

Wessex School of General Practice  
Wessex Deanery

# A Guide for GP Training in the ST1 and ST2 years

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A handbook for GP Trainees,  
Clinical Supervisors  
and  
Educational Supervisors

# Index

## Section 1: Handbook

Introduction	p3
Acknowledgement	p3
How to use the handbook	p3
Overview of GP Specialty Training	p4
The nMRCGP Examination	p6
Learning, Teaching and Assessment	p6
Less than Full Time Trainees	p10
How to use the Specialty Handbooks	p11
How to use the Self Assessment Tools	p10
Summary and Timeline	p12

## Section 2: Specialty Handbooks – click on hyperlinks

[Accident & Emergency](#)

[ENT](#)

[Geriatrics](#)

[Medicine](#)

[Obstetrics & Gynaecology](#)

[Oncology & Palliative Care](#)

[Ophthalmology](#)

[Paediatrics](#)

[Psychiatry](#)

[Surgery & Orthopaedics](#)

## Section 3: Trainee Self-Assessment Tools – click on hyperlinks

[Accident & Emergency](#)

[ENT](#)

[Geriatrics](#)

[Medicine](#)

[Obstetrics & Gynaecology](#)

[Oncology & Palliative Care](#)

[Ophthalmology](#)

[Paediatrics](#)

[Psychiatry](#)

[Surgery & Orthopaedics](#)

## Introduction

The purpose of this handbook is to help integrate the GP Curriculum into ST1 and ST2 years of GP training which include the hospital based specialty posts that are part of GP Specialty Training Programmes. The learning objectives and assessment opportunities have been highlighted and mapped to the GP Curriculum. Hopefully this will clarify what is expected in each post for you, a GP trainee, and your clinical supervisors. The purpose of the handbook is to provide a starting point from which you and your supervisors can develop your own educational plan.

There are 3 sections; the first section is an explanatory guidebook to ST1/2 GP Training, the second section is made up of handbooks for each of the hospital specialties, and the third is a self-assessment tool for trainees. The self-assessment tool allows you to rate your confidence against the knowledge base and learning outcomes from the GP curriculum for each specialty.

## Acknowledgement

Much of the material within this handbook has been adapted from *“The Curriculum in Hospital and General Practice – A simple guide”* that was produced by Dr Lindsey Pope and Dr Moya Kelly from the West of Scotland GP Deanery as well as from *“The Handbook for Hospital Specialties”* produced by the KSS Deanery. Thanks also go to Dr Nicki Williams, Associate Dean, Oxford Deanery, for her helpful suggestions.

## How to use this handbook

### Notes for GP trainees (ST1 and ST2)

Please read this document and then download the appropriate specialty handbook in Section 2 and use the associated self-assessment tool in Section 3. This should enable you to produce an educational plan with your clinical supervisor at the outset of your hospital post that addresses your personal learning needs in relation to the GP Curriculum. It should also enable you to plan your assessments both in terms of their focus and their timing.

It is intended that this handbook is complimentary to the other learning resources available through your ePortfolio and the RCGP website.

### Notes for Clinical Supervisors

Although this guide is primarily intended for GP trainees, its contents should be of use also to Clinical and Educational Supervisors.

Clinical Supervisors, please download the relevant specialty handbook from Section 1. This should help you to draw up an educational plan with your GP trainee at the start of their specialty post with you. You may wish to read the *“Overview of GP Specialty Training”* section, as this will help you understand the overall structure of the GP Specialty Training Programme.

### Notes for Educational Supervisors

The specialty handbooks should help you plan how you will manage the coverage of the GP Curriculum over the three year training programme with your GP trainee. They should provide guidance as to what is expected in specialty posts and help the GP trainee to identify their own learning needs in relation to the GP Curriculum.

## Overview of the GP Specialty Training Programme

This guide outlines the GP specialty training programme giving an overview of what to expect and how this is mapped to the RCGP GP Curriculum and the nMRCGP assessments. For more detailed information, it is recommended that you purchase and read the book entitled:

**“The Condensed Curriculum Guide”** by Riley, Hayne and Field (ISBN: 9780850843163)

### Specialty Training Programmes for General Practice

These programmes are of 3 years duration. They consist of a series of four 6 month posts in a variety of hospital specialties and general practice settings, followed by a full year in general practice. The programmes have been created and approved to meet the requirements of both the RCGP and GMC, so that on successful completion GP trainees will receive a Certificate of Completion of Training (CCT). Satisfactory completion of the scheme is an essential requirement for entry to the General Medical Council’s GP Register and for membership of the Royal College of General Practitioners.

### The GP Curriculum

The RCGP GP Curriculum is for doctors training for general practice and their trainers and educational supervisors. It covers the period known as *Specialty Training for General Practice*: from the end of the Foundation Programme to the award of a Certificate of Completion of Training (CCT). It assumes trainees have already attained the core competences of the Foundation Programme.

Further information and documentation can be found on the RCGP Curriculum website:

[www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk)

### The ePortfolio

The ePortfolio is used by GPs in training to collect and collate their evidence of learning and performance for the nMRCGP assessment. It provides an overview of your current position on the journey to obtaining your Certificate of Completion of Training (CCT). However it is not just a collection of assessments or a record of attainment. The ePortfolio is above all a formative educational tool. It is designed to facilitate feedback and encourage the learning of new knowledge as well as reflection on existing knowledge, skills and professional attitudes. Also, with the help of your Clinical and Educational Supervisors, you can plan a personalized programme of learning so you can gain the necessary competencies for modern professional General Practice in the United Kingdom.

Each GP trainee will maintain their own learning log in which they can record notes on such things as significant clinical encounters, lectures attended, professional conversations and any reading they have done. Each item is personal to you, the trainee, until such time as you permit it to be shared with your Educational Supervisor.

A more detailed explanation of how to use the ePortfolio is available at:

<http://www.rcgp-curriculum.org.uk/PDF/ePortfolio%20Trainee%20Manual.pdf>

## Formative v Summative Assessment

The ePortfolio in itself is not an examination tool. It helps in the final summative assessment as it is the place where all of the evidence you need to collect is stored, but the ePortfolio should not be thought of a “tick-box” process which needs to be done just to get it out of the way. Each individual assessment (COT, MiniCEX, DOPS, CbD etc) is a formative exercise. You cannot ‘fail’ an assessment but it is hoped that as time goes on you will show that your professional and practical skills are progressing to the level required of fully qualified independently practising NHS GP.

## The Clinical Supervisor

The Clinical Supervisor (CS) is usually the secondary care consultant with whom you work when in a hospital post. Therefore your CS will change as you rotate from one post to another. In your GP Practice post during the ST1 or ST2 years, the Educational Supervisor (see below) and the CS is often the same person - but not always. It is essential that your CS is aware of how you are getting on clinically as your CS is required to write a report about your professional development near the end of each post. This clinical supervisor report is colloquially known as the CSR.

## The Educational Supervisor

Your Educational Supervisor (ES) is a GP Trainer working in Primary care. Your GP attachment in the ST1 or ST2 year is not always in the same practice as the ST3 year. If this is the case you will have a separate CS supervising you for these 6 months. For most of your ST1 and ST2 training your ES is geographically distant to you and it is therefore important to maintain contact with your ES by telephone and email.

## Annual Review of Competency Progression (ARCP)

At the end of each calendar year of training a panel of senior Deanery educationalists reviews the evidence within the ePortfolio of every trainee and the reports from the trainee’s ES and CS. The panel (which is made up of senior Deanery staff, GP Trainers, Lay representatives etc) is there to decide whether sufficient progress has been demonstrated to justify progression from one stage of training to another. If the trainee’s progression is not satisfactory the panel will prescribe specific targets and if necessary recommend an extension to training or release from training. At the end of the ST3 phase of training it is this ARCP panel that makes the final recommendation to the RCGP that the trainee is ready to apply for the Certificate of Completion of Training (CCT). If this application is successful, the trainee’s name is then added to the list of registered GPs held by the GMC. You will receive notification of the date of your ARCP panel review six weeks before the panel convenes.

## Start of ST1 year

On starting your Specialty Training Programme for General Practice and registering as an ‘Associate in Training’ (AiT) with the RCGP, you will receive a unique username and password to your personal ePortfolio. Training will be provided on how to get started with this, but you are encouraged to look at this yourself at the earliest opportunity and use the available on-line help. You must take the initiative in starting to use your ePortfolio, as well as finding out who your CS and ES are. Please make contact with your supervisors as soon as is practically possible. Ideally meet with your ES personally early on and then keep in contact through email or telephone, especially if you have any concerns.

## Programme Director

Early on, you will be told about your Day Release Course sessions that have been organised by your “Programme Director”. You should attend these sessions each month and these are part of your study leave entitlement. The Programme Directors are there not only to teach you but also to offer guidance if you are having any difficulties e.g. meeting up with your Clinical Supervisor, getting your assessments done, organizing study leave etc.).

## The nMRCGP Assessment

The nMRCGP is an integrated assessment programme that includes three components:

- Applied Knowledge Test (AKT),
- Clinical Skills Assessment (CSA)
- Workplace-Based Assessment (WPBA).

Each of these is independent and will test different skills but together they will cover the curriculum for specialty training for general practice. Evidence for the workplace-based assessment will be collected in the e-Portfolio of each trainee

The CSA will be taken in the third year as is the AKT (although some trainees sit the examination in the ST2 year), but the WPBA will span the full 3 year programme.

## LEARNING, TEACHING & ASSESSMENT

### The process of learning

The proposed model of learning combines three aspects:

1. Trainees need to be exposed to a diverse set of clinical scenarios so as to gain adequate experience.
2. As professional adult learners, trainees must not sit back and wait for others to provide all of their learning; they must be proactive and seek out learning situations.
3. All learning is aimed at one ultimate goal; becoming an independently practising GP. The trainee should always keep the GP professional competences and curriculum in mind.

### Balance and diversity

Teaching and learning in relation to a curriculum for general practice occur primarily at work. In addition to training in the workplace, trainees will also take part in the formal learning opportunities provided through departmental teaching sessions and general practice specialty training seminars and day release activities.

Such learning should involve significant event analysis, audits, projects etc

## Competences as outcomes

The way the ePortfolio is set out, it looks as though the individual GP Professional competences and Curriculum areas are separate entities which need to be collected – a bit like collecting stamps. However don't forget that the whole stamp album is more important than any one individual stamp. **The whole is greater than the sum of the individual parts.** It is not sufficient to be competent in each of the twelve professional skill areas in isolation; it is essential that you have global competency as a professional. As a GP it is essential to understand that all of the competency areas and GP curriculum fit together in an integrated holistic way. It is not just a case of demonstrating professional skills individually.

## Key principles of adult learning

The general principles of adult learning underpin the way teaching and learning is organised and delivered in GP training. A brief summary of these principles is set out below:

**Self-direction.** There is a deep-seated need for adults to be self-directed and in charge of their own learning, although there are times when adult learners will want and need to be told what to do rather than find out for themselves

**Experiential.** Experience provides the principal resource for adult learning. Experiential learning is iterative with situations revisited and something being gained each time. Repetition of experiences will make the learning more permanent.

**Needs-based.** An adult's readiness to learn is strongly related to the tasks required for the performance of his or her evolving role

**Problem-centred.** Adults want to apply tomorrow what they learn today. Therefore the appropriate units for teaching and learning are situations, not subjects.

## Work Place Based Learning

It is intended that learning takes place primarily in the workplace, using real cases as the raw material for learning.

***“Learning is not only or even primarily about obtaining correct information or answers from knowledgeable others ... it is fundamentally about making meaning out of the experience we and others have in the world. Learning is a part of work and work involves learning ... these are not separate functions but intertwined”***

DIXON. The Organizational Learning Cycle 1999

In such a setting, it is the responsibility of the learner to ensure that learning occurs. Supervisors will facilitate a learning environment, but will **not** “spoon-feed” knowledge to hungry learners. Ways in which this can happen include:

<b>Work processes with learning as a by-product</b>	<b>Learning Activities located within work or learning processes</b>	<b>Learning Processes at or near the workplace</b>
Participation in group processes	Asking questions	Being supervised
Working alongside others	Listening	Being coached
Consultation	Observing	Being mentored
Tackling challenging tasks and roles	Getting information	Shadowing
Problem solving	Learning from mistakes	Visiting other sites
Trying things out	Reflecting	Independent study
Working with patients	Locating resource people	Conferences
	Giving and receiving feedback	Short courses
		Working for a qualification

Eraut & Steadman (2005) Early Career Learning in the Professional Workplace

All learning activities should be recorded in the e-Portfolio as part of the Learner’s Log.

## Work Place Based Assessment (WPBA)

Assessments will take place throughout the three years – spread out, throughout each post, and NOT performed hurriedly in batches just before each 6 monthly Educational Supervisor review

The WPBA includes tools that are familiar from foundation programmes:

- Consulting skills assessment (mini-CEX)
- Case-based discussion (CBD)
- Direct observation of procedural skills (DOPS)
- Multi-source or 360° feedback (MSF).
- Consultation observation tool (COT)

Although these are now being marked and calibrated against the competencies of the GP Curriculum they should all be regarded as formative assessments; giving you the chance to learn from the assessment experience and receive feedback and mentoring. **They are not Summative Exams.** You cannot ‘fail’ an assessment but it is hoped that as you do more and more of the assessments your performance will improve.

The entry point is that of meeting the competences of the Foundation Programme and equates to “needs further development”. It is expected that most doctors will start at this point. As said earlier, you should not regard this level of competency as a fail. It merely implies a need to progress.

“Competent” is the level that is expected to achieve the CCT in General Practice, i.e. adequate to perform as an independent GP.

“Excellent” is a level to which all GPs in practice aspire and represents expert practice in that given area. It is exceedingly unlikely that an ST1 or ST2 GP trainee doctor will achieve this level. Excellence develops with experience over time.

Feedback on how to move performance from the current level to the next level is essential. Ask your CS and ES how you are getting on and get their advice on how to improve your practice. Do not wait to be told – find out for yourself.

## The role of the Clinical Supervisor

The consultant to which any specific ST1/2 doctor is attached will be that doctor's Clinical Supervisor for the duration of that post.

The Clinical Supervisor should supervise the following during each 6 month post:

- An initial induction meeting reviewing the learning needs of the trainee and agreeing an educational plan for the post.
- Oversee the day to day clinical work of the trainee
- 3 CBD assessments
- 3 MiniCEX assessments (or 3 COTs if in a GP Practice post)
- DOP assessments – as appropriate
- Completing a clinical supervisors report on the e-Portfolio towards the end of the post

The formative assessments are there to help you learn. The number stated above is the minimum but, with the help of your CS, do as many as you feel you need to meet the learning outcomes of the GP Curriculum.

## The Educational Supervisor review (ESR)

At the start of your GP Specialty Training Programme as an ST1 doctor you will be allocated to an Educational Supervisor (ES). Your ES writes a detailed report on your progress every 6 months; regardless of whether you have been in post actively working, on sick leave or maternity leave. These regular reports summarise your assessment results and rate your progression in the individual twelve professional competencies as well as assess globally how well you have been performing.

Please read your ESRs. They contain very useful information which will help you. If you have understood and agree with what your ES has written then you need to electronically “sign-off” the report by clicking on a link at the very bottom of the electronic document stored in your ePortfolio. Do not be surprised if your ES repeatedly writes in your reports that you “Need further development”. This is the expected level of ST1 and ST2 trainees. You should get to the “Competent” level during your ST3 training.

Please agree and write down a personal development plan with your ES for the next 6 months as part of your ESR. **Items from this Learning Plan should be put into your PDP**

The ES is responsible for approval of any proposed study leave application so this should be discussed at this meeting also.

GP trainees should liaise closely with their ES throughout their training and make sure that they know when their ESRs will occur.

## Study Leave

Whilst in hospital posts it is recommended that any study leave left over after attending the monthly Day Release Sessions with your Programme Director is used primarily to enable you to spend time with your ES in general practice; in the practice where you will be for your ST3 training. This time will be to allow you to get familiarised with all aspects of general practice through sitting in with GPs and attached primary care staff. There could well be scope for project and audit work within this time. The six monthly ESRs could occur during one of these episodes

The times for these sessions in GP should be agreed between the ES and trainee well in advanced to allow for release from duty rotas.

Any other study activity has to be approved by your Educational Supervisor and must be mapped to the GP Curriculum i.e. relevant to your training as a GP. It would also have to fit with service commitments in secondary care.

## Less than Full Time Trainees

For up to date information on the minimum assessment expectation for trainees working part-time (also known as “Less than Full Time Trainees”; usually shortened to LTFTTs) please go to:

[http://www.rcgp-curriculum.org.uk/nmrgcp/less\\_than\\_full\\_time\\_trainees.aspx](http://www.rcgp-curriculum.org.uk/nmrgcp/less_than_full_time_trainees.aspx)

## How to use the Specialty Handbooks

The attached “Specialty Handbooks” provide information on the sort of things (practical skills, professional attitudes and clinical knowledge) that you should develop whilst in your hospital post. Avoid the “tick-box” mind set. In your day to day work seek out learning opportunities in the hope that by the end of your post you will have covered most, if not all, of the items listed. However it is not a case of “I’ve already done this, so I do not need to do it again. I can move onto my next objective”. True competence develops over time with multiple exposures to the same learning experience in differing clinical situations. Just because you have the skills to pass a urethral catheter in a fit 28 year old man and have had a DOPS “signed off”, this does not mean that you are competent to pass catheters in all situations. I am sure that you will agree that it is much more difficult to pass a catheter in an 84 year old gentleman in acute retention. You need to practice your practical and professional skills many times in a multitude of clinical scenarios to become a truly competent professional General Practitioner

It is also not just a case of knowing how to do something and showing off your skills to an assessor just to pass an assessment; you need to actually use your skills all the time in your daily practice. Your Clinical Supervisor reports will be based not just on the results of individual work-place based assessments but also on your daily clinical practice. Workplace-based assessments form only part of the overall global review that your CS performs.

Maintain high professional standards at all times.

## How to use the Self Assessment Tools

To help you identify your learning needs in relation to the GP Curriculum, each Self Assessment Tool contains a list of learning outcomes in the form of a confidence rating scale. You will then be able to use it to help you identify areas that require development.

Once you have identified your learning needs you can use the relevant Specialty Handbook to consider how you may be able to address these needs and how they could be assessed.

Please complete this before your initial meeting with your Clinical Supervisor. In this meeting you will then be able to complete an educational plan for the post.

Please note that it may not be possible to cover all of these learning objectives within any one post. By repeating the self-assessment tool at the end of the post you will be able to identify areas that you still need to cover. By sharing this with your Educational Supervisor they will be able to help you with finding ways to cover these potential gaps as part of your overall GP Specialty Training Programme.

## SUMMARY

- The WPBA is a three year programme mapped directly to the GP Curriculum and integrating the nMRCGP assessment.
- It is a learner-led programme in which you, the learner, take control and responsibility for your own learning.
- Your learning and teaching occur in work place based practice and are centred on real cases.
- It is not just a case of “knowing” or “showing that you know”. You need “to do”. Work all the time in a professional manner with patients, staff and colleagues.
- Formative work place based assessments help you identify your learning needs and enable feedback.
- The greater the number of assessments you do the more chance you have of learning. The minimum number stated is “just enough to get by”. It is not a target – do more if you can.
- Record all of your learning activities and assessments in your ePortfolio.
- All work within the ePortfolio, including the educational supervisor reviews and reports, are formative to help with learning.
- **Be proactive** – don’t wait to be told; find out for yourself.

Each year the full time GP Trainee should complete a **minimum** of:

### ST1

	First 6 months	Second 6 months	Annual Total
MSF*	5 responses	5 responses	10 responses
CbD	3 assessments	3 assessments	6 assessments
MiniCEX/COT**	3 assessments	3 assessments	6 assessments
PSQ (only if has had a GP post)***	1 set		1 set (See *** below)

### ST2

	First 6 months	Second 6 months	Annual Total
MSF*	Not required	Not required	Not required
CbD	3 assessments	3 assessments	6 assessments
MiniCEX/COT**	3 assessments	3 assessments	6 assessments
PSQ (only if has had a GP post)***	1 set		1 set (See *** below)

Please note:

- \*a) ST2 Trainees do not need to perform any MSFs
- \*\*b) When a Trainee is working in a hospital they undertake MiniCEX assessments but if working in a GP Surgery they do COTs. The assessments are different but largely equivalent. The annual total therefore is still 6 assessments but may be a mixture of MiniCEXs and COTs.
- \*\*\* c) GP Trainees are required to perform only one PSQ set sometime within their ST1 and ST2 years of training and that is when they have their GP Practice attachment. If no GP Attachment in the year the Trainee will not need to perform a PSQ.

## Suggested timings for the assessments and reviews in the ST1 and ST2 years of training

ST1 Year : Post 1						Post 2					
Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
CbD		CbD		CbD		CbD		CbD		CbD	
MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT	
DOPS		DOPS		DOPS		DOPS		DOPS		DOPS	
CSR <sup>1</sup>						CSR <sup>1</sup>					
MSF <sup>2</sup>						MSF <sup>2</sup>					
PSQ <sup>3</sup>						PSQ <sup>3</sup>					
ESR <sup>4</sup>						ESR <sup>4</sup>					

1. CSR: Clinical Supervisor Report. To be written by supervising Consultant towards the end of every hospital post.
2. MSF: Multisource Feedback. 5 responses on each occasion from a minimum of 5 clinical colleagues.
3. PSQ: Patient Satisfaction Questionnaire. To be performed **just once in the ST1/2 years of training**; during the GP attachment. This might be in either the ST1 or ST2 years.
4. ESR: Educational Supervisor Report. Report written every 6 months (approx) by Educational Supervisor after your review. Usually in January and June. The annual review by the Deanery (the “ARCP Panel review”) occurs early July and the ESR needs to have been submitted to the Deanery by the Educational Supervisor (ES) no later than 2 weeks before this i.e. the 3<sup>rd</sup> week of June at the latest. The ES review needs to occur in the first 2 weeks of June.

ST2 Year: Post 1						Post 2					
Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
CbD		CbD		CbD		CbD		CbD		CbD	
MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT		MiniCEX/ COT	
DOPS		DOPS		DOPS		DOPS		DOPS		DOPS	
CSR <sup>1</sup>						CSR <sup>1</sup>					
No MSF required in ST2 <sup>4</sup>						No MSF required in ST2 <sup>4</sup>					
PSQ <sup>2</sup>						PSQ <sup>2</sup>					
ESR <sup>3</sup>						ESR <sup>3</sup>					

1. CSR: Clinical Supervisor Report. To be written by supervising Consultant towards the end of every hospital post.
2. PSQ: Patient Satisfaction Questionnaire. To be performed **just once in the ST1/2 years of training**; during the GP attachment. This might be in either the ST1 or ST2 years.
3. ESR: Educational Supervisor Report. Report written every 6 months (approx) by the Educational Supervisor after the review. Usually in January and June. The annual review by the Deanery (the “ARCP Panel review”) occurs early July and the ESR needs to have been submitted to the Deanery by the Educational Supervisor (ES) no later than 2 weeks before this i.e. the 3<sup>rd</sup> week of June at the latest. The ES review needs to occur in the first 2 weeks of June.
4. No MSF is required in the ST2 year of training (only in the ST1 year).