

IMPROVING CARE THROUGH EDUCATION

Kent Surrey and Sussex  
Postgraduate Deanery for  
Medical and Dental Education



# GENERAL PRACTICE FACULTY HANDBOOK

A Guide for Postgraduate Doctors and Staff in  
Brighton & Sussex University Hospitals NHS Trust

This handbook is mapped to the KSS Deanery's  
Graduate Education and Assessment Regulations (GEAR)

**August 2020**

In partnership with

 brighton and sussex  
medical school

Brighton and Sussex   
University Hospitals  
NHS Trust

 NHS Postgraduate  
Deanery for Kent,  
Surrey and  
Sussex

Medical Education Department

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## Introduction

Welcome to your GP specialty training rotation in Mid Sussex and Brighton. This is a wonderfully diverse and sought after area in which to live and work and we hope that our training programme provides you with a wide range of opportunities and experiences that will equip you in the process of becoming a competent, well-rounded and motivated GP.

This Faculty handbook includes some of the basic information that you will need to help find your feet in the first few weeks as a GP trainee and also give an overview of what is expected from you during your time with us.

In particular, we hope that you have enough information to start to understand the processes that underpin the educational component of the training rotation and the MRCGP exam.

## Location

During your time with us you will be working at a variety of sites throughout Brighton and Mid Sussex which are outlined in the section on the Training Programme.

## Key People & Administrative arrangements

Below is a list of some of the people who will be supporting you during your time with us. The administrative arrangements for the local management of your programme are managed by the MEM and Administrators in conjunction with your Programme Directors. If you have any local admin issues the first point of contact should be the relevant GP administrators. For queries about hospital posts please contact the Assistant Director of Human Resources.

Please ensure they have your up to date contact details at all times.

**Head of Primary & Community Care Education:** Dr Chris Warwick

**Head of GP School:** Dr Liz Norris

**GP Associate Dean  
East Sussex:** Dr Raya Al-Jawaheri

**GP Associate Dean  
West Sussex:** Dr Sadhana Brydie

**Programme Directors:**  
BRIGHTON: Dr Alex Morton  
Dr Win Phag-Udom  
Dr Caroline Smith

MID SUSSEX Dr Hugo Wilson  
Dr Lara Belle  
Dr Stefano Capozzi

**Director of Medical Education (DME):**  
Mr Varadarajan Kalidasan

**Clinical Tutors:**  
RSCH Dr Jeremy Tibble  
PRH Dr Andrew Elkins

**Medical Education Manager (MEM):**

Nora Tester

[nora.test@nhs.net](mailto:nora.test@nhs.net)**Medical Workforce Manager:**

Clare Stankiewicz

Ext 64895

[clare.stankiewicz@nhs.net](mailto:clare.stankiewicz@nhs.net)

Senior Medical HR Admin for GPs:

Harry Meadows

Ext 67746

[harry.meadows@nhs.net](mailto:harry.meadows@nhs.net)**Academic Registrar:** Laura Innes Ext 8462[laura.innes3@nhs.net](mailto:laura.innes3@nhs.net)**GP Training Faculty Administrators:**

BRIGHTON

Caroline Wheeler Ext 63353

[caroline.wheeler7@nhs.net](mailto:caroline.wheeler7@nhs.net)

MID SUSSEX

Martine Ratcliffe Ext 8646

[martine.ratcliffe@nhs.net](mailto:martine.ratcliffe@nhs.net)**Library and e-learning Resources:**

Library Representative for Primary Care

Kevin Burgoyne

Tel: 01273 523307

[kevin.burgoyne@nhs.net](mailto:kevin.burgoyne@nhs.net)**Study Leave Administrator:** Louise Virgo[louise.virgo@nhs.net](mailto:louise.virgo@nhs.net)**Educational Survival Guide - The First Few Weeks**

Starting a new job, on a new training programme at a new hospital can be quite daunting. The first priority is often basic 'survival' as you get accustomed to your new post and so educational activities can quickly slip down the list of priorities. This simple task list should ensure that you get the essentials done in these first few busy weeks.

**Induction**

You will be contacted by Medical HR to attend a meeting prior to your start to go through your paperwork and have your photo taken for security passes. You will be asked to complete the Trusts on-line Induction Module and if you should make every effort to complete within the first month. You should also attend the Trusts' Induction morning followed by Specialty Training Induction which will have been led by one of the Programme Directors. If you are not able to attend these, contact one of the Programme Directors and they will arrange to meet with you to provide you with the relevant training. Induction into the Department in which you will be working, will take place after your specialty training Induction, either the same or following day and you will be asked to confirm you have received this. If you are unsure about any of the procedures do speak with your clinical supervisor as soon as possible. The Trust and specialties have specific policies for taking consent and handover to ensure patient safety. Please familiarise yourselves with these are the start of your post.

**IT Provision**

You will be given your IT Network Account login at your Trust Induction. To activate this you must log in to a networked PC. You will also have received logins for PAS Medway, ICE and Bluespier, ABG, Panda and Bamboo. Training on these systems can be found on Iris <https://iris.bsuh.nhs.uk>

Any queries on accessing these systems, please contact:-

PAS Medway	<a href="mailto:bsuh.pasaccount.requests@nhs.net">bsuh.pasaccount.requests@nhs.net</a>
Bluespier	<a href="mailto:sarah.Bane@nhs.net">sarah.Bane@nhs.net</a>
ICE	<a href="mailto:path.links@nhs.net">path.links@nhs.net</a>
ABG	<a href="mailto:jane.francis@nhs.net">jane.francis@nhs.net</a>
Panda/Bamboo	<a href="mailto:bsuh.pacs.help@nhs.net">bsuh.pacs.help@nhs.net</a>

Only encrypted Safesticks should be used whilst working at BSUH. These should be used particularly when undertaking research or audit work. Generic USB devices may be used in most PCs as read only devices.

The IT Helpdesk can be contact by calling Ext 2700 from any internal phone or by logging a query through the Trust Intranet.

### **Statutory and Mandatory Training / Doctors' Online Induction**

With your contract you will receive details concerning the Doctors' Online Induction. This forms part of your Contract of Employment and will enable you to complete your Statutory and Mandatory Training. Many modules can be used as a 'passport' when moving Trusts thereby avoiding repeating training.

The Doctors Online Induction will take about 4 hours to complete but this can be done in small segments and saved. The modules are web-based and can be accessed on PC, laptop, iPad or phone. If you have technical issues with the modules, please contact the Iris team who can help.

[Iris.learning@nhs.net](mailto:Iris.learning@nhs.net)

The Online Induction should be completed within one month of starting at BSUH.

### **Tasks for August**

- Understand the differences between your Clinical Supervisor (CS) in each post and your Educational Supervisor (ES) for the whole programme
- Think about learning objectives in your first post
- Find the RCGP website and register as a trainee (look at AIT option). There is an annual charge to the RCGP for your eportfolio.
- Activate your e-portfolio
- Arrange a start of post meeting with your Clinical Supervisor
- Speak to, and preferably meet up with, your Educational Supervisor
- Get in touch with your Buddies in ST2/ST3 (see page 24)
- Go to the Brighton and Mid Sussex website: <https://gp-training.hee.nhs.uk/midsussex-brighton/>
- Make sure you know who your Programme Directors are and how you can contact them
- Elect your Year Group Representative (see page 19)
- NPL – You do not to do anything! We are currently using a sharing system with HEE and NHS England to register you on your behalf.
- Personal Indemnity Insurance – HEKSS has a special arrangement with the MDU for your cover for the entirety of your GP training. This is free to you but you MUST complete the on line application to qualify for this.  
[https://lasepgmdsupport.hee.nhs.uk/support/tickets/new?form\\_32=true](https://lasepgmdsupport.hee.nhs.uk/support/tickets/new?form_32=true) It is your responsibility to arrange your cover. The deanery does not cover the cost of any other provider.

- Valid DBS – you will not be able to see patients without a valid DBS so ensure that it remains valid at all times during your training. There is an update service available on <https://secure.crbonline.gov.uk/crsc/apply?execution=e1s1>
- DBS renewal service - you can register for the update service at <https://secure.crbonline.gov.uk/crsc/apply> within 19 days of the issue date. Details of the update service are available here: <https://www.gov.uk/dbs-update-service>

## Tasks for September

- Start using your e-portfolio learning log
- Start getting assessments recorded

## The GP Training Programme

Currently the programmes are of three years duration. We operate a shared scheme whereby during your training you will be working at different sites throughout both Brighton and Mid Sussex. It used to be that the Educational Supervisor and practice you were attached to in your final year determined whether you were considered to be a Brighton trainee or a Mid Sussex trainee but there have been some recent changes made.

You may have a Mid-Sussex Educational Supervisor and be on the Brighton Scheme. This has been done to balance numbers. When you start you will be informed of your appointed educational supervisor and training scheme.

## The Hospitals

The majority of your hospital attachments will be based at the Brighton and Sussex University Hospitals (BSUH) NHS Trust which incorporate:

- Royal Sussex County Hospital, Brighton
- Princess Royal Hospital, Haywards Heath
- Royal Alexandra Children's Hospital, Brighton
- Brighton General Hospital, Brighton

Your psychiatry attachment may be with Sussex Partnership Trust which has several units throughout the Sussex area.

## The Posts

All of your ST1 & ST2 posts last four months. Rotations have 16 months in General Practice: one 4 month post in ST1 and 12 months in ST3. A few rotations have a second GP post in ST2.

Our aim is to provide you with a wide range of training opportunities during your time with us. As far as we can, we try to avoid you having two hospital posts in closely related speciality areas.

Currently your ST1 & ST2 rotations may include:

General medicine	Medicine for the Elderly	Learning Difficulties
Paediatrics	Obstetrics & Gynaecology	A&E
ENT	General Psychiatry	Old Age psychiatry
Medical orthopaedics	Genito-urinary medicine & HIV	Stroke Medicine

## **Integrated Training Posts:**

Integrated training posts (ITPs) in GP VTS.

A selection of ST1 GP placements are ITPs offering the opportunity for experience of General Practice in the wider career setting. Some examples of current ITPs include: dermatology, paediatrics, GUM, ENT, Palliative care, Medical Education and Clinical Commissioning. It is a great learning opportunity but be aware you may have less time in General Practice. ITPs are only available on certain days and this MUST fit in with your GP Practice and can only be given the go ahead if your Trainer doesn't feel it would be detrimental to your training. Your time in GP and access to your trainer is priority.

### **Expectations:**

Normally one full day would be spent in the ITP post. This is time included in the new contract for the GP post, and some is educational and some is clinical. Each ITP post is set up differently, and there will be variations between these on how much time is patient facing and how much is education. But the exposure to patients and de-briefing afterwards, is an important part of learning and therefore falls into an educational, as well as clinical, category. Due to variations within and between posts it is not possible to provide a blue print that covers them all independently.

### **New contract:**

Hence it has been agreed that ITP posts are split equally between educational and clinical time. Initially in the post there will be more induction, education and supervision, as experience increases the exposure will be more clinical in nature. But over the post as a whole it is anticipated that clinical and educational experience will be roughly equal.

### **Hours:**

Hence a day in ITP will be 8 hours, this is 4 hours clinical and 4 hours education time, and includes a minimum of 30 mins break. Therefore, 4 hours of education time will be involved with attending the ITP placement. This may be different from your peers in non-ITP GP posts, when their equivalent 4 hour education session will be self-directed learning, and so may mean they do not attend the GP practice.

### **Allocation:**

The ITPs will be allocated to you at the start of your training. These are optional so you do have the option to opt out.

## **Less than full-time training (formally flexible training)**

Less than full-time (LTFT) training relates to training on a less than full time basis. It is included as one of the Improving Working Lives (England) standards and it operates at all training grades across the KSS Deanery.

Read the application guide and complete the application form on the following link:  
<https://lasepgmdsupport.hee.nhs.uk/support/home#2>

There is a full FAQs section on the same link which should answer all your queries.

## **Who's Who?**

### **Clinical Supervisors**

In each four month post on your training rotation, you will have a named Clinical Supervisor (CS) who typically will be one of the Consultants on your firm. They will be providing the day to day supervision of your post and will oversee your education within each individual post - Personal Development Plans, access to the departmental teaching sessions and access to the required assessments. They also provide a report (CSR - Clinical Supervisors Report) at the end of each post which forms part of the overall assessments required to obtain your Certificate of Completion of Training (CCT). You should have regular feedback from your CS during the post.

### **Educational Supervisors**

Your Educational Supervisor (ES) is responsible for overseeing your training and making sure you are making the necessary clinical and educational progress throughout your time with us. For all three years of the GP Specialty Training Programme your ES will be one of the local GP Trainers. The intention is that your ES in Years 1 and 2 becomes the GP Trainer whose practice you join during Year 3. We will do everything to ensure this is the case for as many of you as possible. Sometimes unforeseeable changes in circumstances may arise after you have embarked on the training which may mean you will have a change in Educational Supervisor.

You should have regular feedback from your ES. The responsibilities of an ES are given in the 'Gold Guide- A guide to Postgraduate Speciality Training in the UK' - accessed via the MMC website.

### **Programme Directors (PDs)/Course Organisers**

There are three Programme Directors in Brighton and three in Mid Sussex. We work with KSS GP Deanery to organise and oversee your local training programmes. We run the weekly VTS 'Day Release' course and work closely with you, your Educational Supervisors and Clinical Supervisors throughout your GP training. We all have an 'open door' policy and hope that you feel able to come to us if you have any concerns about your training or are experiencing difficulties.

### **College Tutors**

In each hospital department there is Consultant College Tutor. They represent the Specialty College within the department and organise all educational activity within that department, with particular emphasis on the requirements of doctors in Specialty Training Programmes. The GP Programme Directors work closely with the individual College Tutors to develop educational programmes that reflect the needs of both Hospital and GP specialty trainees.

### **Director of Medical Education**

Mr Varadarajan Kalidasan is the overall lead for medical education within Brighton & Sussex University Hospitals - from Foundation Year 1 through to the end of Specialty Training and CCT (Certificate of Completion of Training).

### **RCGP vs. GMC Regulation of Training (role formerly carried out by PMETB)**

The GMC is responsible for setting and securing standards of specialty including GP training leading to award of a Certificate of Completion of Training. This includes curriculum and assessment system approval; prospectively approving all training programmes, posts and



GP trainers; quality assuring and evaluating the management of specialty including GP training; and dealing promptly with concerns that have not been resolved locally. This means that although the RCGP has ownership of the curriculum and assessment systems they are managed within the GMC quality framework. Deaneries and local education providers, working with Royal Colleges and Faculties, have to demonstrate compliance with these standards.

To find out more, go to the GMC website/Education and training/ Postgraduate Education and Training/Specialty including GP Training. [www.gmc-uk.org](http://www.gmc-uk.org). They have published three documents that set out all of their standards and requirements relating to GP training.

'The Generic Standards for Specialty including GP Training', 'Standards for Curricula and Assessment Systems' and 'Standards for Deaneries'

## Your Role as a Learner

Ultimately, you are responsible for your own learning within the programme albeit with the support of other people as outlined in this handbook. You should ensure that you do have the regular meetings with your Clinical and Educational Supervisors, that you maintain your portfolio and that you keep up to date with the assessments. If you are unable to provide the evidence for the Annual Review Panel, then this could result in you losing your place on the training programme.

## The GP Curriculum <http://www.rcgp-curriculum.org.uk>

The RCGP has developed a 'Curriculum for General Practice'. From the outset, we encourage you to familiarise yourself with the contents of the curriculum. This will help guide you as to what you should be putting in your e-portfolio learning log.

The curriculum is organised around 6 domains of core competences

- |                                    |                             |
|------------------------------------|-----------------------------|
| 1. Primary Care Management         | 4. A comprehensive approach |
| 2. Person-centred care             | 5. Community Orientation    |
| 3. Specific Problem Solving Skills | 6. A Holistic Approach      |

On the KSS Deanery website you can find a link to summarised curriculum objectives for each specialty. You are encouraged at the beginning and the end of each placement to take them with you and discuss them at your clinical supervisor review meetings and ensure that you cover most of the headings during your 4 months. This guide will help both you and your supervisor structure your needs for the placement. If you are not able to cover a lot of the objectives set by the curriculum it is important to bring that to the attention of your program directors as soon as possible.

<http://kssdeanery.org/general-practice/trainees/forms-guidance-handbooks-policies/gp-specialty-training-curriculum>

## GP Educational Activities in ST1 and ST2

During ST1 and ST2 years, most of your learning will be workplace-based from the clinical problems that you encounter. This will be reinforced by departmental teaching programmes and other in-house educational activities. In addition, there are several opportunities to improve the GP perspective on your learning such as the four month GP posts, study leave days in GP and attendance at the Half Day Release Programme.

ST1s and ST2s in hospital posts are welcome to attend VTS teaching sessions and are expected to attend at least 2 sessions per four month post. You will need to apply for study

leave from the department to attend. The departments are aware that a minimum of 2 sessions per post is mandatory but you do have to work with the rota coordinator and usually give at least six weeks' notice. Trainees in hospital posts are welcome at either Brighton or Mid Sussex VTS in order to fit in with their hospital posts but anyone in GP Practice should only attend their own scheme's VTS.

## **Half Day Release Educational Programme**

We run 3 terms of 10 weeks half day release educational sessions on Thursdays. These terms align with the four month hospital posts. These are compulsory while you are in a GP post and you are welcome to join us during your hospital posts, see above. Your attendance is counted as part of your annual study leave allocation. Brighton and Mid Sussex schemes run similar but different programmes.

For organisational and catering purposes, please can you let us know in advance if you are in a hospital post but plan to come to a Thursday session.

## **Community Education Provider Network [CEPN]**

The hope is that education and training for nurses, paramedics and pharmacists will increasingly become embedded in primary care. Traditionally most nurse training has been hospital based despite the increasing needs for community care, similar issues apply to changing roles for paramedics and community pharmacists. In addition to providing a more balanced and relevant education, the hope is that the new model will help ease a potential crisis in practice nurse numbers over the next 5-10 years.

A 'hub and spoke' model is envisaged with larger, training practices providing support for other local practices that have perhaps not traditionally been involved with training. GP registrar input will vary from practice to practice but certainly the hope is that mutual educational opportunities will emerge and that ST3 GP trainees may have a role in supervision and support.

Further details are available via the HEKSS or alternatively please contact Lara Belle

## **The e-Portfolio**

The e-Portfolio is the tool you will need to collect and collate your evidence of learning and performance for the MRCGP assessment. It has several key sections that you will complete over the course of your training programme:

### **1. Personal Development Plan**

You should all be used to drawing up a PDP and reviewing it regularly (once/ twice per post). Try and include of short-term goals (2-3 goals for this post) and 1-2 longer-term goals Keep the entries 'SMART' (Specific, Measurable, Achievable, Relevant, Time bound).

### **2. Learning Log**

This is the record of your educational activities used to demonstrate that you are covering the breadth of the GP curriculum. Try and get in the habit of recording educational activities on a regular basis. At least TWO reflective clinical entries per MONTH (a minimum of 24 in each training year). These entries are in addition to any other entries to supplement the record – for example OOH sessions; audit; significant event analyses; complaints; educational sessions; e-learning; safeguarding activities etc. etc. These could also include teaching sessions, courses, reading, reference to websites, referrals, interesting patients you have discussed.

It's important to remember that the learning log has (at least) two functions: to demonstrate your progression through your GP training programme (measured against the competency areas); and in embedding learning through the process of reflection itself. Whilst we acknowledge that individuals find a defined minimum requirement helpful to guide their activity, doing the bare minimum of anything is unlikely to be the most effective route to becoming the best possible, confident and independent professional.

These entries are viewed by your ES, who is able to log into your e-portfolio

### 3. Assessments (Evidence)

All of the standard WPBA's (see below) are entered directly into your e-portfolio. The person performing the assessment can access the forms directly from the login page without their own password.

Others assessments: - Patient Satisfaction Questionnaire  
- CS report at end of every 4 month post

### 4. Reviews

Structured templates for the regular reviews with your ES. Reviews take place every 6 months and you will need to prepare for them in advance by filling in your 'self rating'. There is guidance for this on the ePortfolio.

### 5. Messaging System

There is an in-built messaging system/audit trail within the portfolio - you are notified by email when messages arrive.

#### Queries – contact:

Louise Virgo

GP EPortfolio Administrator

[louise.virgo@nhs.net](mailto:louise.virgo@nhs.net)

Tel: 01273 696955 Ext 3350 (Thurs & Fridays)

GP Training Officers

<https://lasepgmdesupport.hee.nhs.uk/>

Tel: 020 7866 3220

### **MANDATORY REQUIREMENTS FOR ALL TRAINEES: (without them you will not be able to get through your ARCP review)**

1. Annual Updating of Basic Life Support and Anaphylaxis Training
2. Annual Updating of Child and Adult Safeguarding Level 3 (modules on e-LfH website <http://www.e-lfh.org.uk/home/> )
3. Out of Hours Mandatory Training (page 16 )
4. In your ST3 Year you are expected to participate in an activity that shows evidence of your Leadership Skills
5. In your ST3 Year you are also expected to complete a clinically significant Audit within your practice, ideally a 2 cycle audit, re-collecting data after making a change to process/practice.

## **MRCGP Assessment/Achieving CCT**

Your completion of training examination is the MRCGP. You **must** familiarise yourself with the RCGP website and keep a regular eye on developments.

The MRCGP exam has three components. In your first two years, you need only be concerned with the WPBA, but bear in mind that this is one third of your final exam

### **1. Workplace Based Assessment (WPBA)**

This amounts to an evaluation of progress in your performance over the 3 years. The main threads are:

i) continuous cycle of standard assessments via the

- CBD (Case Based Discussion)
- Mini-CEX (Consulting Skills assessment)
- MSF (Multi-source 360° feedback)
- CEPS (Clinical Examination and Procedural Skills)

ii) maintaining a learning log – a reflective record of your training

iii) regular educational reviews with your Educational Supervisor

Progress is assessed and signed off annually by the Deanery (ARCP – Annual Review of Competency Progression)

### **2. Applied Knowledge Test (AKT)**

MCQ & EMQ examination, three sittings every year

Content of exam reflects learning in all years, and we advise not taking this exam until ST2

### **3. Clinical Skills Assessment (CSA)**

OSCE / simulated surgery examination. Thirteen ten-minute consultations based on a routine surgery. Monthly sittings from November to May. We advise taking this component after the mid-point of ST3 to ensure you have had adequate exposure to a wide range of clinical scenarios in GP.

## **Red, Amber, Green Rating System**

Three times a year, GP Local Faculty Group meetings are held. Your Educational Supervisor and Clinical Supervisors will be asked to feedback on your progress. Using feedback along with your learning logs (a minimum of 24 clinical encounter logs showing reflection, required over the year) and attendance at VTS teaching (80% minimum required during GP posts, 2 sessions per post during hospital posts), you will be rated as Red, Amber or Green.

## **Understanding the mini-CEX**

Mini-CEX is a 15-minute snapshot of doctor/patient interaction, within a secondary care setting. It is designed to assess the clinical skills, attitudes and behaviours of trainees essential to providing high quality care.

You will need to undertake four observed encounters during both ST1 & ST2. Each of these encounters should represent a different clinical problem and you should sample from a wide range of problem groups within the year.

Immediate feedback will be provided after each encounter, by the observer. You will need to identify and agree strengths, areas for development and an action plan for each encounter with your supervisor.

Assessors: May be staff grades, experienced specialty registrars (ST3 or above) or consultants.

Estimated time required: 20 minutes (15 min for assessment, 5 min for feedback)

## **Understanding CEPS**

There has recently been a significant change in the way that clinical examination and procedural skills are assessed by the RCGP.

DOPS (direct observation of procedural skills) had become very much a tick box exercise, where procedures were only assessed once and did not provide good evidence of overall clinical skills as normally used.

Clinical Examination and Procedural skills (CEPS) is a new competency linked to Data Gathering in the Diagnostics section of the ESR with word pictures to describe the competency (NFD, Competent and Excellent descriptors as well as Indicator of Potential Underperformance descriptors).

Clinical examination and procedural skills should be the range of skills that any competent general practitioner should be confident in using. There are some particular examinations that need to be specifically included, and each of these will require evidence of competency in the portfolio. These are breast examinations, rectal and prostate examinations, and the examinations of male and female genitalia. Any examination can be considered intimate by some patients (for instance a competent examination of the eye with an ophthalmoscope) but the examinations listed are those that, due to their particularly intrusive nature, need to be specifically commented on and reflected on during your training.

There is no minimum number of assessments to be recorded. Instead, you will be expected to discuss your learning needs during placement planning meetings and to record your plans in the learning log and PDP. The range of examinations and procedures and the number of observations will depend on your particular needs and the professional judgement of your clinical and educational supervisors.

### **Evidence for CEPS can be provided by trainees or read by others in a range of places:**

1. CEPS evidence form (in the Evidence section of the portfolio)
2. Log diary entry
3. Mini CEX
4. COT
5. MSF
6. CSR

The PDP will also often contain plans for CEPS and the ESR asks for concerns, evidence of progress and future development needs.

## **Understanding CBD**

Case-based discussion is a structured interview designed to explore professional judgment exercised in clinical cases which you have presented for evaluation to your Clinical Supervisor.

- You need to select cases, organise the CbD & ensure the paperwork is completed

- You must ensure that a balance of cases are represented in a variety of clinical settings
- For each CbD, you will select two cases and present copies of the clinical entries and relevant records to the assessor **one week before the discussion**.
- The assessor selects one of the cases for discussion.
- The assessor should decide on several questions to ask ahead of the CbD and should select questions that challenge you in the competency areas of the GP Curriculum
- A CBD needs to be done by an accredited Supervisor – an established Trainer

Estimated time required: 30 minutes (20 min for assessment, 10 min for feedback)

## Work Placed Based Assessment Cycle for GP ST Programme

*Please note the changes below have been proposed by the RCGP, and are awaiting approval from the GMC:*

## Assessment numbers from August 2020

	ST1		ST2		ST3	
	Old	New	Old	New	Old	New
Mini-CEX/COT	6	4	6	4	12	6
Audio-COT	0	0	0	0	0	1
CBD / CAT	6	4 CbDs	6	4 CbDs	12	5 CATs
MSF	2	1 (with 10 responses)	0	1 (with 10 responses)	2	2 (1 MSF, 1 Leadership MSF)
CSR	1 per post	1 per post	1 per post	1 per post	0	1 per post
PSQ	1 in GP	0	0	0	1	1
Learning Logs	Many	36 Case Reviews	Many	36 Case reviews	Many	36 Case Reviews
Placement meeting		1 per post		1 per post		1 per post
CEPS	Ongoing	Ongoing	Ongoing	Ongoing	5	5 intimate plus range of others
ESR	2	1	2	1	2	1
Mid-Year Review	0	1	0	1	0	1
QIP	0	1 in GP	0	0	0	0
Significant event	Several	If relevant	Several	If relevant	Several	If relevant
Learning event analysis	Several	1	Several	1	Several	1
Prescribing Review	0	0	0	0	0	1
Leadership activity	0	0	0	0	0	1

CSR to be completed in primary care placements if the CS in practice is different from the ES, there is felt to be missing evidence in the ePortfolio and the CSR would provide this information or either the trainee or supervisor feel it is appropriate.

Please see the RCGP WBPA website for more details:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/wpba-new-developments.aspx>

## **Understanding the Clinical Supervisor assessments**

### **What to do at the 'Start' meeting**

1. Look at your PDP:
  - look at the longer-term goals within your PDP
  - develop learning objectives for the post.
2. Discuss the educational opportunities in the post and how to make the most of these
3. Discuss the required assessments (2 CBD, 2 Mini-CEX, relevant CEPS)
4. Discuss study leave attachment with Training Practice

### **What to do at 'End Meetings'**

1. Give feedback about the post
2. Review of PDP goals
3. Make sure that the 'Clinical Supervisors Report' is completed

### **What about the 'Clinical Supervisors Report'**

1. Has a sign-off for satisfactory completion of post.
2. Has a table where the CS has to rate the ST against our GP competencies

These competencies form the basis for the progress discussions every six months with the Educational Supervisor (GP Trainer). They are finally signed off towards the end of Year 3 when the ES/Trainer completes the workplace-based assessment for the MRCGP qualification.

The 12 area of competence are mostly self-explanatory and the report does include some explanatory notes. These competency areas should have been discussed when using the CbD tool. Your rating should be based on information from any of the assessments and also from your CS's experience when working with you.

There is a new report for 2010, in which you are being assessed in relation to what is expected from your peers at a similar stage in their training. However 'Needs further development' is OK to use - you must achieve competence by the end of the 3- year programme. 'Excellent' is a level that qualified GPs in practice aspire to and represents expert practice in that area.

### **Urgent and Unscheduled Care (UUSC) Formerly known as Out of Hours (OOH)**

One of the requirements during GP training is to demonstrate your capabilities in Urgent and Unscheduled care. This includes delivering safe patient care, demonstrating effective communication skills, maintaining continuity for patients and colleagues, coordinating across services and enabling patient self-efficacy.

You will need to provide evidence of your engagement with UUC. Similarly you will need to provide evidence of your performance in this setting.

Documentation of Urgent and Unscheduled care can be done in a variety of ways including:

1. Clinical encounters (will be renamed clinical case reviews from August 2020), where new learning has occurred and you wish to reflect on this learning. For example, during '@Duty Doctor' work at your GP Placement.
2. Completing the UUC /OOH session feedback forms with your supervisor for this session. These should be shared with your ES and also uploaded to the OOH (will be renamed as supporting documentation form August 2020) section of your learning log.

The recommendation from the Committee of GP Education Deans is that around 48 hours (including remotely supervised shifts), during ST3, is expected to be demonstrated.

Competences are;

1. Ability to manage common medical, surgical and psychiatric emergencies.
2. Understanding the organisational aspects of NHS out of hours care (nationally & locally)
3. The ability to make appropriate referral to hospitals and other professionals.
4. The demonstration of communication and consultation skills required for out of hours care.
5. Individual personal time and stress management.
6. Maintenance of personal security and awareness and management of the security risks to others.

Full details of the new requirements & resources for you to use, are on the following RCGP link:

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

General queries email: [SussexRegistrars@ic24.nhs.uk](mailto:SussexRegistrars@ic24.nhs.uk)

Dr Amanda Molloy (Clinical Lead for Registrar training IC24 Sussex & Kent)

Address: Unit 6 Hunns Mere way, Brighton Office Campus, Brighton BN2 6AH  
Tel: 01233 505517 Fax: 01273 300385

## ARCP

You will be given the date of your ARCP two weeks before it takes place and your Educational Supervisor will be asked to complete their report and make it available to you for discussion. This report and your e-portfolio will be reviewed at the ARCP before you meet with the panel and you will be informed of the outcome at that time. At the time of the ARCP any trainee receiving an adverse outcome will be given a document with the agreed outcome.

You need to have had your 6monthly review in preparation for the ARCP – normally in **January** and **May** of that Year and the ARCP takes place between **June** and **July** depending on your year of training. ARCPs still take place if you are out of programme for any reasons. Your six monthly ESRs only take place when you are in programme and your ARCP has to be within 8 weeks of your last ESR.

## The Appeals Process

Specific guidelines exist about the procedure for appealing against decisions affecting your educational progress. You can access information via the 'Gold Guide for Specialty Training 7.127 – 7.147' on the KSS Deanery and MMC websites. Alternatively you can contact your Programme Directors.

Quality management and governance arrangements for the KSS Deanery's ARCP is available also via the KSS Deanery website : [www.kssdeanery.ac.uk/resources](http://www.kssdeanery.ac.uk/resources)



## **Feedback**

This is a crucial aspect of your training programme. You can expect to receive detailed feedback on your progress both from your Clinical Supervisor in each post and also in the 6-monthly review meetings with your Educational Supervisor. In addition, the Programme Directors will monitor overall progress in the e-portfolio/WPBA. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage.

## **The Guardian of Safe Working Hours**

My job is to support junior doctors on both the new and old contract and to champion safe working hours. I Chair the Junior Doctors' Forum which is designed to consider any issues that junior doctors are having in their work place. I welcome any contacts and will get back to you as soon as I can, if I do not know the answer to your question I will find out with the help of the network of guardians across Kent Surrey and Sussex.

I give regular talks to junior and senior doctors to explain the 2016 contract and exception reporting system- again do ask me if you are not made aware of how to use the system.

A large part of my job is monitoring the exception reports that you will be making when you work hours above those in your schedule- I see every exception report raised and will help you if there are problems.

I am looking forward to meeting you in due course.

Vanessa Fludder

[bsuh.guardian@nhs.net](mailto:bsuh.guardian@nhs.net)

Guardian of Safe Working Hours

07866 092949 (work)

### **2016 contract – what can you expect?**

This is a summary of some of the features of the 2016 contract and what you can expect as a doctor or dentist in training.

Generic work schedule – this contains information generic to your post, including the parts of the relevant training curriculum that can be achieved in the post and the rota. You should receive this prior to starting in your post. If you have any questions on your work schedule please contact [bsuh.medical.hr@nhs.net](mailto:bsuh.medical.hr@nhs.net)

Personalised work schedule – you should meet with your educational or clinical supervisor shortly after starting in post (ideally within the first week or two) to personalise your work schedule for your individual training needs and objectives.

Your work schedule will include your expected hours of work, on which your pay is based and may include training commitments that the Trust makes to you. If you find that your actual working hours are consistently different from your work schedule please discuss this with your supervisor and HR ASAP.

### **Less than Full Time Trainees**

The schedule and rostering for less than full time trainees is complex and should be organised on an individual basis. If you have queries, please contact the guardian and/or HR for any individual concerns.

### **What is an exception report and how do I raise one?**

You can raise an exception report whenever you feel there is a significant and/or regular variance from your work schedule. This could be in terms of hours and rest, patterns of work, educational opportunities, or support available.

Exception reporting is the mechanism for ensuring safe working patterns, and the way in which additional hours worked are either replaced with time off in lieu (TOIL) or paid for. The guardian has sight of all exception reports (and the Director of Medical Education sees educational exception reports).

At BSUH NHS Trust we use Doctors Rostering System. To raise an exception report, you will need to go to <https://drs.realtimerostering.uk> . You will receive an individual log in for the system when you start but please contact [bsuh.medical.hr@nhs.net](mailto:bsuh.medical.hr@nhs.net) or [bsuh.guardian@nhs.net](mailto:bsuh.guardian@nhs.net) if you need any assistance. We find that most trainees find the on line system self-explanatory. Log on queries to Eki Iriowen – [e.iriowen@nhs.net](mailto:e.iriowen@nhs.net)

### **Examples of Exception Reports and Process**

a) The ward is busy and you stay late: you access DRS on line (within 7 days of the shift if possible). You enter the number of additional hours as an additional hours exception report (ER). The ER goes to your educational or clinical supervisor and they discuss with you whether TOIL or additional hours payment is appropriate. They fill in their part of the ER and either TOIL is scheduled or HR picks up the request for payment and sends it to payroll. You at a later date confirm on DRS that you agree the outcome. If you have questions about whether and when payment has occurred contact HR.

b) The ward is busy and you miss a scheduled teaching session: You enter an educational ER into DRS. Your educational supervisor will discuss the situation with you and whether this is a recurring problem that needs systemic resolution. The ER is closed. If at a future date there is a need for replacement of the educational activity outside of working hours you can enter an additional hours exception report at that time. If there is a question about how many educational opportunities you are able to access you will have an ongoing opportunity for this to be resolved with your educational supervisor.

c) A colleague is suddenly sick and you believe that there is a dangerous shortage of staff on duty: You must discuss your safety concerns with your consultant supervisors at the time of the shift and they should make appropriate arrangements for managing the situation. After the shift you enter a 'safety' exception report explaining the circumstance (with or without any additional hours which were required). This will be tagged on the system for the

Guardian to pick up and discuss with you how the situation might be resolved for the future. You may also choose to contact the Guardian and discuss the situation. Safety exception reports are specifically referred to in the Guardian's three monthly reports to the Trust Board and act as an alert to the Trust for circumstances which require improvement.



Exception Reporting  
Overview Guide DRS.

## Too tired to drive?

There is a room available for sleeping in after an arduous shift if it is dangerous to drive:

Currently the rooms are in Sussex House Annexe,


Door Entry Code: 8 6 5 4

Rooms 8 & 9 - on the Ground Floor with access to the Lounge & Kitchen

## Other HR Information

### What your payslip might look like

Your pay will be broken down in to various components that will make up your overall earnings, unless you are entitled to Schedule 14 Section 2 pay protection. In this case you will continue on your previous incremental pay scale, and receive a banding supplement, so your payslip will continue to look as it does now.

ASSIGNMENT NUMBER	EMPLOYEE NAME		LOCATION	
DEPARTMENT	JOB TITLE		PAYSCALE DESCRIPTION	
	SAL/WAGE <b>xx,xxx.xx</b>	INC DATE	STANDARD HRS <b>40</b>	PT SAL/WAGE <b>xx,xxx.xx</b>
	TAX OFFICE NAME	TAX OFFICE REF	TAX CODE	NI NUMBER
PAY AND ALLOWANCES				
DESCRIPTION	WKD/EARNED	PAID/DUE	RATE	AMOUNT
Basic Pay	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	X,XXX.XX
Addn Roster Hours NP	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XXX.XX
Night Duty 37%	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XXX.XX
Weekend <1 in2 - 1 in 4	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XXX.XX
On Call Availability	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XXX.XX
Flex Pay 2016	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XXX.XX
Cash Floor Protection NHS	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	<i>Relevant information on hours worked, rates of pay, and what is being paid this month</i>	XX.XX

If you have any queries about your pay you should contact [medicalhr@bsuh.nhs.uk](mailto:medicalhr@bsuh.nhs.uk).

Information is all available on the BUSH staff intranet.

## Annual Leave

Your contract will give full details of your annual leave entitlements. Current-day rotas are extremely complex and there are wide variations from department to department as to how and when annual leave requests are accommodated. Please discuss any special requirements as soon as possible to avoid disappointment. It is a jigsaw puzzle to fit in all requests without destabilising the service and it is imperative that annual leave is distributed evenly across the posts each year. In the ST1/2 years requests within a post for more than 1/3 of the annual leave will not normally be approved. Currently the recommended allowance is up to 25 x 8 hour days (200 hours) in ST1 & ST2 years (including time spent in GP placements) and 30 x 8 hour days (240 hours) in ST3. This is dependent on your ST increment and previous experience (written proof of which is required).

The 2016TCS give you a contractual right to annual leave for your own wedding or other life changing event, providing that you have given sufficient notice.

## Study Leave

In your hospital posts it is intended that you use your study leave in activities directly relating to GP training. This can provide the opportunity to fulfil some of the MRCGP educational processes but, more importantly, allows you to focus on GP aspects of your post as well as getting to know your future training practice.

In addition to the RCGP courses, the HEKSS will be running specific courses to meet some of the curriculum outcomes which may be difficult to meet in other ways. We would encourage you all to work with the GP curriculum from the outset and to use your PDP to reflect both general and focused educational aims. Your ES will then be able to discuss with you how these aims can best be achieved. Courses that are outside of the KSS 'mandatory' or 'optional' courses may not be covered.

There is a specific GP ST Study Leave form that you MUST complete at least six weeks in advance of your study leave (including time spent in GP attachments in ST1/2). This is available from the Study Leave Office, The Education Centre, AEB, RSCH, Brighton or from your Faculty Administrators.

We are delighted to announce that from Wednesday 1st January 2020 we will be moving to a single system for study leave for all GP trainees in hospital and practice placements across the KSS region.

This means that there will no longer be a capped individual budget for trainees in GP practice placements. We hope this will provide for a less confusing system and allow trainees at any stage of their GP training to apply for the most suitable training they need, based on their individual learning needs and PDP.

Trainees should continue to contact their Educational Supervisor in the first instance for approval of study leave. The course list for GP trainees can be found on the study leave homepage here: <https://lasepgmdesupport.hee.nhs.uk/support/home?studyleave>

All study leave claims will now be processed by your employing trust and reimbursed through monthly payroll. Please use the relevant local form and process in order to make your claim. ST3 trainees will no longer need to submit their claims directly to the HEE team for payment.

Courses not included on the curriculum lists but agreed as relevant for the trainee's PDP are classified as aspirational and will require additional approval from the Head of School. More information on the process of applying for aspirational courses can be found on the website here: <https://lasepgmdesupport.hee.nhs.uk/helpdesk/attachments/7034278111>

If you have any queries regarding the study leave process please discuss with your Educational Supervisor in the first instance.

1. There is no set amount for study leave per year, funding will be subject to approval from your scheme Programme Director but will cover mandatory courses and other GP approved courses, aimed at supporting you to achieve your curriculum and preparing for exams. You are given 30 study days per annum (10 per rotation with no carry over). In ST1 and 2 you should plan to meet with your ES at least twice per year and expect to spend the equivalent of 4 extra days at dedicated GP study days (taken out of study leave allowance).
2. A list of approved courses are available at <https://lasepgmdsupport.hee.nhs.uk/support/home#8>  
  
Courses not on this list are classed as Aspirational Courses and your scheme Programme Director will need to apply to the Head of School on your behalf for approval. Approval will provide you with a unique code to add to your application form to allow it to be processed without further query.
3. The compulsory Half-Day Release VTS programme counts as 15 days of your study leave allowance in ST3 and pro-rata for ST1 and ST2 (0.5 day per teaching session, 10 sessions per term, three terms per year).
4. Study leave will only be approved for courses which are directly relevant to fulfilling the GP curriculum, and applications for courses must be signed off by your Educational Supervisor and your scheme administrator – Martine Ratcliffe [martine.ratcliffe@nhs.net](mailto:martine.ratcliffe@nhs.net) in Mid Sussex and Caroline Wheeler [caroline.wheeler7@nhs.net](mailto:caroline.wheeler7@nhs.net) in Brighton. Completed signed forms must be sent to Louise Virgo at [bsuh.drstudyleave@nhs.net](mailto:bsuh.drstudyleave@nhs.net) for processing.
5. **Study Leave must be applied for at least 6 weeks before the course and claims must be made within one month of the event taking place in order to get reimbursed.**
6. Travel expenses to and from courses that are held in the London and South East area can be claimed from your study leave budget. Any travel outside the area will need pre approval and you will need to provide evidence that the course is not available locally.
7. Claim forms will be sent to you upon receipt of your application. You must complete this and attach any receipts and course certificates and return back to either Louise Virgo within ONE MONTH. Reimbursement will come via your payslip but must be made before the 4<sup>th</sup> of the month to be included in that month's pay.

Non GP courses (e.g. ALS) will only be considered if specifically relevant to service delivery in hospital posts.

For further clarification of Study Leave allowance and procedures please contact the Study Leave Administrator in Brighton: [louise.virgo@nhs.net](mailto:louise.virgo@nhs.net) Forms are available for your faculty administrators. You can also refer to the portal for full details and FAQs; <https://lasepgmdsupport.hee.nhs.uk/support/home#8>

When applying for optional and aspirational courses please ensure you have thought about and answered the following questions.

- 1) Is this course on your PDP and is there an associated entry on your eportfolio?

- 2) Why do you wish to attend this particular course?
- 3) How does it relate to Core GP curriculum (<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx> ) and obtaining CCT?
- 4) How does it relate to your personal development and educational progression as a GP in training?
- 5) Have you considered the timing (i.e..why is this course relevant to current stage of training)?
- 6) How do you intend to maintain accreditation e.g. For minor ops?
- 7) Have you considered governance, indemnity ,LES and NHSE requirements if thinking of carrying out procedures? e.g. IUD fitting or minor ops? There are very stringent rules so please check BEFORE attempting any invasive procedures.

## **Absence due to sickness**

You are required to notify the Trust of sickness in accordance with the Trust's sickness procedure, which can be found at:

<http://nww.bsuh.nhs.uk/working-here/human-resources/hr-policies/sickness-absence/?assetdetesctl4769171=224997>

You should contact your line manager and Medical HR on the first day of sickness, indicating when you may be likely to be back.

The Trust reserves the right to withhold occupational sick pay where the procedure is not followed correctly.

On the 7<sup>th</sup> day of absence, you will be required to submit to the Medical HR Manager a completed Self Certificate Form. If the absence continues after the seventh day, a fit note will be required. Any period of sickness absence beyond seven days must be covered by continuous medical certificates.

Any sick days exceeding 14 in any one academic year have to be added to your training. You will not be required to repeat whole rotations or academic years due to sickness, only to make up any days exceeding 14 in that year.

## **What if you are experiencing difficulties?**

We greatly value all our trainees and aim to support you throughout your GP training. We welcome your comments at any stage and hope you can approach your Educational Supervisor or Programme Director for support over any matter that is affecting your work. The Education Centre has an open-door and here you can access the formal trust policies on grievances, bullying and harassment. The KSS website has details on the support that the Deanery offers.

Even if you just want an informal chat about an issue over a cup of tea please come and see us. Talk to your ST2/ST3 Buddies, the Faculty Group representative for your year, the Education Centre staff, talk to your Clinical or Educational Supervisor or contact your Programme Directors. Small problems that are ignored can become big issues. So please don't ignore them.

If you feel your problems cannot be handled by a member of the educational team you may choose to approach the Occupational Health Department in the Trust.

BSUH also offers HELP - Health, Employee Learning and Psychotherapy Staff and Management Service:



'The Health Employee Learning and Psychotherapy (HELP) service provides staff with confidential support, counselling and psychotherapy for a range of issues. Sometimes work related- from stress management to relational issues, employment difficulties or following critical/ traumatic events, to personal issues that may be affecting the individual.'

Please see the following info-net page for further information [BSUH Help Service](#)

or call Ext. 3692.

For more information go to: <https://nww.bsuh.nhs.uk/staff-room/help-and-support-for-staff/>  
<https://nww.bsuh.nhs.uk/advice-support-and-wellbeing/help>

### **Connections Support Service**

Connections service provides an impartial and confidential point of contact for staff to discuss concerns that may be affecting them at work. They listen to concerns and help staff find the right advice, information or help they may need.

To arrange a telephone or face to face appointment, contact the Connections team: [connections@bsuh.nhs.uk](mailto:connections@bsuh.nhs.uk) or call Ext 67452/ 07768 855394

Alternatively approach the **Professional Support Unit** for doctors working in London and KSS Deaneries. <https://www.lpmde.ac.uk/professional-development/professional-support-unit>

**Chaplaincy Services** and contact details of all religions can be found on the Trust's Intranet.

<https://nww.bsuh.nhs.uk/clinical/teams-and-departments/chaplaincy-spiritual-care-and-bereavement-services/>

### **Confidential Treatment Services:**

**The NHS Practitioner Health Programme** is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem, in particular where these might affect their work. Registrars can self-refer. The website link is <http://php.nhs.uk/>

### **Professional Support Unit**

The Professional Support Unit (PSU) provides a shared service of expert resources to support the professional development of clinicians in London and Kent, Surrey and Sussex (KSS).

<https://www.lpmde.ac.uk/professional-development/trainees-and-learners-support>

**NHS GP Health Service** on 0300 0303 300 Website: <https://gphealth.nhs.uk> This is a confidential NHS service for GPs and GP trainees in England which is managed by PHP and provided by a network of psychiatrists and therapists across the country.

## **Freedom to Speak up Guardian**

The freedom to Speak Up (FTSU) Guardian works alongside trust leadership teams to support the organisation in becoming a more open and transparent placeto work, where all staff are actively encouraged and enabled to speak up safely.

If you need help, support or guidance then cotact your Freedom to Speak Up Guardian: [Caroline.Owens1@nhs.net](mailto:Caroline.Owens1@nhs.net) or call Ext 62780 / 07387 259307

## **Mindfulness**

The Trust provides Meditation at RSCH chapel and PRH chapel on Thursday 12-12.30 (non-religious, everyone welcome). Yoga and Pilates classes also available at PRH and RSCH. For further details see the Health and Wellbeing pages on the Staff Intranet or email: [Tracy.Grover1@nhs.net](mailto:Tracy.Grover1@nhs.net)

## **Other useful links:**

[Doctor's Health](#) BMA Supported Psychotherapeutic consultation in mental health support

[Support4doctors](#) Health and Wellbeing Resources

[Doctor's Support Network](#) Health and Wellbeing Resources

[BMA Counselling](#) Counselling and professional advice on various issues

## **Contacts for Doctors with Mental Health Concerns:**

Confidential 24/7 Emergency Services **BMA Wellbeing Support Service** on 0330 123 1245 This is the leading mental health emergency service for doctors. It is available to all doctors – you don't have to be a BMA member.

**Samaritans** on 116123 The Samaritans provide an 'active listening' service open to all.

## **Career Support**

Career advice is available for all trainees. You can discuss the options for your future in General Practice with the Programme Directors. The KSS Deanery also offers a Careers Service (details available from the KSS website : <http://kssdeanery.ac.uk/gp-trainees>

The Department of Health has also recently launched a new website which provides information on all medical careers: <https://www.healthcareers.nhs.uk/>

## **The Brighton & Mid Sussex GP Faculty**

The local training programme is co-coordinated by the GP Faculty. The faculty has several roles:

- To ensure that the training programme is fit for purpose & in line with the GP Curriculum
  - To quality control the local training programme
  - To ensure that each individual trainee's progress is tracked, supported and audited
- The GP Faculty Group meets formally three times per year (November, March and June). The members consist of the GP Programme Directors, KSS Deanery Associate Dean, BSUH Director of Medical Education, Medical Education Manager, GP Trainers, Specialty Tutors, Consultant representatives and a trainee representative from each year group. The Faculty's work is quality controlled by the KSS Deanery Standards for the Local Faculty Graduate & Education Assessment Regulations.



## Your Year Group

You need to liaise as a Year Group three times per year, to elect a representative and to give feedback to the Faculty about the local programme

## Year Group Representation

Identifying a good trainee representative for your year is very important and the elected person will be given information on the expectations of the role. This representative will undertake to seek feedback from the whole year group (face-to-face or by email) about the training programme ahead of each of the three meetings of the GP Faculty Group. The loop must then be closed by the representative and information/responses from the GP Faculty being passed back to the year group. You should aim to elect your year group representative as soon as possible and whoever takes on this role will be encouraged to attend the KSS Deanery's half day workshop for new trainees. This will take place locally within the AEB RSCH and these sessions called 'Supporting Postgraduate Doctor Representatives' will be held at the beginning of the academic year. Contact your administrator if you have been elected as a trainee representative. This is an excellent role to take on and is a great example of leadership and also great for your curriculum vitae.



Trainee rep role  
description.docx

There is a trainee rep workshop at the start of the academic year to provide guidance as to how to make the most of your role. This year's will be on 4th Oct 10:30-12:00 at AEB.

## Local Academic Board

The Local Academic Board within this Trust is responsible for ensuring that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB meets three times each year and through various processes undertakes the quality control of postgraduate medical training programmes within the Trust. It receives Annual Audits and Reports from all the Local Faculty Groups, and acts as a point of contact between the KSS Deanery Schools and Local Faculty Groups. It is also responsible for the co-ordination and administration of PMETB specialty visits. The Director of Medical Education is the Chair of the LAB and is supported by a Clinical Tutor based on each site.

## The Buddy System

We have a mentoring scheme called the Buddy System. All the new information and expectations from the GP training scheme can be overwhelming when you start and the hope is through this system you will find support, a point of reference to ask for advice and guidance. The idea was taken from similar concept used in medical schools where new medical students were joined with older medical students to support them and ease them into medicine.

All ST1 trainees starting in our scheme will be paired with an ST2 and an ST3 trainee and their contact details will be provided during induction. Within the first few weeks of your ST1 year your ST2/ ST3 buddies will be expecting to be contacted by you to introduce yourselves and maybe even arrange to meet.

## Welcome to the Library and Knowledge Service:

Helping doctors study and innovate

### Keep learning and improving

Your Library and Knowledge Service ensures you have the knowledge you need to pass your exams and do your job. We provide access to the most up-to-date evidence-based information to help you:

- make the best decisions for your patients
- improve your medical career prospects
- write and publish journal papers
- lead journal clubs and case reports
- teach medical students and your peers
- contribute to innovative research

### Approach exams with confidence

Get access to PassMedicine for 4 months prior to the following RCGP exams:  
MRCGP Applied Knowledge Test (AKT)  
Multi-Specialty Recruitment Assessment (MSRA)

More info and application form on library website:

<https://www.bsuh.nhs.uk/library/accessing-information/study-for-exams/#2>

### Trusted information when you need it

Point-of-care information tools UpToDate and BMJ Best Practice help you make quick decisions based on the latest evidence. Both available as an app or online. See the website for more details:

<https://www.bsuh.nhs.uk/library/accessing-information/find-information-on-a-topic/#0>

We also provide textbooks and journals in all specialties, along with collections of case reports, clinical images and videos.

You can access many of our resources online. All you need is an NHS OpenAthens account for Brighton & Sussex University Hospitals NHS Trust. Register at:

<https://openathens.nice.org.uk>

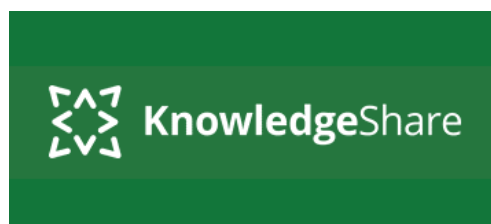
Already have an Athens / OpenAthens account from an earlier rotation?

Log on at <https://openathens.nice.org.uk/hub> and change your organisation to Brighton & Sussex University Hospitals NHS Trust to ensure you don't miss any of the resources purchased especially for you.

If we don't have what you need in stock we'll get it for you from another library. You can also send suggestions and recommendations to us to buy specific textbooks and other resources for your training here: <https://www.bsuh.nhs.uk/library/accessing-information/>

### Stay ahead of the game

Save yourself time and ensure you are up-to-date on the latest developments in health care by signing up to KnowledgeShare, our current awareness service which is tailored to your interests and emailed to you at intervals of your choosing. It also links you with colleagues in other trusts to enable sharing of research and best practice.



Log in at [www.knowledgeshare.nhs.uk/](http://www.knowledgeshare.nhs.uk/) with your NHS OpenAthens account.  
Or contact [bsuh.library@nhs.net](mailto:bsuh.library@nhs.net) for details.

Ask us for the evidence to inform your research, audit or service improvement  
If you want to find the very best evidence but have limited time, we'll search for you.

We will talk to you about what you need, look for the evidence and provide you with a carefully selected summary of what we have found.

You can request a search using our online request form at  
[www.bsuh.nhs.uk/library/accessing-information/request-an-evidence-search/](http://www.bsuh.nhs.uk/library/accessing-information/request-an-evidence-search/)

### **Find and appraise evidence more easily**

Whether you need a refresher on MEDLINE, tips on preparing for your journal club or guidance on critical appraisal, our team can help. Find the right session for you on our website's teaching section: [www.bsuh.nhs.uk/library/information-skills/](http://www.bsuh.nhs.uk/library/information-skills/)

### **A room of your own**

Well almost! If your rota takes you back and forwards between the hospital sites, you have the perfect hotdesk. Our PCs, photocopying, printing and scanning facilities are available 24-hours-a-day and offer a convenient and quiet place to work and study.

Software to manage references or analyse statistics is available from selected PCs.

24/7 access to information

Make the most of your on-call time and nights. The libraries at RSCH and PRH are available for you to use at any time of the day or night and you can borrow books using the self-service kiosks.

What happens next?

- Drop-in sessions take place in the Audrey Emerton Library throughout the day on each of the New Doctors' Induction days.\*
- If you've registered online your library card will be ready for you to collect at the session.  
If you haven't registered online, register with us during the session.
- You'll find out how to access the services available to new doctors. You'll also be helped with your OpenAthens password which you'll need to access our online resources.
- Once you have your library card, we'll sign you up for 24-hour access to the AEB Library. This will be activated for you within seven days but let us know if you need it sooner.
- If you require 24-hour access to the Princess Royal Library, come to the PRH Library with your library card during opening hours and our team there will help you.

\*If you miss our drop-in sessions, visit any of our libraries over the next few days and we'll ensure that you have everything you need.

### **Visit or get in touch**

The Library  
The Audrey Emerton Building

Royal Sussex County Hospital  
Eastern Road, Brighton  
East Sussex BN2 5BE  
Tel: 01273 523300

The Library  
Princess Royal Hospital  
Lewes Road,  
Haywards Heath  
West Sussex RH16 4EX  
Tel: 01444 441881 x5463

The Library  
Sussex Education Centre  
Mill View Hospital  
Nevill Avenue, Hove  
East Sussex BN3 7HZ  
Tel: 01273 621984 x202587  
[bsuh.library@nhs.net](mailto:bsuh.library@nhs.net) [www.bsuh.nhs.uk/library](http://www.bsuh.nhs.uk/library)

Follow us on Twitter: @BrightonSx\_LKS

## **Infection Prevention and Control**

The prevention and control of infection is the highest priority for the Trust. Keeping our numbers of MRSA and C.difficile cases down is vital to the quality of care that our patients receive and their confidence. The Infection Control Team is made up of qualified infection control nurses, audit and surgical site surveillance nurses. They provide specialist infection control advice and training and are available to answer any queries you may have. [bsuh.infection.prevention@nhs.net](mailto:bsuh.infection.prevention@nhs.net) or contact them on Ext 4595

Lead – Dr Catherine Sargent  
Lead Nurse – Shila Patel

## **Mandatory Training**

You will have received Infection Prevention and Control training as part of your mandatory on-line Induction however, as the Trust must provide updates to all staff each year the infection control update now forms part of the mandatory training days for both clinical and non-clinical staff.

There are also training videos on the Trust Intranet site on how to apply alcohol hand gel, hand washing techniques, using moisturisers, so if you are not clear on any of these procedures, these videos will provide useful advice. <https://nww.bsuh.nhs.uk/clinical/teams-and-departments/infection-prevention/>

Based at the Royal Sussex County Hospital, Grant Ward cares for patients with C. difficile and other infections such as hepatitis and meningitis. The spread of infection is reduced by all staff wearing scrubs, higher numbers of staff per patient, swipe-card-only access to regulate visitors to the ward and the provision of nearby staff showers.

## **New guidelines on the use of antibiotics**

ARK-Hospital has been in place since April 2017.

- Initial antibiotic prescriptions should be reviewed daily and revised or stopped within 72 hours (72 hours is the last time by which the prescription should be stopped or finalised).
- On Fridays please ensure that you review patients on initial antibiotic prescriptions and make a decision to either stop or write a finalised prescription if required.
- If this isn't possible and you have to handover to the weekend team please be specific in the e-handover about the working diagnosis, any test results awaited and when the initial prescription will run out.
- Overnight / on weekends if a junior doctor believes a patient needs to continue antibiotics but an ST3+ is not available to discuss this with, then the junior doctor can make a decision to re-prescribe. This can be written in the 'initial prescriptions' section and a senior involved at the next earliest opportunity.
- In exceptional cases where a senior clinician has made a confirmed finalised diagnosis prior to starting antibiotics, antibiotic prescriptions can be written in the 'finalised prescriptions' section to begin with.

ARK-online learning link: <https://tinyurl.com/ljvzb3r>

### **Good hand hygiene**

All staff should wash their hands wand /or use the alcohol provided on all wards before and after contact with a patient. The gel kills about 99% of germs in around 30 seconds and dries naturally on the skin.

<https://www.bsuh.nhs.uk/news/clinical-news/who-hand-hygiene-day-fight-antibiotic-resistance/>

### **'Bare below the elbow' dress code for staff**

To allow for good hand hygiene and to prevent the spread of infection, all doctors, nurses, midwives, health professionals and other healthcare workers visiting wards are asked not to wear long-sleeved jackets and shirts, ties, watches or jewellery (except plain wedding bands).

<https://www.bsuh.nhs.uk/working-here/human-resources/hr-policies/?assetdet3914585=323517&p=2>

## **Appendix A**

### **Queries regarding Hospital Posts:**

Contact:	Claire Stankiewicz Medical Workforce Manager	<a href="mailto:Claire.Stankiewicz@nhs.uk">Claire.Stankiewicz@nhs.uk</a> Tel: 01273 696955 Ext 64895
	Harry Meadows Medical HR Admin for GPs	<a href="mailto:harry.meadows@nhs.net">harry.meadows@nhs.net</a> Tel: 02173 696955 Ext 67746

### **Brighton GP Admin Team**

The GP Faculty Administrator based at:

Medical Education Centre  
Audrey Emerton Building  
Royal Sussex County Hospital  
Eastern Road  
Brighton BN2 5BE

Caroline Wheeler  
Tel: 01273 696955 Ext 63353  
Email: [caroline.wheeler7@nhs.net](mailto:caroline.wheeler7@nhs.net)

### **Mid Sussex Admin Team**

The GP Lead Faculty Administrator based at:

Education Centre  
Princess Royal Hospital  
Lewes Road  
Haywards Heath  
West Sussex RH16 4EX

Martine Ratcliffe  
Tel: 01444 441881 Ext 8646  
Email: [martine.ratcliffe@nhs.uk](mailto:martine.ratcliffe@nhs.uk)

## Useful Websites

### RCGP

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

Useful pages about the MRCGP exam, e-portfolio and GP curriculum. There are good “user guides” for the e-portfolio, for completing reviews with ES etc.

### GP Curriculum

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx>

### KSS

<https://kssdeanery.ac.uk/general-practice/trainees/forms-guidance-handbooks-policies/gp-specialty-training-curriculum>

KSS website . pretty comprehensive. Includes forms for claiming expenses etc and details of courses. Look particularly at “GP Specialty Training Info” and at “Downloads”

**GP VTS MID SUSSEX AND BRIGHTON VTS** <https://gp-training.hee.nhs.uk/midsussex-brighton/>

### GMC

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

Useful information on Ethical guidelines, Good Medical Practice, Duties of a Doctor & consent procedures

### PMETB

[www.pmetb.org.uk](http://www.pmetb.org.uk)

**KSS Deanery Careers** <http://www.ksseducation.hee.nhs.uk/about-careers/>  
**Department of Health Medical Careers new website :** [www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)

## GMC Ethical Guidelines

The following is a list of the GMC’s Ethical guidance documents which can be found at:  
[www.gmc-uk.org/guidance/ethical\\_guidance/index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/index.asp)

Abbreviated title of the guidance	General Medical Council's ethical guidance
0-18 years	<a href="#">0–18 years: guidance for all doctors</a> (2018)
Accountability in Multi-Disciplinary Teams	<a href="#">Accountability in Multi-Disciplinary and Multi-Agency Mental Health Teams</a> (2005)
Audio and Visual Recordings	<a href="#">Making and using visual and audio recordings of patients</a> (2018)
Confidentiality	<a href="#">Confidentiality – Good practice in handling patient information</a> (2018)
Conflicts of Interest	<a href="#">Declaring a conflict of interest</a> (2018)

Consent	<a href="#">Consent</a> (2018)
Expert witnesses	<a href="#">Acting as an expert witness</a> (2008)
Good Medical Practice	<a href="#">Good Medical Practice</a> (2006)
Gunshot wounds	<a href="#">Reporting gunshot and knife wounds</a> (2018)
Maintaining Boundaries	<a href="#">Maintaining Boundaries</a> (2006)
Management	<a href="#">Leadership and management for all doctors</a> (2018)
Personal Beliefs and Medical Practice	<a href="#">Personal Beliefs and Medical Practice</a> (2008)
Prescribing	<a href="#">Good practice in prescribing and managing medicines and devices</a> (2018)
Raising Concerns	<a href="#">Raising and acting on concerns about patient safety</a> (2018)
References	<a href="#">Writing references</a> (2018)
Reporting Convictions	<a href="#">Reporting Criminal and Regulatory Proceedings within and outside the UK</a> (2008)
Research	<a href="#">Consent to research</a> (2018)
Treatment and care at End of Life	<a href="#">Withholding and withdrawing life-prolonging treatments: Good practice in decision-making</a>

## **Contacting Imaging**

If a delay to a patient's treatment or discharge is related to an imaging examination please escalate this issue in the following manner;

### **To request / expedite Imaging Reports**

#### **09:00 – 17:00 Monday to Friday:**

- **Urgent** inpatient or A&E patient reports – please call reporting coordinator on x7723, bleep 8507
- Outpatient or GP examinations - please e-mail [bsuh.imagingreporting@nhs.net](mailto:bsuh.imagingreporting@nhs.net) with the patient hospital ID, scan date and scan type

#### **All other times (17:00 – 09:00 and weekends):**

- On Call Radiologist- via switchboard

### **To speak to a Radiologist for Advice**

#### **09:00 – 17:00 Monday to Friday:**

- Contact the Troubleshooting Radiologist– Level 5 X-ray or extension **64239**

#### **All Other times (17:00 – 09:00 and weekends):**

- On Call Radiologist- via switchboard

### **For urgent Imaging Queries or to expedite examinations**

- **STEP 1** - please speak to the relevant imaging area. Be aware that at times of high demand the telephones may not be answered, to maintain flow. If, after persistence, the phone is not answered, please visit the area directly

Site	RSCH	RSCH	RSCH	RSCH	RACH	PRH	Hurstwood Park
Modality / Dept	Main OP	Main IP	Level 5	ED			
X-ray	4574	4574 (4179 OOH)	4179	3690	3152	8034	N/A
Fluoroscopy	4656	4656	N/A	N/A	N/A		N/A
Ultrasound	N/A	4118	7522	N/A	N/A	5705	N/A
CT	N/A	N/A	4928	3869	N/A	5489	5719
MRI	N/A	3505	N/A	N/A	N/A	5637	N/A
Interventional	4240	N/A	N/A	N/A	N/A	N/A	N/A
Nuclear Medicine	64382	N/A	N/A	N/A	N/A	5403	N/A

- **STEP 2** – if no progress after contacting the relevant area, please call the Imaging Duty Manager – **ext. 62059**
- **STEP 3** – if no progress following discussion with Duty manager, please escalate to the Imaging Services Manager
- **STEP 4** – if no progress, after steps1-3, please escalate to CCS DDO

**For all referrals, please ensure the imaging department have received an adequately completed imaging referral including patient demographics, hospital number, legible referrer details and responsible consultant.**