**Fitness to practice for trainers**

* Encourages scrutiny and justifies professional behaviour
* Work/life balance
* Health
* Supports colleagues
* Learns from performance issues

**Ideas for learning fitness to practice**

* E learning GMC website, BMJ learning, doctors net, MDU- complaints , confidentiality
* GMC Duties of a doctor tutorial
* Fraser competence
* Use of chaperones- policy and difficulties in GP vs hospital
* Releasing information to police, social services,
* Releasing information to CCG, audit nurse/drug companies involved in practice audit work
* Prescribing in under 16 year olds
* Confidentiality
* How to handle calls from relatives/neighbours about a patient
* Housekeeping- taking leave appropriately, getting out for a walk/run.How to manage a difficult consultation and prepare for the next patient.
* Supporting colleagues with a complaint or unwell
* Attending and reflecting on practice meetings, turning up on time, use of mobile phones
* Discussion re work/life balance
* Sickness- when appropriate to come into work and when not. Impact on self,colleagues, patients and staff. Similar with care broken down or arriving late
* Parental leave/sick child
* Tutorial on whistleblowing
* How to avoid complaints
* How to recognise stress in a colleague or a team
* Use of family member for translating
* Assisting patients on a flight/in street
* How do you respond to grumbles about a colleague
* Prescibing for self, friends and family
* Own health- occupational health, flu vaccine, Hep B status, needlestick injury
* Kiddiring interview- what stresses you

**Ideas for teaching fitness to practice**

* How to write a SMART PDP, ongoing learning and development into appraisal and revalidation
* Significant event analysis
* How to deal with a complaint- practice policy/hospital policy
* Discussion re life after training- job opportunities
* Difficult cases/scenarios discussion re confidentiality, consent
* Role play or video or joint surgery assessing and discussing risk to patients
* COT:Consultations on managing uncertainty, role of safety netting
* Tutorial: managing stress and avoiding burnout
* Back to work interview after time off sick- discussion and reflection on this.
* Understanding CQC and being part of the visit
* Presentation and discussion of a significant event
* Complaints: responds appropriately, reflects
* Sally Whittet 10 questions
* Personal beliefs: referral for TOP request, DNAR decisions, advanced care planning, how to deal with aggressive/abusive patients
* Hierarchy . Difference between primary and secondary care. Staff relationships
* Staff as patients including examining them, signing off sick
* Seeing/advising non registered staff re clinical issues
* Handling a critical result. What if you can’t contact the patient? Who do you handover to?
* Coding results ie raised BP reading and QoF deadlines.
* Moving notes from practice-branch surgery. Access of notes remotely, acces by another registrar gaining experience of the computer system
* Confidentiality between families- who has given you what information?
* Mental health act assessment- when to ask for one
* Boundaries: how to respond to an invitation to a party/wedding/funeral of a patient
* Gifts: GMC guidance, practice policy

**Ideas for assessing entries/competence**

* Gone the extra mile for a patient.
* Self awareness
* Evidence of affecting trainees feelings
* Good performance
* 360 feedback
* Compliments and complaints
* Informal feedback from patients and staff

**Audit/project work**

* Consent: joint injections, coil fitting, minor surgery,
* Chaperone documentation in notes
* Patient questionnaire re offering chaperones
* Reflect on performing an audit or change management project
* Timekeeping in a consultation/time management of a days work. Impact on patient, self, other patients, colleagues and staff of running late
* Time management of referrals/admin work
* Notekeeping: who/when to follow up, documented safety netting, is an abnormal result expected. How to follow up a vulnerable patient
* Identify a practice need ie blacklisted drugs, specials and complete a change management project
* Audit referrals especially if an outlier