

The



VTS

Course Handbook

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SECTION 1 INTRODUCTION

The



VTS

INTRODUCTION

Welcome to Shropshire VTS!

We have a philosophy of being Learner Centered – you will find that the course is mainly run by you, the Specialist Trainees (with a little bit of help and guidance from your facilitators!)

This brief handout aims to give you the essential information you need at the start of the Course. You will find out much more as time passes and your fellow trainees are probably the biggest source of useful (?) information. If in doubt - **Ask!**

When do I go to VTS?

The VTS meets every week on Thursday mornings and afternoons. You will be allocated to one of these groups, depending on which post you are doing. There is a 1 ½ hour educational session, followed by coffee break then a one hour small group session. There are 2 terms, running from September to the end of January and March till the end of June. We usually break for the major holiday periods (Christmas, Easter, Summer and half terms).

Residential

Each September we start the VTS with a 36 hour residential in a nice location. This gives you an opportunity to get to know your fellow trainees and your facilitators in a pleasant environment without outside pressures to worry about. It is essential that you attend as the programme for the first term is worked out at the residential. There is then another residential in March/April of each year. ST1's and 2s need to apply for study leave as soon as they start their job (or before if already on the scheme) and ST3s need to inform their Practice of the dates. Details of the Residential should be available when you start the post – if in doubt contact Sandra Brown at the Shropshire Education & Conference Centre (01743 492506)

Who does the sessions?

Some sessions are done by the Programme Director's but on the whole you do. At the residentials (and at one other planning session in December) the content for the following terms is decided. You choose who you want to do the session with (it's usually in trio's), when the session will be, then we give you a rough subject (see appendix 1 for the VTS outline of topics to consider covering). You then choose a title for the session. You make a rough outline of it, discuss it with one of your Programme Director's, who may (or may not) make some useful suggestions. Then it's up to you to deliver on the day! It sounds very daunting, but it's not that bad. We do find that doing the sessions this way means that you get to learn what you want to learn, not what someone else thinks you should.

People

Our Course Administrator is Sandra Brown at the Shropshire Education & Conference Centre in Shrewsbury 'phone 01743 492506 fax 01743 492503 e-mail Sandra.brown@sath.nhs.uk She is the source of all knowledge for the VTS – we strongly advise that you are nice to her!

We have 5 Primary Medical Care Educators (Programme Director's)

Jim Bartlett	01939 232424	barlettjim@btinternet.com
Robert Laycock	01743 874565	robert.laycock@nhs.net
Mike Magill	01746 767121	mmagill@nhs.net
Charlotte Hart	01743 231817	chart@doctors.org.uk
Mark James	01952 586471	mwj@nhs.net

Amjad Khan is our Area Director of GP Education 01782 584702
Martin Wilkinson is our Regional Director of GP Education 0121 414 8256
All trainees will have an Educational Supervisor: you will get more details of who this will be once the VTS starts.

Places

The half-day release takes place at Telford Education Centre and the Shropshire Education & Conference Centre. A programme will be available shortly after the start of the term – please refer to this. (Paper copy and on web site)

The morning session runs from 9.30 – 12.30, the afternoon session from 2 – 5pm. Please try not to be late, and remember to allow time for parking, particularly at PRH.

OTHER PHONE NUMBERS / WEBSITES

Shropshire VTS

- www.shropshirevts.com
- Details of the programmes, training practices and contact numbers are available on here.
- An appraisal form is available on the website for you to fill out at the end of each post.
- And there is a link to photos from previous residential....

Regional Office of Postgraduate GP Training

- 0121 695 2222
- www.westmidlands.nhs.uk

E-portfolio

- www.eportfolio.rcgp.org.uk
- Any e-portfolio enquiries should be directed via the e-portfolio enquiry system or discussed with your Programme Director.

RCGP

- 020 75813232
- www.rcgp.org.uk

GMC

- 0845 3578001
- www.gmc-uk.org

SECTION 2 MISSION STATEMENT

Mission Statement

To provide a comprehensive educational experience enabling the learner to start the process of lifelong learning which is required to become and continue as a GP in Great Britain.

The learner should have progressed to a position where nMRCGP is negotiated without significant problems.

The Course will recognise and celebrate the varied starting points of training in terms of experience, age, gender or race. The Course will work towards the development of personal skills to enhance interpersonal communication, multidisciplinary teamwork, human tolerance and understanding such as is required to execute General Practice to the highest standard.

Section 3: nMRCGP and E Portfolio

What do I need to do to get through GP training?

GP training changed in August 2007 – a new system of licensing was brought in called nMRCGP (original isn't it?)

You need to do a few things asap:

1. Register with the Royal College of GPs via their website. (www.rcgp.org.uk) as an AiT (associate in training) – do this before you start the training scheme or you will not have access to the e-portfolio.
2. Fill in Form R to get an NTN and to get paid – this goes back to the deanery. You need to do this each year.
3. Get a username and password for your eportfolio (should come automatically after registering with RCGP)
4. Start doing all the bits and pieces that need to be done....

This last bit is the one that might give you a few headaches. So here is a (hopefully!) easy to refer to guide of who, what, when and where..

Clinical Supervisor

This is your consultant whilst working in a hospital post. In General Practice, your clin sup is your trainer. He/She is the person who will do the majority of your assessments.

Educational Supervisor & your Training Practice

Your trainer for your ST3 post will be your Educational Supervisor. He/She will sit down and do an educational review with you every 6 months throughout your training. In September of each year we run a 'speed dating' session for ST3 placements. This involves you the registrar coming to meet the trainers of the training practices and individually talking to them in very fixed time slots. After this you will give your top three choices to Sandra. The Programme Director's will then allocate practices based on your preferences and availabilities. ST2 allocations are done by the Programme Director's in the middle of the ST1 year.

WPBA

Work place based assessment – your training is competency based and all the assessments combine together to form WPBA.

Components of WPBA

1. CBD

Case Based Discussion: These are literally what they say on the tin. You will need to set aside a specific time with your Clin Sup or Trainer (each CBD takes about 20 – 30 mins). A few days before give them the details of 2 -3 cases that you have selected (summary of case/notes/computer printout). They will then select which case they wish to discuss with you and will assess you during it. This is NOT a tutorial, but it might form the basis of a future tutorial by identifying some learning needs.

There are specific details of the different areas that are looked at on the RCGP website.

When do I do CBD? Throughout your training. You need to have done 3 CBD's every 6 months for the first 2 years, i.e. 6 a year, 12 at the end of the 2 years, then 12 during your ST3 year, giving you a grand total of 24 in 3 years. **They should be evenly spaced throughout that time.** Consultants and trainers are NOT going to sit down and do 3 CBD's with you one week before your 6 monthly review with your Ed Sup! 24 is the **minimum** number that you need to do to demonstrate competency – you are free to do more should you wish.

2. Mini - CEX's

Clinical Evaluation Exercise (hospital). 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. They take about 15 mins with 5 mins feedback at the end.

When do I do the Mini- CEX? Throughout your training during your hospital posts. You need to have done 3 mini CEX's every 6 months, i.e. up to 12 during your hospital training. Again, consultants, registrars etc are NOT going to cram in these just before your 6 monthly review!

3. COT's

Clinical Observation Tool (GP). This can either be via direct observation (trainer sitting in) or via viewing videos of your consultations.

There are specific criteria that the consultation is judged on – details are available on the RCGP website.

When do I do the COT's? During your GP placements. You are expected to have done 6 by your first 6 monthly review and 12 in total during your GPR year. During your ST1 and 2 placements COT's replace mini CEX as your consultation assessments.

4. DOP's

Direct Observation of Procedures: There are 8 mandatory and 11 optional procedures to be undertaken. They are listed on the RCGP website. They can be signed off by an appropriate person e.g. registrar, staff grade, consultant, nurse, trainer etc.

When do I do the DOP's? Throughout your three years of training. Again, don't leave it all till the last minute!

5. MSF

Multi source Feedback: You choose 5 clinicians to give feedback on you and how you are doing. They fill it in online and it gets sent back to either your Trainer, Educational or Clinical Supervisor. You set a time for feedback with them and after this you are able to enter it into your eportfolio.

When do I do the MSF? Around the 6/12 mark of ST1 then again 2 – 4 months later. No MSF in ST2, then around the 4 – 6 month mark of ST3, then again 2 -4 months later. I.e. you do it 4 times during your training.

6. PSQ

Patient Satisfaction Questionnaire: patients will be asked to complete a questionnaire about you until 40 completed questionnaires have been received back by the practice. This is done during your GP attachments – so if you do one during ST1 you need to do a PSQ, then another one during ST3. The forms will be entered on line and the results will be sent to your Educational Supervisor who will then feedback to you.

When do I get the PSQ done? During your GP attachments – no specific time scale fixed just so long as one PSQ is done for each attachment.

AKT

Applied Knowledge Test: This is the “written” component of nMRCGP. You can apply to do this at any time during your GP training but it is anticipated that the majority of trainees will take it during ST3 (It is valid for three years after taking). You will need to have had some exposure to General Practice in order to pass. It is an online exam taken at a local centre. Details of where these are located are on the RCGP website.

When can I do the AKT? There are sittings in Jan, May and Oct of each year.

CSA

Clinical Skills Assessment: You attend the exam centre (currently in Croydon in Surrey) where you are given a consulting room. You then have 13 consultations of 10 minutes each. The patients are all role players and you are assessed on each consultation by an examiner. Details of the areas assessed are on the website.

When can I do the CSA? In your last 12 months of training. You can take it in Feb, May or October of your final year.

Eportfolio

Everything you do during your training should be going into your e-portfolio. All your assessments, tutorials, interesting patients, teaching sessions, and anything else that you do that is related to your training should be recorded in your e-portfolio. You are expected to put at least 2 – 3 entries a week in your e-portfolio. Not only the number, but the quality of entries are judged. Entries are expected to be reflective and not just simply an explanation of what’s happened, you have to show what you have learnt, thought about how it impacts upon practice and what learning needs you have subsequently identified. During your 6 month review your Educational Supervisor will look at your e-portfolio. If there is insufficient evidence of progress then you may have to repeat some training. Try and get into the habit of inputting information early on. Any problems then talk to one of the Programme Directors. A useful guide to the e-portfolio and assessment panels is available on the website.

Other things to think of

1. Out of Hours training: If you are doing a GP placement you need to out of hours training. Over the ST2 and ST3 placements you will need to have done 72 hours of out of hours training. In order to do this you need to register with Shropdoc – see separate handout with details of how to do this.
2. Study Group: A lot of trainees form a study group for the MRCGP. You may wish to do so as well. The groups tend to meet every week or two in the lead up to the exam. Most trainees find this sort of group helpful when studying as you can cover more ground by sharing the work out.
3. Other exams: You may wish to do the DRCOG, DCH or DFFP. The RCGP states that they are not necessary to demonstrate competency. If you do decide to do them then plan early – if there are courses you will need to apply promptly.
4. Study Leave: Most consultants will struggle with giving you a lot of private study leave. If you do request private study leave then they might expect you to be able to demonstrate what you have achieved during your time off. Be prepared for this!
5. VTS: As you know, we run 2 terms throughout the year. During that time there is a rich timetable of sessions which you can benefit from. Your attendance is expected unless you are on leave, on nights or unwell. The Deanery requires you to attend 70% of sessions. Please let Sandra know if you cannot attend – even if you have told a Programme Director the week before. She has a much better memory than we do!

Please note that any non attendance at the course that is not accounted for will be classified as annual leave.

So that's a rough summary of GP training and a framework for your next 3 years. If you have any problems then please don't hesitate to talk to one of us, we will endeavour to point you in the right direction.

We hope you enjoy your time on the VTS and look forward to working with you.

Charlotte, Jim, Rob, Mike and Mark.

Appendix 1

Essential Features

Contextual

- Community
- Workload
- Financial
- Personal

Attitudinal

- Capabilities & values
- Ethical aspects
- Self awareness
- Personal ethics
- Work life balance

Scientific

- Principles of research
- Knowledge of scientific backgrounds
- Critical appraisal
- CPD and quality



GP Curriculum

1. Being a GP
 - a. Primary Care Management
 - b. Person Centred Care
 - c. Problem Solving Skills
 - d. Comprehensive Approach
 - e. Community Orientation
 - f. Holistic Approach
2. The GP Consultation
3. Personal and Professional Responsibilities
4. Management
5. Healthy People: preventing disease, promoting health
6. Genetics in Primary Care
7. Care of Acutely Ill people
8. Care of Children and Young people
9. Care of older adults
10. Gender specific health issues
11. Sexual Health
12. Care of people with Cancer and palliative Care
13. Care of people with Mental Health Problems
14. Care of people with Learning disabilities
15. Clinical Management
16. Other topics