his plans. Tich Nat Han pointed this out to him and suggested he should concentrate on one segment at a time.

So... concentrate.

There is also some attitudinal stuff in this section -

- Confidentiality
- Consent
- resource allocation (rationing)
- respect (Ali G. again)
- team working
- record keeping

Self awareness is also important in this area. You need to monitor your own emotions as consultations will have an effect on them. You need to do your housekeeping (Neighbour again - you really should read it).

As of August 2007 membership with the Royal College of General Practitioners will be compulsory for all those entering general practice.

The new philosophy in gaining membership with the college is through the demonstration of competency, not just by examination but by professional progression through the ST envelope from ST1 to ST3.

All trainers in East Kent have been gradually acquainted with the new approach to gaining membership. Remember – it is as new to them as it is to trainee GP doctors (GPStR). Assistance in the training envelope will be provided to the best of a trainer`s ability. However, it is recommended that trainee GP doctors in hospital and general practice consider attending courses, such as those run by the Deanery as well as by the Royal College of General Practitioners.

The local Programme Director with a lead responsibility for the nMRCGP is **Dr Greg Manson** (greg.manson@dsl.pipex.com). Some advice regarding the exam may be provided on the VTS scheme, but it is recommended that most preparation occurs in hospital and GP placements in conjunction with advice from clinical and educational supervisors.

Please refer to the College website www.rcgp.org.uk for up to date information.

Competencies assessed in nMRCGP (July 2007)

The following 12 competencies will be assessed:

- Communication and consulting skills
- Practising holistically
- Data gathering and interpretation
- Making diagnoses and decisions
- Clinical management
- Managing medical complexity
- Primary care administration and information technology
- Working with colleagues and in teams
- Community orientation
- Maintaining performance, learning and teaching
- Maintain ethical approach to practice
- Fitness to practise

Components to nMRCGP (July 2007)

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

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

The WPBA (workplace-based assessment)

This involves a number of assessments.

- i. Case based discussion (CBD)
- ii. Consultation observation tool (COT in general practice training, mini CEX in hospital training)
- iii. Direct observation of procedural skills (DOPS)
- iv. Multi source feedback (MSF)
- v. Patient satisfaction questionnaire (PSQ)

Some important facts need to be remembered:

- the WPBA takes place over the whole training envelope i.e.) ST1, ST2 and ST3.
- in keeping with PMETB guidelines, feedback about performance is provided in all components of nMRCGP.
- preparation and learning is to be supported by the e-portfolio.
- regular review, as well as a final decision on the summation of all evidence, will be conducted through a Deanery Panel.
- not all competencies can be assessed in any one assessment
- it is anticipated that grade descriptions would improve with time through the training envelope from ST1 to ST3

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

Roles of Assessors in the WPBA

i. The Clinical Supervisor (CS)

This is the named supervisor for each hospital based placement. They will undertake and/or coordinate a trainee doctor's assessments during that hospital placement. They will also be the trainee doctor's initial point of contact in issues relating to the specific hospital post.

ii. The Educational Supervisor (ES)

This is usually a named GP trainer who will oversee and monitor the trainee doctor's progression through their training envelope (ST1 to ST3, or as the case may be). They will undertake reviews based on the assessment evidence presented, and will liaise as necessary with the Clinical Supervisor and Course Organiser. They will also arrange in every 4 month hospital post a 2 day programme for trainee GP doctors in general practice. The aim of this is to keep the GPStR 'grounded' in general practice. The ES will also complete the final WPBA report. The ST3 year will probably be in the ES's general practice.

iii. The Programme Directors (PD)

They will oversee the education of all GP trainee doctors in their training envelopes. **The education of GPStR is defined in the GP curriculum, obtained on the RCGP website (www.rcgp.org.uk).**

The trainee in each attachment collects evidence using the prescribed tools, **as well as naturally occurring evidence**. An end of attachment report is also completed by your CS which further contributes to evidence of performance. The ES reviews all the evidence and maps this to the nMRCGP competency areas and, on the basis of the evidence, rates the GPStR and recommends areas for further development. The trainee GP will use these assessments in a formative way to identify training needs which will need to be incorporated into the wider e-portfolio.

Summary

The nMRCGP involves **all 3 years of the training envelope**. Assessment throughout the envelope allows a GPStR to build a rich portfolio demonstrating progression and professional development throughout their training. The best source of ongoing information concerning its format and assessments can be found at the RCGP website (www.rcgp.org.uk). **All the assessments must be recorded in the e-portfolio.**

It is also recommended that candidates familiarise themselves at the earliest opportunity with the new RCGP GP curriculum. Again, details are found on the RCGP website.

All the GP trainers in the East Kent locality, as well as the Programme Directors, will try to assist you- the GPStR- with any queries you may have. You are welcome to contact Dr Greg Manson (greg.manson@dsl.pipex.com), if queries arise.

All staff in the Deanery, as well as all GP trainers and Programme directors, wish you the best success in your general practice training.