



KSS GP School

Study Leave Policy & Guidance

For GPStRs in GP training

April 2009

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Introduction

The GP training programme is a continuing period of learning and development over, at present, three years. The aim of study leave within GP Specialty Training Programmes is to facilitate GPStRs in achieving full coverage of the GP Curriculum and success in the nMRCGP assessments, and the framework for all learning should reflect the overall intentions of the three year programme and support the successful achievement of nMRCGP and a Certificate of Completion of Training (CCT) in GP from the PMETB.

It is therefore important that any study leave activity is congruent with these aims. This document outlines the KSS GP School policy on study leave and provides guidance on how this can be achieved.

Acknowledgement

Background

The Department of Postgraduate GP Education KSS Deanery and GP School have supported the KSS Deanery guidance on study leave for all trainees. With the introduction of the new GP training programmes in 2007, the Department introduced a new policy (*Guidance for GP speciality trainee (GPStR) Attachments in general practice in Kent, Surrey, and Sussex (KSS) GP Deanery*) and following an external audit evaluation of the delivery of this by the London South bank University, the following has been agreed.

Overview of Study Leave Policy

The KSS study leave policy has three elements:

1. GP practice placements during hospital placements;
2. Regional study days;
3. Regular organised learning sets
4. Discretionary training linked to an agreed personal development plan (PDP).

Further guidance on each of these elements is given in this document.

Operational Framework

The policy operates within the following framework:

- Study leave is not an entitlement but an allowance and the ability to take it has to be subject to other factors, e.g. the need to provide an appropriate service to ensure patient safety, which must always take precedence.
- Study leave for GPStRs is normally permitted up to a maximum of 30 days per year (15 days per six months). This will be reflected in the contract that the GPStR holds with their employer, the Acute Trust or the GP Practice.
- Established learning sets organised for GPStRs (normally in the ST3 year) will form part of the study leave allowance.
- The GPStR should plan study leave at the beginning of each post in collaboration with his/her educational supervisor and GP Programme Director. The educational activity for which leave is taken should be considered in the context of the entire GP Specialty training programme and not necessarily restricted to the speciality in which it is taken. If there is any doubt about the suitability of a study leave application the final decision will be made by the GP Programme Director.
- For study leave that is applied for and taken within a hospital placement, this will also need to be approved by the appropriate hospital Clinical Tutor who holds the study leave budget for all trainees employed by the acute NHS Trust.

- GPStRs should use the KSS GPSTP Handbook for Hospital Specialties to help them identify learning objectives that are mapped to the GP Curriculum and relevant to their current hospital post.
- Each GPStR will develop a Personal Development Plan (PDP) that will be recorded on their RCGP e-Portfolio. Any study leave learning objectives need to be recorded in this way.

1. GP Practice days for GPStRs undertaking substantive hospital posts

There should be a minimum one day in every four month substantive hospital posts spent with the GP Educational Supervisor, normally in that Educational Supervisor's GP Practice for ST1 and ST2s.

While these GP Practice days have a number of aims, a principle one is to increase trainees' understanding of general practice and primary care during their hospital based ST1 and ST2 years.

Organising educational days in GP

1. The dates for GP placements will be arranged as far in advance as is practically possible. Following liaison with the other specialty faculty's potential dates will be identified by the GP Programme Directors and GP Faculty administrative team. These dates will then be made known to the GPStRs.

2. Dates will then be finalised by the GPStR on direct communication with their Educational Supervisor. As soon as the dates are confirmed the GPStR will then need to complete a study leave application form and submit this to the Clinical Tutor who holds the study leave budget for all trainees employed by the Acute Trust. As some hospital departments have a large number of GPStRs there may need to be a phased spread of dates to allow rotas to be amended and all GPStRs granted leave. In order for this to occur study leave requests will need to be filed and communicated to the hospital Clinical Supervisors in plenty of time. This process will be monitored by the GP Faculty who will work with the other Specialty Faculties to ensure this process is fairly applied.

Planning for GP Practice days

In order to maximise the educational benefit from these days GPStRs should use the GP Practice Placement Application Form (Appendix A). This needs to be mutually agreed between the GPStR and the GP Educational Supervisor in advance.

Planning for GP Practice days involves 3 processes:

- Identifying learning objectives and mapping these to the GP Curriculum;
- Identifying activities to meet these objectives;
- Agreeing a timetable for the day.

Learning Objectives for GP Practice days

GPStRs should use the GP Curriculum to identify learning objectives for their GP Practice placements. These learning objectives may come from a number of sections of the GP Curriculum:

- The core curriculum statement "Being a General Practitioner" covers the core competences required to become a general practitioner and outlines the elements of the discipline. Exploring the learning outcomes of the core curriculum can be used to gain a greater understanding of general practice.
- "The General Practice Consultation" can be used to explore communication skills and the unique way in which doctors and patients interact with general practice.
- GPStRs may identify learning outcomes from using the self-assessment tools in the KSS GPSTP Handbook for Hospital Specialties that may be more readily addressed in a primary care setting.
- Planning for GP Practice days should involve the GP Curriculum and may be used as a way to meet potential gaps in hospital rotation programmes.

Activities for GP Practice days

There is a wide range of educational activities that can be undertaken during GP Practice days. The exact activity will depend on the identified learning objectives.

Example of possible activities:

- Sitting in with GP and other members of the primary care team. This may be part of the initial orientation and induction into GP.
- Seeing patients in primary care. This can be achieved doing supervised surgeries or joint surgeries with the educational supervisor or ST3 GPStRs.
- Attending long term condition clinics, e.g. CHD, Respiratory, Diabetes, Hypertension clinics
- Attending outreach specialty clinics, e.g. GPwSI run clinics, antenatal, musculo-skeletal triage
- Attending community service clinics, e.g. GUM, family planning, addiction services, mental health
- Attending Practice Based Commissioning and PCT meetings
- Visiting nursing homes or community care facilities
- Visiting a locations closely linked to primary care, e.g. pharmacy, undertakers, crematorium
- Attending Practice management or clinical meetings
- DOPS and COT assessments may be carried out if appropriate.
- Review of educational evidence and achievement of workplace based assessments with the ES
- Planning further targeted educational activities and updating PDP
- Taking part in GPStR – GP educational supervisor educational meetings

It is important that the chosen activity is meeting a specific learning objective. The success of the activity in meeting the objective should be evaluated by both the GPStR and the Educational Supervisor and the outcome of this should determine the learning goals for future placements and experience.

The list given is not exhaustive and the sharing of good practice and good ideas through the local GP Faculty is encouraged.

Agreeing a timetable

Having an agreed timetable for the GP Practice day in advance should allow for smooth running of the day that maximises the learning opportunities.

Recording Activities

Reflection on the GP Practice day should be recorded in the e-Portfolio and mapped to the curriculum areas that have been covered.

A certificate of attendance should be issued by the GP Practice and copied to the GP Faculty administrator to allow for monitoring of the process.

2. Regional Study Days

The KSS Deanery will organise a number of regional study days throughout the GP Specialty Training Programme. These will cover topics such as induction to GP Specialty Training, use of the e-Portfolio, the MRCGP assessments (the workplace based assessments, and skills development for the CSA), induction to training placements in Out of Hours and telephone triage. Some of these days will be more suitable for GPStRs in their ST3 GP placements.

The dates for these study days will be issued with advanced notice and communicated to GPStRs through the e-Portfolio.

GPStRs should attend a one of each of the regional study days over the course of their GP Specialty Training Programme.

The Deanery will liaise with the Acute Trusts and Specialty Faculties in the planning of these days. The local GP faculty will monitor the process to ensure that all GPStRs have the opportunity to attend regional study days.

3. Learning Sets

Each GP Specialty Training Programme area organises regular learning sets for GPStRs. In the GP placements (for GPStRs in 4 month placements in the ST1 and ST2 years, and all GPStRs in the ST3 year) these will take place normally on one half day each week over three terms of 10 weeks (exact meeting schedule varies for each training programme area). These learning sets are specifically organised to support the delivery of the learning outcomes of the GP curriculum, and are a mandatory requirement for all GPStRs. They form part of the allocated study leave allowance.

Learning sets for GPStRs in their hospital posts in the ST1 and ST2 years are also organised by local GP Programme Directors, and these normally take place with a lesser frequency. These may utilise weekly timetabled protected educational time. Sometimes, if they run for a longer period, they are a part of the formal study leave allowance.

4. Discretionary training linked to an agreed PDP

GPStRs can apply for further discretionary study leave, if this is available within their allowance in consultation and support from GP Educational Supervisors and the local Programme Director.

Any discretionary study leave is dependant on the GPStR having already met the minimum requirements for GP Practice placements and Regional Study Days outlined above.

Discretionary study leave will not normally be allowed for the development of specialist skills that do not form part of the GP curriculum, and are not needed for the achievement of a GP CCT.

In order to apply for further discretionary study leave the GPStR will need to produce a PDP that is recorded on their e-Portfolio and clearly maps the planned study activity to learning outcomes from the GP Curriculum. This will need to be mutually agreed between the GPStR and educational supervisor and approved by the GPST Programme Director. It will also require the agreement of the clinical tutor who holds the study leave budget for all trainees employed by the acute trust and fit with the departmental duty rotas to ensure that patient safety is maintained.

Any further discretionary study leave must not exceed the maximum study leave allowance of 30 days per year in total and with no more than 10 days per four month post.

Study Leave Funding

The GP Department provides significant financial support to the study leave process to allow GPStRs to attend all the study days in general practice, the local and Deanery wide learning sets,. In addition to this each GPStR has a study leave allowance available during the hospital placements (where they are employed by an Acute or Psychiatric Trust, and paid through the Trust budget) and for each month that they spend in general practice (where they are employed by the GP Training Practice, and claimed from the GP Department). In addition the GP School will organise study days, CSA preparation, communication skills courses and any other special events, free of charge. The total annual allowance will therefore depend on the number of months spent in hospital and general practice posts in any given year. It is very important that study leave needs are planned at the beginning of the training programme with the involvement of the GP Programme Director and Educational Supervisor. These can be appropriately amended as the programme proceeds. The annual study leave allowances for GPStRs in hospital posts and in GP posts will be published by the GP Deanery at the beginning of each financial year.

KSS GP Specialty Training Registrar Year 1 & 2 GP Practice Study day Programme guidance

Introduction

The purpose of this document is to highlight what the GP specialty trainee and Educational supervisor (GP trainer) might **aspire** to achieve in the study days to attend General Practice that are provided for the GP trainee in years one and two of their GP training envelope while they are in hospital placements..

For **one** day in every 4month hospital based placement it will be mandatory for the trainee to arrange a day in GP practice. Please note that if a trainee is undertaking a 4month placement in a GP based Integrated Training Placement (ITP) the trainee is not expected to go to another practice during that 4months.

These study days are part of a package of learning opportunities. It is hoped that the days will ground the GP trainee in the culture of primary care so that focus and progress through the hospital attachments is enhanced and personalised.

This brief programme should also enable a more rapid induction into the year in general practice (the final year of the GP training programme) where the trainee is fully based in the training practice in particular since it is hoped that in most cases the GP trainee will enter the trainer's practice for their GP Year.

During this transitional period experience and expectations of primary care will vary considerably and trainers will be learning how the new system works too. **Trainers will devise timetables to suit individual learners and practice considerations.** Some initial suggestions that would support day to day practice activity are suggested at the end of this document.

Aims

The Trainer, as educational supervisor, will arrange a structured programme of activity which meets the needs of the trainee as defined by the new GP Curriculum and Workplace based Assessment (WPBA) and articulated in the trainee personal development plan. This will involve the whole primary care team.

The trainer will work to the guidance provided by KSS Deanery and the principles of adult learning theory

Objectives

1. Staged Introduction to Primary care in keeping with Trainee confidence and competence and with particular reference to patient pathways and the organisation and management of primary care
2. Enable the Trainee as an adult learner integrate learning in the hospital and GP setting
3. Support and enhance the Trainee educational experience. This will include a regular review of the e-portfolio and general checking out of progress as well as requisite 6monthly nodal reviews and reports
4. Provide evidence for trainer re-accreditation. This will include personal record keeping on behalf of the trainer that supports the trainer PDP
5. The trainee will develop robust reflective practice by recording their learning and reflections on the day in their e portfolio and regularly updating their personal development plan

Day 1 – getting to know one another and Educational History

- **Check list**
 - Associate in Training (AiT) registration with RCGP and understanding the e-portfolio
 - Overview of personal GP training programme; framework, rules and regulations
 - New Educational contract
 - Trainer payment process (6 monthly Invoice to Medical Education Centre Manager)
 - Orientation – practice geography and who's who (generic overview)
 - Personal Development Plan (PDP) – How to get the most out of the learning opportunities and meet the objectives of the new GP curriculum
 - EDUCATIONAL CONTRACT
- **Review & Preparation** - each day should end with reflection and evaluation. There should be forward planning for the next day and background reading/preparation as necessary. **Remember that this should be learner led and the Educational Supervisor (GP Trainer) is there to support, guide and assess.**

The Trainee is responsible for his/her own learning but trainers are also learning about their new role and the nMRCGP. Liaison with Clinical supervisors (CS) in the hospital and programme directors (PD) together with fellow trainers in the trainer workshops should be a regular feature. Besides sharing information about the trainee's progress this will build relationships with colleagues, help with calibration of assessments and provide an opportunity to enhance personal trainer skills.

Trainers are members of the Local Faculty Group and must also remember the central administrative and governance function fulfilled by this body.

Day 2 – matching theory and practice

- **Check list**
 - What is going well and what is not so good?
 - Progress with assessments
 - Seeing patients (observer role initially) with specialty placement link
- **Review & Preparation**

6 month review

- **Check list**
 - Nodal review and report completed on line
 - What's going well and where are the difficulties? (trainer to keep reflective diary and personal log to underpin trainer PDP)
 - Action planning against Trainee PDP
 - Seeing patients with the multi-professional team
- **Review & Preparation** – will include preparation for end of year report and annual appraisal

Day 3 – Experiential day with multi-professional team (own patients)

- **Check list**
 - Direct observation and giving feedback to trainee
 - Usual checking out
- **Review & Preparation**

Final year review and report to be completed by trainer

- **Check list**
 - Moving on; appraisal and career advice
- **Review & Preparation** – end of year report, evaluation and shared reflection

New Year

It would be envisaged that a year one trainee moving to year two would continue with a similar structure but the emphasis would be more self directed.

Day in Year two - Trainee directed – the patient journey

- **Check list**
 - How's it going
 - Day will have been planned by the trainee according to their PDP and should include working with patients in the primary care setting whose illnesses and experiences will have been encountered by the trainee in the secondary care setting e.g. patients with chronic conditions and those whose problems present the primary care perspective e.g. family planning
- **Review & Preparation**

Practical considerations

Undertaking the role of an Educational supervisor will require protected time. In real terms it is likely that an average of 1-2 hours of 1:1 trainer time will be utilised per study day. The financial remuneration for the valuable work that trainers undertake is limited (£100 per session which comes from the trainee study leave budget) so it is important to find workable frameworks that benefit the doctor in training, the supervisor and practice. These are some suggestions, others will emerge over time.

- The nMRCGP requires the new generation of GPs to achieve experience and competence in teaching colleagues therefore involve the year 3 trainee (ST3) in teaching and supervising the year one (ST1) and two trainees (ST2).
- Utilise protected teaching time for junior trainee assessments/formal reviews whilst the ST3 is undertaking activities with other members of the team
- Involve others in supervising, supporting and teaching the ST1 and 2, remembering the wealth of skilled multi-professional expertise that we employ in primary care and encourage the ST1 & 2 to arrange time with the wider primary care team to gain an in depth understanding of the patient pathway. This has potential to improve the nature of discharge processes and address Domain 9 (community orientation) of the WPBA in particular
- Ensure the ST1 and 2 contributes to the working day by helping with appropriate tasks linked to their current placement and where possible patients who have been admitted or referred to that specialty e.g. the medication review for patients with multiple complex chronic conditions, chasing up patient defaults to follow up, missing results, inadequate discharge summaries.
- Encourage the St1 & 2 to participate in relevant team meetings ensuring early integration into the practice as a 'learning organisation'. Experience with Foundation year two doctors in GP has shown that the team benefits from reciprocal learning especially in areas of updates to evidence based clinical practice and working with colleagues.
- Encourage the trainee in their use of opportunities in practice and hospital to undertake assessments. **The more of these that are performed across the 12 areas of competence the better as the trainee will then be much better prepared in the future for the nMRCGP external examinations.**