



ST3 Day Release Course

September 15th 2021

Nick Pendleton, TPD

STUDY LEAVE IN ST3

HOW IS THE NUMBER OF DAYS OF STUDY LEAVE IN ST3 WORKED OUT?

30 days total study leave for all Trainees

Minus

Number of days of the Wednesday Day Release Course
(25)

Equals

5 days

STUDY LEAVE IN ST3

You cannot opt out of attending the DRC so you can have more study leave!

However:

Less Than Full Time Trainees who would be repeating the same sessions on the DRC due to their ST3 year lasting over 1 year can do some other educational activity instead but still have same 5 days per ST3 year.

STUDY LEAVE IN ST3 WHEN NO DRC SESSION

When the DRC is not running on a Wednesday you should be doing some other educational activity instead as per your contract.

For a full time Trainee this is 7 clinical sessions and 3 Educational Sessions (or 28 hours and 12 hours).

Please discuss what you are going to be doing on these days with your ES for example at a tutorial the previous week.

STUDY LEAVE IN ST3 (EXAMS)

- *'The GP School does not encourage the taking of private study leave for any reason. This includes exam preparation, as the best preparation for both AKT and RCA is consulting and reflecting on casework.'*
- I will accept up to 3 days of exam related study leave if an educational case can be made and your ES agrees
- The exam day is 'professional leave' and not S/L.

GP SCHOOL STUDY LEAVE GUIDANCE

LINK TO WEBSITE:

<https://www.nwpgmd.nhs.uk/general-practice/gpst-study-leave>

EMAIL:

GPstudyleave@hee.nhs.uk



OUT OF HOURS and UNSCHEDULED CARE

Out of Hours Current Guidance

1. Trainees will need to provide sufficient evidence of experience in OOH and UC in the ePortfolio to allow their ES to '*sign them off as competent*'
1. **The experience required can come from a range of different experiences/settings**

Current Guidance

3. Trainees should definitely be doing 'traditional' OOH shifts and this should count as the 'majority' of their experience

4. Following a discussion with BARDOC OOH Clinical Lead, BARDOC will continue allocating sessions (with some flexibility) to Trainees with sufficient notice and expect the Trainees to attend those sessions **(if opted in)**

Current Guidance

5. We no longer count hours/sessions. It is competency based and would encourage the Trainees to **record their experiences as a summary document which is on the RCGP website**

6. We would encourage Trainees to reflect and record their learning in other areas of Unscheduled Care e.g. A+E, duty doctor/on call in GP

Current Guidance

7. As with all competencies once acquired there is an expectation to maintain these competencies.

LINK TO RCGP GUIDANCE:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/urgent-and-unscheduled-care.aspx>



Any Questions?

<https://nwpgmd.nhs.uk/general-practice-education-north-western-deanery/faqs-0>

Please click here for a downloadable PDF version of the trainee questions

Question List:

ARCP

- [When is my ARCP?](#)
- [What did I get for my ARCP?](#)
- [What do the ARCP Outcomes mean?](#)

ESR

- [When do I need to submit my ESR?](#)
- [What should my ESR period be?](#)
- [Do I need to submit a full ESR or an interim ESR?](#)
- [Can I have an extension to my ESR?](#)
- [Can you edit my review periods on FishBase?](#)

Form R

- [When do I need to submit my Form R?](#)
- [Why is it so important that the Form R Part B is sent on?](#)

- [Information for Prospective Applicants](#)
- [FAQs for GP Trainees](#)
- [GP Specialty School](#)
 - [Introduction to GP Specialty Training](#)
 - [Training Programme Overview](#)
 - [Contacts](#)
 - [Policies & Guidance](#)
 - [E-portfolio](#)
 - [ARCP](#)
 - [Study Leave](#)
 - [Resources for GPST Trainees](#)
- [GP Educator Information](#)
 - [3-Step GP Trainer](#)

| | ST1 | ST2 | Current review | Total |
|--|--------------|--------------|----------------|--------|
| Clinical Case Review | 15/36 | 37/36 | 1/18 | 52/108 |
| Mini-CEX / COT / Audio-COT | 6/4 | 5/4 | 0/2 | 11/15 |
| CbD / CAT | 8/4 | 7/4 | 1/2 | 15/13 |
| Colleague Feedback | 2/1 | 1/1 | 0/1 | 3/3 |
| Colleague Feedback: Leadership | 0 | 0 | 0 | 0/1 |
| CSR | 3/1 per post | 3/1 per post | 0/1 per post | 6/3 |
| Patient Feedback | 0 | 0 | 0 | 0/1 |
| QIP | 0/1 | 0 | 0 | 0/1 |
| QIA | 0/1 | 1/1 | 0/1 | 1/3 |
| All trainees must demonstrate involvement in Quality Improvement at least once a year. | | | | |
| Placement Planning Meeting | 4/1 per post | 3/1 per post | 0/1 per post | 7/3 |
| Learning Event Analysis (LEA) | 0/1 | 1/1 | 0/1 | 1/3 |
| Prescribing Assessment | 0 | 0 | 0 | 0/1 |
| Leadership | 0 | 1 | 0 | 1/1 |

Help

<https://www.rcgp.org.uk/gp-training-and-exams/training/workplace-based-assessment->

How to do a Quality Improvement Project



Introduction

As a trainee you are in good position to identify things in practice that 'frustrates' you and has an impact on safety of patients. This guide has been developed to help you complete a quality Improvement project - otherwise known as a QiP during your training, as required by the RCGP. QiPs are very similar to audit – both look at the quality of care provided and aim to improve it. Both require measurements to demonstrate change. QiPs are about making small incremental changes and measurements can be done weekly or even daily to test the impact of the changes. In contrast audits have set criteria, each with their own defined standards to measure against and tend to have two sets of measurements over a longer time period. Doing a QiP allows changes to be tested both quickly and successfully and is easier to do in a short time frame (such as a four to six month trainee post). The QiP should be written up in the relevant section on the e- portfolio and done in ST1 or ST2 (unless you have no GP post). As well as this guide, there is further advice available on the marking schedule, examples of QiP projects and further learning resources on the RCGP website and you are

Clinical Examination and Procedural Skills

CEPS page

| | |
|---------------------------|---|
| Prostate examination | 0 |
| Rectal examination | 0 |
| Female Genital - bimanual | 0 |
| Female Genital - speculum | 0 |
| Breast examination | 0 |
| Male genital examination | 0 |

Why are my CEPS not listed?

| | |
|------------------|-----------|
| CEPS assessments | 0 entries |
| CEPS reflections | 0 entries |

RCA: **Passed** ✓

Multi-source feedback (ST3)

No Patient feedback in ST3.

Colleague feedback: Invites sent

Educator notes

Placement planning eportfolio review
Read 6 days ago

placement planning for remaining training time
Read 2 months ago

Help

Basic life support Refresher due soon

Safeguarding Children: Level 3 Up to date

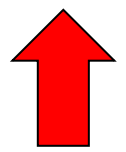
Safeguarding Adults: Level 3 Up to date

Form R / Covid Declaration Date last updated: 17/06/2021

Now mandatory

- Update your BLS on an annual basis
- You should have both Adult and Child Safeguarding from the beginning of training
- For every year of training a knowledge update and a minimum of one piece of reflective participatory* evidence for both child and adult safeguarding needs to be documented in your Portfolio.

» [More information](#)



* for example a clinical case where safeguarding concerns were raised, attendance at a safeguarding meeting etc

AKI: **Passed** ✓

CSA: No exam booked

RCA: No exam booked

Multi-source feedback (ST2)

Colleague feedback, Dec 20 results

Patient feedback: Started

Colleague feedback: Invites sent

Educator notes

First ST3 Tutorial
[Read about a month ago](#)



PDP

HRT prescribing.

Learning: To become confident in HRT consultations and prescribing before end of ST3

Target date: 15/12/2021

Action ideas: By doing online /f2f courses on HRT/ women's health. To Apply knowledge from above to my daily practice .

How I will demonstrate success: By adding evidence to Portfolio.

HEE NW GP School Email Addresses

General questions and issues:

gprotations@hee.nhs.uk

ARCP related:

claire.hopkins@hee.nhs.uk