

### ASSESSMENTS

Every 6 months, (for first 2y of training) need to have done:  
3x COT or mini-CEX (COT if any post is in GP eg 4th post)  
3 x CbD  
1 x MSF (ST1 only)  
and some DOPs (hospital posts only)  
+/- 1 x PSQ  
A Clinical Supervisor's Report (hospital posts only)

## What the hospital department needs to know about GPStRs

1 What's the system & how does it work?

GPST posts are approved and reviewed by PMETB using the form B, which must state the learning outcomes of the post (which must link to the GP curriculum), and how they will be achieved. This must be accurate, and if a post changes, the local PD must be informed ASAP

in essence, this is what you have signed up to delivering  
you can get a copy of the Form B for your post from your local PD  
detailed guidance available on [www.pmetb.org.uk](http://www.pmetb.org.uk) and [www.mmc.nhs.uk](http://www.mmc.nhs.uk)

**The GPSTs must be able to attend their weekly GP speciality teaching at least 80% of the time**

**If you have any concerns about a GP StR please inform the local programme directors EARLY**

**Educational Supervision Meetings: Your GPStR MUST be released from clinical commitments to attend these.**

2 every 6 months

2 How do we fit in? What's expected of us?

Consultant Clinical supervisors need to have time available to complete the GP trainee's assessments, which are part of their work-place based assessment (WPBA), just like foundation trainees

Inability to deliver this may lead to failure of the trainee to progress through training.

If the C.S cannot deliver training satisfactorily then PMETB reserve the right to withdraw the posts for GP training until reviewed

Some parts of WPBA may require the participation of *other* members of the clinical team, and not just the nominated clinical supervisor (for example Multi Source Feedback)

"Others" involved in training need to be made explicitly aware of the importance of documents to a GPStR's career progression

"Others" involved in assessment need to be given in depth instruction on delegated tasks

Attendance at deanery training sessions will eventually become part of a C.S professional development needs

yearly schedule available at [www.yorkshiredeanery.com](http://www.yorkshiredeanery.com)

Teaching delivered to trainees should be mindful of the GP curriculum, which can be accessed via the e-portfolio

GP curriculum also at: [www.rcgp.org.uk](http://www.rcgp.org.uk)  
don't forget to fill in the e-portfolio (esp after assessments)  
[www.nhseportfolios.org:8080/](http://www.nhseportfolios.org:8080/)

3 How are we doing?

Feedback from trainees

formal e.g. using feedback questionnaires  
informal e.g. "feedback chat"

Any concerns about a trainees progress (relating to the trainee or the post itself) will be fed back following Educational supervision meetings. The trainee has a nominated Educational supervisor, and the must meet with this person twice during the course of the training post

please try and see what you can do to make things better

Other general feedback from local GP training Programme Director

remember, the aim of this is how to make you even better than what you are

### KEY

ARCP = Annual Review of Competency Progression  
CbD = Case based Discussion  
COT = Consultation Observation Tool  
CS = Clinical Supervisor  
CSA = Clinical Skills Assessment  
DOPs = Directly Observed Procedures  
ES = Educational Supervisor  
GPStR = GP trainee  
Mini CEX = Mini Clinical Evaluation Examination  
MSF = Multi Source Feedback  
PD = programme director (course organisers)  
PSQ = Patient Satisfaction Questionnaire  
WPBA = Work Place Based Assessment

### WEBSITES TO LOOK AT REGULARLY

RCGP: [www.rcgp.org.uk](http://www.rcgp.org.uk) (eg nMRCGP, GP curriculum, cert)  
PMETB: [www.pmetb.org.uk](http://www.pmetb.org.uk) (eg certification)  
MMC: [www.mmc.nhs.uk](http://www.mmc.nhs.uk) (eg gold guide)  
Yorkshire Deanery: [www.yorkshiredeanery.com](http://www.yorkshiredeanery.com) (local stuff)