

**DERBY VOCATIONAL TRAINING SCHEME
FOR GENERAL PRACTICE**

**REGISTRAR
ASSESSMENT
FILE**

Registrar: Dr_____

Trainer: Dr_____

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TRENT MULTI-PROFESSIONAL DEANERY
INDIVIDUAL EDUCATIONAL AGREEMENT BETWEEN
THE GP REGISTRAR/SHO AND
VOCATIONAL TRAINING SCHEMES FOR GENERAL PRACTICE

Guidelines covering your training programme attached to

Derby Vocational Training Scheme for General Practice

GP Registrar: _____

Training Number: _____

GMC Registration Number: _____

Commencement Date: _____

VTS Course Organisers: Dr John Eisenberg / Dr Jim Noble / Dr Andy Lindop

Postgraduate Dean – General Practice: Dr Jas Bilkhu

Deputy Postgraduate Dean – General Practice: Dr Kevin Hill

GP Associate Director is: Dr David Poll

Postgraduate Medical Dean is: Dr David Sowden

VOCATIONAL TRAINING EDUCATIONAL GUIDELINES

INTRODUCTION

Over the past few years an increasing number of GP Registrars have expressed a view that they do not have a clear idea about what is expected of them as GP Registrars, and what they can reasonably expect from their Trainers and training Practices, and their Vocational Training Scheme. This document attempts to clarify some issues relating to vocational training and education – it makes explicit certain points that are contained within the existing Trent Criteria for Trainer Approval and Re-approval and emphasises the importance of educational co-ordination between GP Registrars, Trainers and Course Organisers.

PART ONE: GENERAL PRACTICE ATTACHMENTS

The Postgraduate Dean – General Practice will be responsible for ensuring that the following activities are provided within your education programme whilst in a General Practice placement.

- The Vocational Training Scheme to which you are attached will provide a half day / day release training programme and other training activities, including appropriate induction for new GP Registrars, of at least 120 educational hours per annum related to General Practice training.
- Whilst attached to a GP training practice you will be provided with at least 3 hours protected teaching time per week and your education will be supervised by an approved GP trainer who fulfils the Trent regional criteria for approval / re-approval of trainers.
- Your out-of-hours educational experience in General Practice will be supervised by your training practice and will follow the agreed Trent regional criteria.

EDUCATIONAL PLANNING

Trainer – the Trainer will develop an education plan with the GP Registrar during the first months in practice. The Trainer will support the Registrar identifying areas of both strengths and weaknesses in their day-to-day practice and this will form the development of the education plan. Regular time-tabled reviews of educational progress according to the needs of the GP Registrar and appropriate forward planning taking into account the half-day release programme will occur. The Trainer will attempt to accommodate the Registrar's preferred learning style.

Registrar – The Registrar will actively contribute to the process and development of educational planning and formative assessment. The Registrar will openly discuss errors and weaknesses with their Trainer to ensure development of a relevant education plan. The Registrar will be expected to experiment with different learning styles during the course of their training.

VTS – the nominated Course Organiser will plan and implement a half-day / day release programme that compliments the education being undertaken in hospital and practice attachments and takes into account the identified needs of Registrars attending the half-day / day release.

NOTE: In addition the nominated Course Organiser and trainer agree to share feedback on the Registrars attendance and educational contribution to the half-day / day release, and practice based learning.

OUT OF PRACTICE EXPERIENCE

Trainer – agrees that if weaknesses are identified in the Registrar’s knowledge that might best be strengthened by attending hospital out-patient sessions or other appropriate educational exercise, then the trainer will help liaise with hospital colleagues or others to provide this facility and release the Registrar to attend.

In addition the Trainer will discuss with the Registrar the benefits of a formal practice exchange, and assist in making suitable arrangements.

Registrar – the GP Registrar will take a lead role in organising such educational sessions, attend promptly and take an active role in the learning process.

SPECIAL EXPERIENCE

Trainer - the Trainer with the Vocational Training Scheme will HELP co-ordinate the practical and theoretical training necessary for GP Registrars to undertake Child Health Surveillance, and Family Planning.

This will involve appropriate release to undertake these activities, and to ensure that practical training in Child Health Surveillance is available in their own or another specified practice.

Registrar – the Registrar will co-operate with proposed arrangements for the purposes of training in Child Health Surveillance and Family Planning ie attending available local courses.

VTS – The Vocational Training Scheme will provide access to theoretical training in Child Health Surveillance and Family Planning, and will make suitable arrangements for those Registrars wishing to obtain a resuscitation certificate for the purposes of sitting the MRCGP.

STUDY LEAVE

Trainer - The Trainer in conjunction with the vocational training scheme will help the Registrar to organise appropriate study leave to meet identified educational needs.

Registrar – the Registrar will give adequate notice of all study leave, in accordance with local VTS policy. It is important that Registrars remember that their colleagues also have similar educational needs, so collaboration will often be required to allow their educational plans to integrate with those of their colleagues.

VTS – the Vocational Training Scheme will provide financial support and advice regarding study leave according to the local vocational training scheme policy. Registrars should note that finance for study leave is limited, and that not all study leave will necessarily be financed.

PRACTICE BASED TEACHING

Trainer – the Trainer and training practice agree to provide a minimum of 3-hours per week of protected and fully time-tabled education within the practice for whole-time equivalent GP registrars and an equivalent period for those on flexible training arrangements. This education could include tutorials, joint surgeries, video analysis of consultations, specific practical sessions, time-tabled debriefs and sessions with other doctors and attached or employed staff in the practice.

Registrar – the Registrar agrees to attend all time-tabled education activities unless the Trainer is given prior notice of absence. The Registrar also agrees to contribute to the planning of the education session, to prepare adequately for pre-agreed sessions and to participate actively in the educative process.

REGISTRAR APPRAISAL

Trainer – the Trainer will facilitate educational planning and formative assessment during the course of the general practice placement.

These will generally consist of regular meetings, and at a minimum an initial meeting during the first month of an attachment and subsequent follow-up meetings at 3 monthly intervals. A written record of the Registrars educational experience and assessments will be kept.

These follow-up formative assessment meetings will allow an opportunity to review progress with reference to the existing educational plan and present performance, and to amend the plan accordingly in conjunction with the Registrar.

In the event of a Registrar's performance giving rise to concern this will first be discussed with the Registrar and subsequently, if necessary, with the responsible Course Organiser and / or Adviser. In the event of a disagreement between Trainer and Registrar arbitration will be brokered by the vocational training scheme or nominated Adviser (also see – Trainer's Report Summative Assessment).

Registrar – Registrars will both co-operate and actively involve themselves in the educational planning and formative assessment process. In addition Registrars are expected to reflect on their own performance and to alert the Trainer and/or Course Organiser of any problems that might adversely affect their performance eg illness etc.

VTS – the VTS will provide active support in the event of problems being identified during either the educational planning or formative assessment process. The vocational training scheme will provide an arbitration service in the event of dispute between Trainer and Registrar. In the event of this arbitration being unsuccessful then the VTS will refer the problem to the responsible Adviser and / or Postgraduate Dean – General Practice.

SUMMATIVE ASSESSMENT

Trainer – the Trainer agrees to provide at least an average of one hour per week of protected time (during the working week – but not time normally designated for surgeries) to allow the GP Registrar to prepare their summative assessment submission. This time should include appropriate library access / video access and where appropriate practice staff support eg with data collection.

The Trainer agrees to provide appropriate equipment, and opportunities to practice video consultation analysis in preparation for summative assessment.

The Trainer will also provide advice to the Registrar on when they should consider submitting their initial video submission for summative assessment.

The Trainer will help the Registrar to ensure that their summative assessment submissions reflect the general standard of their performance in practice. The help must **not** amount to explicit coaching to produce submissions that will pass either the video or audit component of summative assessment.

Registrar- it is the Registrar's responsibility to plan and complete the summative assessment audit submission on time.

The Registrar must be willing to videotape, and co-operate with video analysis by their Trainer or nominated deputy for the purposes of developing skills in the consultation, and for summative assessment.

Finally the Registrar must make suitable arrangements to take the MCQ and any other aspects of summative assessment.

VTS – the Vocational Training Scheme will provide training in research / evidence based practice and basic audit skills.

NOTE – The Vocational Training Scheme (including trainers) will also provide support for those Registrars undertaking MRCGP.

BUSINESS / PRACTICE MEETINGS

Trainer – the Trainer with their practice is expected to allow GP Registrars access to clinical and appropriate business meetings within the practice.

Registrar – the GP Registrar is expected to attend all relevant practice based clinical meetings (following discussion with their Trainer) and appropriate business meetings. GP Registrars will treat all information covered within these meetings with due care and confidentiality.

HALF-DAY RELEASE

Trainer – the Trainer agrees to release the Registrar so they can punctually attend programmed VTS half-day release / educational activities.

Registrar – the Registrar agrees to punctually attend all (ie 100% attendance record) programmed VTS half-day releases unless prior notification is provided to both the Vocational Training Scheme and the Trainer eg holidays, sickness etc.

VTS – the nominated course organiser agrees to provide a minimum of 120 hours of programmed half-day release on the Vocational Training Scheme.

LIBRARY

Trainer – the Trainer and practice guarantee to provide easy access to adequate library facilities (see Trent Trainer Approval / Re-approval Criteria) for example 2 years back copies of the British Medical Journal and the British Journal of General Practice. These library facilities will normally be available throughout surgery opening hours and, where appropriate, out of hours. In addition the practice will help the Registrar to gain access to Medline and the Cochrane Database (this might be onsite in the practice).

Registrar – The Registrar will respect the library facilities, assist with the development of library facilities (eg suggest new purchases) and notify the practice regarding book loans etc.

VTS – the Vocational Training Scheme will provide appropriate skills training to allow GP Registrars to fully utilise available library facilities, in particular those library facilities that involve IT access.

CAREER GUIDANCE

Trainer – the Trainer will assist the Registrar, where appropriate, with issues relating to career guidance and support. In the main, however, such advice will be provided by the VTS.

Registrar – The Registrar will approach their Trainer and / or Course Organiser if issues relating to their future career are causing concern, or are likely to affect the continuance of their vocational training in its present format eg if a Registrar wishes to move from a whole-time training pattern to a flexible training pattern.

VTS – The Vocational Training Scheme and / or nominated Adviser will provide appropriate career guidance and ensure that those giving this advice are fully familiar with the career options in general practice, and are able to provide up to date information regarding these or identify other individuals within the Deanery who can provide appropriate advice.

NOTE – GP Registrars in hospital placements should be aware that clinical tutors are available for help and advice regarding particular hospital posts and future career intentions.

OUT OF HOURS ARRANGEMENTS

Please refer to the current Out Of Hours Log Book on the Trent Deanery website:

http://www.trentdeanery.nottingham.ac.uk/docs/out_of_hours_workbook.doc

SUPPORT FOR TRAINERS

The Deanery and VTS will provide appropriate educational opportunities for Trainers through workshops, study days and courses.

CONTRACTUAL ISSUES

- The Postgraduate Dean – General Practice will authorise Salary and Fees & Allowances for the GP Registrar and a Trainer Grant for the Trainer as notified at the start of the training period.
- The Trainer will provide a Contract of Employment conforming to the UK Directors Model contract, to be issued within four weeks of starting employment.

We the undersigned agree to do our best to fulfil the commitments as outlined in these educational guidelines.

Signature: _____ **Date:** _____

GP Registrar/SHO attached to Derby Vocational Training Scheme for General Practice

Signature: _____ **Date:** _____

VTS Course Organiser, on behalf of the Postgraduate Dean – General Practice

Signature: _____ **Date:** _____

GP Trainer, on behalf of the Training Practice

PART TWO: HOSPITAL SHO POSTS

During your hospital SHO posts the individual Trusts are committed to provide support for your training. You will have a designated Consultant who will be responsible for the supervision of your training in that post. The post will also have an approved Educational Supervisor. Should you feel there are any problems with that post you can approach:

Course Organiser for the VTS

Educational Supervisors for that specialty

Adviser in Postgraduate GP Education or Postgraduate Dean – General Practice.

During your hospital SHO posts you will be expected to attend at least 80% of the educational programme organised by the vocational training scheme. If it has been previously agreed by a hospital specialty and the vocational training scheme that the specialty provides an educational programme specifically orientated to general practice, which is a suitable alternative to the vocational training scheme's half day release programme, it may be agreed that this programme fulfils your educational requirements for that post, but you will still be expected to attend at least 80% of that educational programme. It is still expected that during hospital posts formal training and assessments orientated to general practice will be provided, even if you are able to attend the VTS educational programme.

The JCPTGP and the local Postgraduate Dean will have approved your hospital posts for general practice training experience.

APPRAISAL AND PERFORMANCE REVIEW

During each 3 to 6 months attachment to a post it is expected that the following general guidelines for appraisal and performance review will be followed. It is the joint responsibility of the GP SHO and Educational Supervisor / Consultant to ensure that this occurs.

In the first month of an attachment the GP SHO will meet with their Educational Supervisor / Consultant to work out a personal educational plan for that attachment.

Regular meetings and educational sessions will take place between the GP SHO and the Educational Supervisor / Consultant or delegated deputy, and formative assessment shall take place.

During each post there should be the opportunity to review progress at the half-way point through that post. This would normally take place between the Educational Supervisor / Consultant and the TGP SHO, but a Course Organiser may be involved in this process. These meetings will facilitate closer working relationships, highlight priorities and point to future training needs to meet both short term and long term objectives.

Towards the end of an attachment a performance review will take place between the GP SHO and their Educational Supervisor/Consultant. This is usually carried out by the Educational Supervisor/Consultant responsible for that GP SHO's education. It is important at the beginning of an attachment the assessment procedures and the types of documentation to be used are explained to the GP SHO.

This should be signed and read by both parties within the first month

UK DIRECTORS' GP REGISTRAR MODEL CONTRACT

This agreement is made the **[Insert Date]** day of **[Insert Month]** in the year 20**[Insert Year]** between **[Insert Trainer's Name]** (hereinafter called the 'trainer') of **[Insert Practice Address]** medical practitioner of the one part, and **[Insert GP Registrar's name]** (hereinafter called the 'GP Registrar') of **[Insert GP Registrar's address]** medical practitioner of the other part.

WHEREAS

- A. The parties are both practitioners fully registered with the General Medical Council, the Trainer being in general medical practice at **[Insert Practice Address]**
- B. The Trainer, having been appointed a trainer by the Joint Committee on Postgraduate Training for general practice (JCPTGP) on the advice of the **[Insert Name]** Deanery General Practice Education Committee, and the GP Registrar, being desirous of becoming a GP Registrar in general practice, both agree to the establishment of this contract upon the terms and conditions hereinafter mentioned.

THESE BEING

General

1. The trainer undertakes to employ the GP Registrar for the purpose of teaching and advising on all matters appertaining to general medical practice for a period of **[Insert duration]** months **Full / Part time [Delete as necessary]** from the **[Insert start date]** day of **[Insert month]** in the year 20 **[Insert year]** unless the agreement is previously terminated under the provision of Clause 2.
2. This agreement can be terminated by the GP Registrar giving one month's notice in writing to the trainer or by the trainer giving one month's notice in writing to the GP Registrar and such notice may be given at any time.
3.
 - a) The trainer shall pay to the GP Registrar a salary and a car allowance at the rates notified by the Director of Postgraduate General Practice Education and informed by the rates laid down from time to time in the Directions to Health Authorities Concerning GP Registrars. All payments will be made in arrears at the end of each completed calendar month.
 - b) The GP Registrar will be subject to the NHS Superannuation regulations, and the trainer will deduct from the GP Registrar's salary and account to the proper authority for all contributions or other payments for which the GP Registrar is liable under these regulations.
4. Both parties shall become and remain members of a recognised medical defence body at their own expense for the period of this agreement. The Registrar will be entitled to partial reimbursement under paragraph 7 of the Directions to Health Authorities Concerning GP Registrars under The National Health Service (General Medical Services) Amendment (No2) Regulations 2000 ('The Directions')
5.
 - a) Save where the GP Registrar is required to provide or assist the practice with an educational presentation, or for the GP Registrar's own educational benefit, s/he shall not be required to perform duties which will result in the receipt by the practice of private income, unless an agreement to the contrary is entered into before the commencement of the GP Registrarship. Any such agreement to the contrary shall specify the extent and nature of the duties that may be required to be undertaken.

- b) Any specific pecuniary legacy or any gift of a specific chattel shall be the personal property of the GP Registrar.
6. a) The GP Registrar's hours of work in the practice, the GP Registrar programme and regular periods of tuition and assessment shall be agreed between the trainer and the GP Registrar, making provision for appropriate day release and other commitments in accordance with the advice of the Director of Postgraduate General Practice Education (DPGPE).
- b) The GP Registrar should have sufficient exposure to all aspects of out of hours care to prepare them for independent practice. Specific arrangements shall be agreed between the parties and shall be subject to deanery General Practice Education Committee policies currently in force.
- c) The GP Registrar is supernumerary to the usual work of the practice and should perform no out of hours work for the first month of the first period of general practice training. However, the GP Registrar may accompany the trainer during out of hours work. The GP Registrar will not be used as a substitute for a locum in the training practice.
- d) Time spent by the GP Registrar in clinics, etc. should be equal to or less than the average of full time members of the practice.
7. a) The GP Registrar shall be entitled to five week's holiday during the period of twelve months in the practice and pro rata for shorter periods in addition to statutory and national holidays or days in lieu.
- b) The GP Registrar shall have an allowance of up to thirty days of approved study leave including attendance at a day release course, on full pay and allowances, during twelve months in the practice or pro rata for shorter periods. Study leave must be negotiated between the GP Registrar and the trainer subject to approval by the DPGPE.
- c) If the GP Registrar is absent due to sickness, the trainer will pay over to him/her such sums as the trainer may receive for the GP Registrar's salary in accordance with the Directions to Health Authorities Concerning GP Registrars. Any payment under the Statutory Sick Pay Scheme will be offset against the GP Registrar's entitlement as stated above. The GP Registrar shall notify the trainer of any absence due to sickness on the first day of the sickness. A self-certification form should be completed for any sickness absence lasting for seven days or less. If the illness lasts for more than seven days a medical certificate should also be submitted. Any accident or injury arising out of the GP Registrar's employment must be reported immediately to the doctor on duty. If the GP Registrar is absent due to illness for more than 14 days in any six-month period of training s/he shall notify such absence to the DPGPE.
- d) A GP Registrar who is absent on Maternity Leave shall, if she fulfils the qualifying conditions in respect of Maternity Leave set out in the Directions to Health Authorities Concerning GP Registrar, be entitled to be paid by the trainer, as part of her emoluments, such sums as are received as part of the GP Registrar's salary during her Maternity Leave.
- e) If the GP Registrar is elected to represent other GP Registrars on recognised deanery or national bodies he shall be given facilities including special paid leave to undertake such functions. The GP Registrar shall obtain the consent of the trainer to undertake such functions but such consent will not be unreasonably withheld.

Duties and Responsibilities

8. a) The trainer will install a telephone at the GP Registrar's place of residence and pay the rental and such proportion of the cost of calls that represent use for and on behalf of the practice.

- b) The trainer will organise and fund the message taking facilities required for the GP Registrar when on call.
 - c) The trainer undertakes to provide cover either by himself or by another suitably qualified GP principal whenever the GP Registrar is on duty.
 - d) It will be incumbent on the trainer to provide appropriate facilities and equipment to ensure that the GP Registrar is able to complete the assessment procedures as laid down by the JCPTGP.
9. a) In consultation with the trainer, and with the prior written permission of the DPGPE, the Registrar may arrange to undertake any duties or professional activities outside those of the practice whether remunerated or not.
- b) The GP Registrar shall apply himself / herself diligently to the educational programme and to service commitments and other matters as directed by the trainer and with the advice of the DPGPE. The educational agreement between the GP Registrar, the Trainer and the DPGPE shall give details of expectations in this regard.
 - c) The GP Registrar shall keep proper records of attendances, visits by and to any patient and all other such records as are reasonably required by the trainer.
 - d) The GP Registrar shall preserve the confidentiality of the affairs of the trainer, of his / her partners, of the patients, and all matters connected with the practice with the exception of the provision of certain information that may be required by statute or requested by the deanery GP Education Committee.
 - e) The GP Registrar will be required to live at an agreed address during the time of training in this practice.
 - f) The GP Registrar will provide, maintain and pay all the running costs of suitable transport to enable him / herself to efficiently carry out the responsibilities under this agreement.
 - g) The GP Registrar undertakes to care for, be responsible for, to maintain and, if necessary, replace and return such equipment and supplies to the trainer as shall have been provided during the training period.

Miscellaneous

10. For a period of **[insert number]** years following the completion of the training programme, the GP Registrar, unless practising in the trainer's practice, or with the trainer's prior agreement, will not:
- a) Accept on his/her own NHS lists any patient who during the training period was on the NHS lists of the trainer or one of his/her partners.
 - b) Attend to or treat in the capacity of a general medical practitioner any such patient as mentioned in clause 10.a)
 - c) Recommend any such patient to seek inclusion in the NHS lists of any medical practitioner other than the trainer or his / her practice.

This clause shall be effective only in relation to such patients who during the period of the training resided within a radius of **[insert number]** miles from the building known as **[insert practice address]**, and each of the sub-clauses a), b and c) shall be separately

enforceable as if each were independent covenants.

11. Any dispute between the parties concerning this agreement shall be referred to a sole arbitrator under the Arbitration Acts 1950 and 1979 nominated by the Secretary of the British Medical Association, providing always that any dispute relating to education and training shall be referred to the DPGPE whose decision shall be final and binding on all parties concerned.
12. The terms of this Contract shall be subject to the Terms of Service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.

Signed by the parties hereto this day and year first before written

Signed by the Trainer _____

In the presence of _____

Signed by the GP Registrar _____

In the presence of _____

Occupation _____

Assessment Schedule

Summative Assessment Guidelines

Month	MCQ	Audit/ Project	Video	Trainers Report	MRCGP
1	Complete in first three months (or before)	Plan in first three months	Ideally start video consultations	Discuss in first month	
2					
3					
4				Re-discuss if any problems anticipated	
5					
6					
7		Complete	Complete video consultations		
8					Sit Exam
9					
10					
11				Complete	
	Submit certificates to RCGP		Apply to PMETB for CCT		
12					

IMPORTANT THINGS TO REMEMBER:

- Register with the RCGP at an early stage in GP Training (preferably during 1st Year)
- VTR2 Forms to be submitted at the end of each SHO post (following registration with RCGP)
- Final Certificates to be sent no earlier than six weeks before the last training day to RCGP Certification Unit
- Certificates required are:
 - VTR/1 (GP)
 - VTR/2 (Hospital)
 - Certificate of satisfactory completion of MCQ, Audit and Video Trainers Report

Assessment Schedule

Month	
1	Educational Plan
2	
3	Review Educational Plan
4	Written Assessment MARS / SMART/ Wolverhampton Grid
5	
6	
7	
8	Written Assessment MARS / SMART/ Wolverhampton Grid
9	
10	Preparation for GP Registrar Appraisal
11	
12	Written Review Summary and Feedback

ATTITUDE STATEMENT SCALE

0 = Strongly Agree
5 = Strongly Disagree

PATIENTS	0	1	2	3	4	5
1. Any woman is entitled to a termination of pregnancy on request.						
2. The five minute consultation is more than adequate in general practice.						
3. The family doctor does not need records because he knows his patients so well.						
4. Visiting patients at home is uneconomical use of a doctor's time.						
5. Most consultations in general practice deal with trivia.						
6. It is important that patients become dependent on their doctor.						
7. Patients should now have access to their records.						
8. The Primary Health Care Team is ineffective in the care of chronic illness.						
9. Deputising services are an essential feature of general practice.						
10. Private practice is not justifiable.						
11. The family doctor should always be the leader of the Primary Health Care Team.						
12. There is not enough time for anticipatory care in general practice.						
13. General practise is the easiest of medical disciplines in which to do well.						
14. Self awareness is not important to the General Practitioner.						
15. The fewer patients a General Practitioner refers to the secondary health service the better the doctor he is.						

0 = Strongly Agree
5 = Strongly Disagree

PATIENTS	0	1	2	3	4	5
16. A salaried service would improve patient care.						
17. Each partner in general practice should become a specialist in one or two disciplines.						
18. Free contraception encourages promiscuity.						
19. Doctors should not be conscious of the cost of medication.						
20. Patient participation groups are not helpful in the provision of patient care.						
21. The General Practitioner Obstetrician has no place in modern obstetric care.						
22. How a General Practitioner dresses is not important.						
23. Short cuts in examining patients are necessary in general practice.						
24. Doctors should never knowingly shorten their patients' lives.						
25. Alternative medicine is a last resort.						

ON CALL EMERGENCIES

Score confidence in differential diagnosis and treatment.

A = Confident
B = More experience needed
C = No confidence

	A	B	C
A. Chest Pain			
Acute Abdomen			
Headache			
Acute Red Eye/Eye Pain			
Acute Back Pain			
B. Coma			
Fits			
Faints/Sudden Collapse			
Paralysis			
C. Confusional State			
Acute Anxiety			
Acute Depression			
Psychosis			
D. Acute Asthma			
Other Causes of Breathlessness			
Stridor			
E. Epistaxis			
Shocked Patient			
Spontaneous Abortion			
Ectopic Pregnancy			
Post Partum Haemorrhage			
Haematuria			
F. Head Injury			
Fractures			
Burns			

Educational Plan

A combination of any of the following may be used in creating the Educational Plan:

- Registrar CV
- Registrar objectives
- Registrar assessments from hospital jobs
- Checklist - knowledge - skills
- Attitudinal grids
- MEQ
- MCQ
- Statutory requirements e.g. CHS
- Project/Audit
- Discussion
- Survival package
 - Financial (salary, claimable expenses etc.)
 - Practical (information on Practice, Practice area etc.)
- Educational Contract
 - consider a more extensive package to specify educational commitment by Trainer/Practice.
 - e.g. Times of tutorials*
 - Nights on call/cover*
 - Videoing arrangements*
 - Joint surgeries*
 - Attachment e.g. Pharmacist*
 - Ways of highlighting/dealing with areas of weakness*
 - Reading Plan*
 - Half Day Release*

The Educational Plan should be completed by the fourth week and a copy sent to the Course Organisers by the sixth week.

Review of Educational Plan

The Educational Plan should be reviewed at three months and updated if necessary and reviewed at each assessment thereafter.

Assessment

Assessments to be carried out as per schedule.

Assessments to be typed/written and held in the *Registrar File*. A copy to be sent to the VTS Office at the DRI for appraisal by Course Organisers.

Attributes

The following attributes should be considered during Registrar assessment:

- | | |
|----------------------|-------------|
| Caring/Empathy | Competence |
| Confidence | Reliability |
| Capability of change | |

Assessment Tools

During assessment of registrars a number of optional methods may be used. Trainers may use any combination agreed with the Registrar. *Self-assessment* by registrars should be an integral part of assessment. 1

Options

S.W.O.T	'Sickness'
Video	Half Day Release
Checklist	Workload
Debrief	Project
PCA/RCA	SMART
Registrar Log	Record-keeping
Topics by registrar	Prescribing
Referrals	Discussion/feedback
Feedback from others	Wolverhampton Grid

Final Review

The final review will take place in the final month in practice. A report will be prepared by the trainer and included in the *Registrar File*.

The final review should take the form of a discussion between the Trainer and Registrar and the completed *Registrar File* should be sent to the VTS Office.

The discussion should cover the following ground:

Educational Plan - adequate? objectives achieved?
SMART
Wolverhampton Grid
Practice facilities for training
Project
Action to improve training
Suggestions to improve the Scheme

MARS

The Mutually Agreed Report System

Table 1. Assessment of knowledge and attitudes

Subject	Trainee Comments	Trainer Comments	Agreed Statement and Action Plan
A. Knowledge			
Patient problem-solving ability			
Prescribing habit			
Emergency care			
Referral date			
Knowledge of, involvement with, and use of primary health care team and ability to function as a team member			
Gaps in basic knowledge			

Subject	Trainee Comments	Trainer Comments	Agreed Statement and Action Plan
B. Attitudes			
Relationship with patients			
Continuing responsibility <ul style="list-style-type: none"> ▪ In practice ▪ To patients ▪ To Partners 			
Relationships with <ul style="list-style-type: none"> ▪ Practice staff ▪ Receptionists ▪ Secretary ▪ Practice manager ▪ Nurse 			
Relationship with practice partners			
Relationship with trainer			
Involvement in further education, eg TTG, lectures, reading			
Contribution to trainer/trainee tutorials			
Professional values			
Recognizes and deals with psychosocial aspects of GP			
Personality and other difficulties			

Table 2. Assessment of skills

Subject	Trainee Comments	Trainer Comments	Agreed statement and action plan
C. Skills			
Practical procedures			
Note-keeping			
Workload			
Out of hours cover			
Time-keeping			
Communication skills			

Registrar's Name: _____

Trainer's Name: _____

Date: _____

S M A R T

(Subjective Mutually Agreed Report on your Training)

<u>'IN PRACTICE'</u> <u>EDUCATION</u>	<u>TRAINEE/TRAINER</u> <u>COMMENTS</u>	<u>ACTION</u>
Availability/Accessibility		
Case Discussion – Topics/Problems		
Assessment		
Availability of Education Resource		
Tutorials – Programming Methods		
Stimulation – Reading Research		
Practical Skills		
Role of Other Partners/ Staff		
Contractual Problems		

<u>'OUT OF PRACTICE'</u> <u>EDUCATION</u>	<u>COMMENTS</u>	<u>ACTION</u>
Half Day Release Course		
Trainer/Trainee Group		
Other Out of Practice Activities		
Courses		
Clinics		
Exams		
Visits		
Meetings etc		

<u>WORKLOAD</u>	<u>COMMENTS</u>	<u>ACTION</u>
<p data-bbox="224 239 367 275"><u>Surgeries:</u></p> <p data-bbox="375 359 488 390">Number</p> <p data-bbox="383 491 480 527">Timing</p> <p data-bbox="334 625 529 661">Appointments</p> <p data-bbox="277 758 586 793">Visits – number + mix</p>		
<p data-bbox="224 961 334 997"><u>On-call:</u></p> <p data-bbox="375 1081 488 1117">Amount</p> <p data-bbox="383 1215 480 1251">Timing</p> <p data-bbox="391 1350 472 1386">Cover</p> <p data-bbox="367 1484 496 1520">Flexibility</p>		

<u>THE PRACTICE</u>	<u>TRAINEE/TRAINER COMMENTS</u>	<u>ACTION</u>
<p><u>The Business:</u></p> <p>Accounts</p> <p>Tax</p> <p>Staffing</p> <p>Management</p> <p>Planning</p> <p>Communications</p> <p><u>Premises/Patient Services:</u></p> <p>Room equipment/servicing</p> <p>Facilities</p> <p>Records</p> <p>Technology</p> <p>Fund-holding</p>		

<u>PERSONAL CHARACTERISTICS</u>	<u>COMMENTS</u>	<u>ACTION</u>
<u>Relationships with:</u>		
Trainee		
Staff		
Other Partners		
Enthusiasm/Interest		
Responsibility		
Attitudes		

<u>PROFESSIONAL CHARACTERISTICS</u>	<u>COMMENTS</u>	<u>ACTION</u>
<p><u>Up-to-date/CME:</u></p> <p>Reading, courses, PGEA</p> <p>Research</p> <p>Audit</p> <p>Professional responsibility</p> <p>Ethics</p> <p>Professional Behaviour</p>		

Registrar's Name: _____

Trainer's Name: _____

Date: _____

THE GENERAL PRACTICE YEAR

(The Wolverhampton Grid, Version 3 1999)

The answers to the enclosed questions are intended to assist you and your trainer establish a baseline of your past experience at both undergraduate and post-graduate levels, and will help you develop an educational programme. Repeating the process at intervals will help to evaluate your progress over the registrar year.

**Prepared for
The Black Country Trainers Annual Workshop,
Bromsgrove 1999**

SECTION A

This section outlines your experience and interests to date.

Registrar Number.....

Name

Address.....

.....

Name of your trainer.....

Medical School Year of Qualification

Higher Degrees, diplomas, etc.

PREVIOUS EXPERIENCE

Pre-registration 1.

.....

2.

.....

3.

.....

Other posts with 1.

details of

experience gained 2.

.....

3.

.....

4.

.....

5.

.....

6.

.....

Special interests

.....

.....

Details of projects/

special experience

(e.g. Electives)

.....

SECTION B

We have attempted to compile a very complete list. You cannot expect to feel confident in all of these areas, and many may be inappropriate to your own practice.

SCORING THE INVENTORY

Tick the appropriate column for your knowledge or experience of the condition in General Practice.

N	No experience and no confidence.
L	Limited experience, possibly only at undergraduate level, but little confidence.
S	Some postgraduate experience, but not fully confident in General Practice.
C	Confident to deal with the condition in General Practice comments.

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Curriculum Overview General Practice

1	The Consultation	Models of the consultation / Consultation Skills / Telephone
	Primary Health Care Team	How a team functions / Roles of Primary Health Care Team members/ Nurse Practitioners
	Health Promotion	Current UK Screening programmes / Mental Health promotion /Motivating the change to a healthy lifestyle.
2	Prescribing	Controlled Drugs / PACT / Generic and Repeat Prescribing / Interactions and adverse reactions / Prescribing in special groups / Compliance / Antibiotic resistance / Addiction
	Emergencies in GP	Resuscitation / Emergency bag / Triage / Dealing with violence
3	Chronic Disease Management	Protocols / Patient literature / Specific diseases care models / Audit
	Complimentary Medicine	The range available / The relationship with mainstream medicine / Registration and Training
	Transcultural Medicine	Cultural expectations of medicine / Body Language / Death
4	Medicine and the Law	Certification and the coroner / Fitness to drive or work / charging fees Medical Negligence and Discipline
	Medical Ethics	The GMC and 'The Duties of a doctor'/ Living Wills & Euthanasia/ Confidentiality / Consent / Ethical dilemmas
	Social Services & Benefits	Med 3 & Med 5 regulations / Sick Pay / Benefits for disabled & unemployed / Training and Roles of Social Workers
5	Audit and Research	Types of Audit and the Cycle / Research: Sources of help & support
	Evidence-based medicine	What should a GP read / Critical reading / Understanding statistics / Clinical effectiveness
	IT and the Internet	"Medline" / CD-ROM texts & Evidence Base /e-mail / The Internet
6	Health Service Organisation	Models of purchasing health care / Health Authorities & NHS trusts GMC, GMS, NHSE, LMC, CHC, MAAG / Primary Care Groups
	Business of General Practice	Terms and Conditions of Service / GP remuneration and funding / Partnership / the out of hours commitment / The Practice Manager / Staff Employment Law / NHS Complaints.
	Personal Development	MRCGP examination / The role of our College / DRCOG and other diplomas / balancing personal & professional life

Clinical Medicine

- 7 Women's Health** Gynaecological examination and procedures
Menstruation Problems / Vaginal discharge, pain and bleeding
Menopause / Infertility / Gynaecological Malignancies
Preconception and Maternity Care / Postnatal Mental Health Miscarriage
Family Planning / Emergency Contraception / Unwanted pregnancy
Well women screening / Psycho-sexual problems
- 8 Paediatrics** Examination and Developmental Assessment of children and babies
Recognising the ill child / Paediatric Resuscitation
Neonatal and Infant Problems
Common diseases / Serious Diseases of children in GP
Conditions not to be missed / Chronic Disease in Children
Accidental poisoning / Malignant Disease
Psychological Problems and Adolescence
The handicapped child & Cerebral palsy
The Children Act / The Abused Child / Death of a child
- 10 Psychiatry** Anxiety / Obsessive-Compulsive Disorders / Phobia
Post-traumatic / Bereavement / Psychosexual & Eating Disorders
Schizophrenia / Depression and suicide risk assessment
Learning disorders / Ethnic, cultural and social issues
Dementia / Role of the C.P.N. and Community Mental Health Team/Substance Abuse, Notification, & prescribing addictive drugs
Mental Health Act and the psychiatric emergency
- 11 The Heart and Circulation** Managing: Chest Pain / Dyspnoea / Syncope / Palpitations
The E.C.G. / Cardiopulmonary Resuscitation
Myocardial infarction, IHD and Prevention / Hypertension
Heart failure / Cardiac arrhythmia / Cardiomyopathy
Aortic Aneurism / Peripheral vascular disease / Carotid Stenosis
- 12 Respiratory Medicine** Peak Flow Meter / Spirometry / Oxygen therapy in the home
Respiratory Emergencies / Respiratory Infections acute and chronic
C.O.P.D. / Asthma / Sarcoidosis / Alveolitis
Malignancy / Pulmonary Embolus / Occupational Lung Disease.

- 13 The Nervous System** Examining the nervous system and assessing intellectual function
Headache / paraesthesia / “turns” /
Epilepsy / Parkinson Disease / Strokes and T.I.A ./ amaurosis fugax
Multiple Sclerosis / Motor Neuron Disease / Guillain Barré / Peripheral neuropathy / Neurological symptoms in systemic disease
- 14 Gastrointestinal System** Oral disease / Oesophageal disease / Stomach cancer
Dyspepsia, ulceration and Helicobacter Pylori
Jaundice / Gall bladder disease / Hepatitis /
Pancreatitis / Pancreatic Neoplasia
Inflammatory Bowel diseases / Irritable Bowel /
Diverticular disease
Ischaemic bowel / Colon Carcinoma
Rectal bleeding / Anal and peri-anal diseases
- 15 Renal and GU Medicine** Glomerulonephritis / Renal Calculi / Pyelonephritis /
Renal failure
Cystitis / Urinary retention / Bladder tumours /
Incontinence
Prostatic hypertrophy / Prostate Cancer / Prostatitis
Phimosis / Painful testes / Torsion of the testis /
Lumps in the scrotum / Impotence
Sexually transmitted diseases.
Investigating blood / protein in the urine / the use of the PSA.
- 16 ENT Diseases** ENT / Examination / Assessing hearing / Hearing Aids
Deafness / Tinnitus / Vertigo
Middle ear infection and its sequelae / Glue ear /
Otitis externa
Rhinitis / Epistaxis / Snoring
The acute sore throat / Hoarseness
Head and neck pain / Head and neck malignancy
- 17 Diseases of the Skin** How to diagnose skin disease / Dermatological Pharmacology
Common Skin diseases in GP / Diseases of Scalp and hair
Allergic manifestations / Infection and infestations
Occupational Skin Disease / Skin signs of systemic disease
Benign and malignant skin lumps / Leg Ulcers
- 18 The Eye** Examining vision and the eye
Diseases of the eyelid / Squint
The red eye / Corneal abrasions / Glaucoma / Lens opacities
Optic atrophy / Eye Malignancies
Retinal Vein Thrombosis / Retinal artery Occlusion

Retinal detachment / Senile Macular Degeneration
The eye in systemic disease

19 Rheumatology and Orthopaedics

Diagnosis of joint pain / injecting and aspirating Joints
Hip / Knee / Shoulder / Foot / Low back and Neck
pain
Osteomyelitis / Osteochondritis / Bone Tumours
Carpal tunnel syndrome

Rheumatoid Arthritis / Connective Tissue Disorders
Repetitive Strain Injury
Gout / Polymyalgia rheumatica

20 Endocrine System Disease

Diabetes: diagnosis / management of blood sugar /
complication screening / Diabetes Emergencies
Thyroid : hypo / hyperthyroidism / Goitre / Carcinoma
Addison's Disease / Cushing's Disease / Pituitary
disease

21 Haematology

Anaemia / Leukaemias / Lymphoma / Myeloma
Sickle Cell Disease / Thalassaemia / Disorders of
Platlets

21 Palliative Care

Symptom control / Syringe Drivers / issues / The
dying Child / Psychological, cultural, religious &
ethnic issues in Death

22 Infections and Infestations

Notification of Infectious Diseases
Childhood Infections
Bacterial / Viral / Parasitic Infestations
Monilia / Gastro-enteritis / Leptospirosis / Lyme
Disease

23 Travel Medicine

Vaccinations Schedules for Travel / Advice for
patients
Important imported infections

Minor Surgery

Getting on the Minor Surgery List / "Item of Service"
fees
Local anaesthesia / Suturing / Histology
Aspirating / Injecting / Incision / Excision /
Cryosurgery
Health and Safety and Medico-legal aspects of Minor
Surgery

Miscellaneous

Genetic Counselling / Myalgic Encephalomyelitis
Sports Medicine / Occupational Medicine

The Consultation

Assess your knowledge or experience of the following in general practice:

	N	L	S	C	Comments
Models of Health and Illness					
Models of the Consultation: Neighbour					
Pendelton					
Others					
The doctor / patient relationship					
Consulting on the Telephone					
Breaking Bad News					
The Hidden Agenda					
Difficult or Failing Consultations					
Managing the Aggressive Patient					
Chaperoning					
Heartsink patients					
Time Management					
The Medical Record					
Non-verbal Communication					
Ethnic Issues					
The consultation as therapy					
Motivating Change					
Assessing your own consultations					

The Primary Health Care Team

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
The role of each professional in the Primary Health Care Team.					
Nurse Practitioners, their role and training.					
How teams work together					
Delegation and work sharing					
Training and Education					
The role of leader					

Health Education and Preventive Medicine

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Team members and roles					
Motivating patients to change to a healthier lifestyle					
Screening: Ethics & Wilson's Criteria					
Current UK programmes					
Accident Prevention					
Psychological Health					

Prescribing

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Regulations for FP10 & private scripts					
Prescribing Controlled Drugs					
The drug register					
BNF					
Drug Tariff					
PACT data					
Prescription Pricing Authority					
Generic Prescribing					
Repeat prescribing					
Over the counter drugs					
Giving IV or IM injections					
Interactions between commonly used drugs					
Drug adverse reactions					
Expert computerised prescribing aids					
Prescribing in special groups - elderly - children - pregnant or breast feeding - renal and liver disease - patients on warfarin - addicts - suicide risks					
Addiction to prescribed medication					
Compliance					
Antibiotic resistance					

Topics for Discussion (Suggestions for use with Trainer)

- The role of prescribing as part of the consultation.
- The place of placebos
- What happens to your prescription after the patient hands it to the pharmacist?
- Role of the pharmacist
- Nurse prescribing
- The NHS response to expensive new drugs
- Dealing with Pharmaceutical Company Representatives
- Participating in clinical trials on drugs

Emergencies in General Practice

Assess your knowledge or experience of the following in general practice:

	N	L	S	C	Comments
Resuscitation					
Emergency bag					
Coping with emergencies					
Triage					
Dealing with violence in the practice					

Chronic Disease Management in General Practice

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Disease specific clinics in General Practice					
Protocols and structured record keeping					
Team care as a focus for planning, education and audit.					
Self-help groups and voluntary agencies					
Patient literature, books, handouts					

Topics for Discussion

Models of care for: Diabetes
 Asthma / COPD
 Ischaemic Heart disease
 Anticoagulation
 Hypertension
 Rheumatoid Arthritis

Complimentary Medicine

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Homoeopathy					
Acupuncture					
Chiropractic & Osteopathy					
Herbal and Chinese Medicine					
Reflexology and Aromatherapy					
The relationship with mainstream medicine					
Registration and Training					

Topics for discussion with trainer

When and how to refer to a complimentary practitioner
 "Complimentary Medicine should be available, open access, on the NHS"

Transcultural Medicine

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Cultural Medical differences					
Disease prevalences in ethnic communities					
Attitudes to appointments and queues					
Problems of travel					
Body Language					
Death					
Effect of religion on medicine					

Medicine and the Law

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Certification: Death Cremation Fitness for Work					
The coroner					
Dealing with expected and unexpected death at home					
Medical Reports					
Power of Attorney					
Fitness to drive					
Court Attendance					
Charging Fees					
Medical Negligence and Discipline					

Ethics

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Living Wills					
Abortion					
Euthanasia					
Confidentiality					
Consent					
The GMC and 'The Duties of a doctor'					
The sick doctor					
Relationships between doctors					

Topics for discussion with trainer

- Ethical Dilemmas, and how to evaluate them
- The Ethics of health care rationing

Social Services and Benefits

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Med 3 and Med 5 regulations					
Statutory Sick Pay & Incapacity Benefits					
Benefits for the Disabled					
Benefits for the unemployed					
Roles of Social Workers					

Audit and Research

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
The audit cycle					
Types of Audit (structure/process/outcome)					
How to do an audit					
Research: types of studies and trials					
Observational Research					
Sources of help and support					

Evidence-based medicine and critical reading

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Evidence based clinical effectiveness					
Understanding the statistics used in journals					
Critical reading					

Topics for Discussion (Suggestions for use with Trainer)

Which publications should a GP read?

Current initiatives to ensure effective care in General Practice

Why do research, and how to get started

Information Technology and the Internet

Do you have experience in using:

	N	L	S	C	Comments
"Medline"					
CD-ROM based text-books eg: Oxford Text Book of Medicine eBNF					
CD-ROM Evidence Base: Cochrane York					
e-mail					
The Internet					

Health Service Organisation, Structure and Commissioning

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Models of purchasing health care					
The Health Authority and NHS trusts					
National Organisations (GMC, GMS, NHSE)					
Local Bodies (LMC, Health Authorities C.H.C., MAAG)					
Primary Care Groups					
Cost Effectiveness NICE / Clinical Governance					

Health Service Organisation, Structure and Commissioning

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Models of purchasing health care					
The Health Authority and NHS trusts					
National Organisations (GMC, GMSC, NHSE)					
Local Bodies (LMC, Health Authorities C.H.C., MAAG)					
Primary Care Groups					
Cost Effectiveness NICE Clinical Governance					

The Business of General Practice

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
Terms and Conditions of Service "The Red Book"					
General Practitioner remuneration					
The meaning of partnership					
Funding premises					
Personal Finance, Pensions and Tax					
The Business Plan					
Interviewing					
Managing the out of hours commitment					
The Practice Manager's Role					
Staff Management and Training Employment Law					
Health and Safety at Work Act / COSHH					
NHS Complaints System					

Career and Personal Development

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
The MRCGP examination					
The role of our Royal College DRCOG					
Diplomas in Specialist Areas					
Masters degrees in Education or Medical Science					
Criteria for inclusion on Minor Surgery and Obstetric Lists					
Continuing Medical Education					
Professional Development					
The balance of personal & professional life					

Women's Health.

How confident are you with the following clinical skills?

	N	L	S	C	Comments
Breast Examination					
Pelvic examination / use of speculum					
Taking of cervical smears					
Removal of cervical polyps					
Insertion/removal of IUCDs					
Removal of foreign bodies from the vagina					
Fitting of contraceptive diaphragms/caps					
Insertion of hormone implants.					
Endometrial Biopsy					
Fitting of ring pessaries					

Assess your knowledge and ability in the following.

	N	L	S	C	Comments
Problems of menstruation.					
Amenorrhoea					
Pre-menstrual syndrome					
Vaginal discharge					
Vaginal prolapse					
Dyspareunia					
Menopause and HRT					
Vulval disorders					
Abnormal vaginal bleeding					
Gynaecological Malignancies					
Psycho-sexual problems					
Sexuality					
The abused woman					

Preconception Care					
Antenatal Care Criteria for booking Screening Foetal abn. Rhesus factor					
Intrapartum Care / Home births					
Postnatal Care					
Breast feeding					
Postnatal Mental Health					

Miscarriage					
Unwanted pregnancy and Abortion					
Family Planning					
Emergency Contraception					
The subfertile couple					
Breast lumps and pain					
Well women screening					

Paediatrics

Assess your clinical competence with reference to:

	N	L	S	C	Comments
Examination of children and babies					
Developmental Assessment					
Taking a history from a child					
Recognising the ill child: physical social psychological					
Paediatric Resuscitation & CPR					

Assess your ability to deal with the following conditions in general practice:

Neonatal and Infant Problems

	N	L	S	C	Comments
Heart murmur					
Sticky eye					
Jaundice					
Congenital defects					
The pyrexial or crying child					
Infant feeding					
Vomiting & Diarrhoea					

Childhood

Constipation					
Abdominal pain, acute and recurrent					
Failure to Thrive					
Rashes					
Croup and Epiglottitis					
Cough / dyspnoea / wheezing					
Headache					
Febrile convulsions					
Epilepsy					
Meningitis					
Osteomyelitis					
Paediatric Orthopaedics					
Urinary tract infection					
Malignant Disease in Children					
Accidental poisoning					
The Abused Child (Physical, Sexual and Psychological)					

Chronic Health Problems

Haemophilia and the Haemoglobinopathies					
Asthma					
The handicapped child & Cerebral palsy					
Cystic Fibrosis					
Diabetes in childhood					
Arthritis					
The family of an ill child					

Death	N	L	S	C	Comments
Sudden Infant Death					
Bereavement,					
Death and dying					

Psychological Problems

Enuresis / Encopresis					
Behavioural development & disorders					
Bullying / School refusal					
Temper Tantrums					
Learning disorders in children					
Substance Abuse					
Obesity / Anorexia / Pica					

Adolescence

Making care accessible to adolescents					
Puberty					
Teenage Pregnancy					
Contraception					
Psycho-social Issues					

Miscellaneous

Paediatric emergencies in General Practice					
Accident Prevention in the home					
Immunisation					
Child care ethics and legal aspects.					

Topics for Discussion (Suggestions for use with Trainer)

Child care legislation: The Children Act, managing suspected abuse, Ethics and Children

The Family in Trouble

Parenting

Conditions easily missed in GP surgeries:

U.T.I.

Cistic Fibrosis

Diabetes

Osteomyelitis

Abuse

Malignancies

Munchausan by proxy

Heart Failure

Rheumatic Fever

Coeliac Disease

Managing minor illness in children

Other child care agencies, and working as a child care team

Psychiatry

Assess your clinical competence with reference to:

	N	L	S	C	Comments
Anxiety / Stress					
Obsessive-Compulsive Disorders					
Post-traumatic stress					
Phobia					
Grief and bereavement					
Marital problems					
Psycho-sexual problems					
Eating Disorders Obesity Anorexia					
Depression					
Suicide and parasuicide: risk assessment					
Acute Psychoses					
Schizophrenia					
Puerperal psychosis and depression					
Psychiatric disease in Children Adolescents Elderly					
Learning disorders					
Ethnic, cultural and social issues					
Dementia					
Psychiatric presentations in physical disease					
Alcohol use and abuse					
Drug addiction					
Mental Health Act.					
Role of the C.P.N. and the Community Mental Health Team					
Notification, & prescribing addictive drugs					

Topics for Discussion (Suggestions for use with Trainer)

- The acute psychiatric emergency, and admission to hospital.
- Caring for the family of the mentally ill patient.
- The use of drugs in psychiatry and their side effects.
- Counselling
- The change cycle
- Atypical presentation of Psychiatric disease
- Managing and caring for the chronic mentally ill patient

The Heart and Circulation

Assess your clinical competence with reference to:

	N	L	S	C	Comments
Taking a blood pressure					
Assessing the heart sounds.					
The use and interpretation of the E.C.G.					
Cardiopulmonary Resuscitation					

Assess your ability to deal with the following conditions in general practice:

	N	L	S	C	Comments
Myocardial infarction					
Heart failure.					
Cardiac arrhythmia					
Cardiomyopathy					
Heart Valve Disease					
Hypertension Epidemiology Diagnosis Management					
Angina					
IHD Prevention Primary					
Secondary					
Hyperlipidaemia					
Sub-acute Bacterial Endocarditis					
Cardiac Rehabilitation					
Aortic Aneurism and screening					
Peripheral vascular disease					
Carotid Artery Stenosis					
Acute arterial occlusion					
Thromboembolism					
Varicose veins and thrombophlebitis					
Ethnic variation and issues					
Atypical presentations of cardiovascular and cerebrovascular disease					

Topics for Discussion (Suggestions for use with Trainer)

- The assessment and management of the patient presenting with
- Chest Pain
- Dyspnoea
- Syncope
- Palpitations
- Care of the amputee.
- Antibiotic prophylaxis
- Reducing cardiovascular deaths in your community
- Advances in the investigation and management of IHD in secondary care.

Respiratory Medicine

Assess your clinical competence with reference to:

	N	L	S	C	Comments
Peak Flow Meter					
Spirometry					
Use of nebulisers					
Respiratory Emergencies: Angioneurotic Oedema Stridor Status Asthmaticus					

Assess your ability to deal with the following conditions in general practice:

Respiratory Infections	N	L	S	C	Comments
Tracheitis					
Acute bronchitis					
Pneumonia, including atypical					
Tuberculosis					
Opportunistic Infections					

Chronic Pulmonary Conditions

C.O.P.D.					
Asthma					
Sarcoidosis					
Pulmonary Alveolitis & Fibrosis					
Bronchiectasis					

Malignancy

Carcinoma of the bronchus					
Other Malignancies of the Chest					
Pulmonary secondaries					

Other Conditions

Pulmonary Embolus single & multiple					
Occupational Lung Disease.					
Pneumothorax					
Pleural effusion					
Pulmonary manifestation of diseases of other systems					

Topics for Discussion (Suggestions for Use with Trainer)

The investigation of a patient with:

- Wheeze
- Dyspnoea
- Cough
- Shadow on C.X.R.
- Haemoptysis

The evidence base for the treatment of acute respiratory tract infections & the use of antibiotics.

Asthma and C.O.P.D: Standards of care (British Thoracic Society Guidelines)
Organising Care in General Practice

Provision of oxygen therapy in the home. (Oxygen Concentrators)

The Nervous System

Assess your clinical competence with reference to:

	N	L	S	C	Comments
Assessing Intellectual Function					
Examining Central Nervous System Cranial Nerves Peripheral Nerves					

Assess your ability to deal with the following conditions in general practice:

	N	L	S	C	Comments
Headache Tension Migraine Meningitis other Infections Tumour Intra-cranial haemorrhage Temporal arteritis					
Dementia (Alzheimer's and others)					
Parkinson Disease.					
Strokes and T.I.A ./ amaurosis fugax					
Epilepsy					
Differential diagnosis: fits/faints/ blackouts					
Multiple Sclerosis					
Motor Neuron Disease					
Guillain Barré Syndrome					
Peripheral neuropathy					
Amnesia					
Myelopathy					
Spinal Claudication					
Muscular and Neuromuscular diseases					
Neurological symptoms in disease of other systems, including cancer.					

Topics for Discussion (Suggestions for use with Trainer)

The patient with headache.

Unravelling the problem of the patient presenting with a "turn."

Care of the disabled patient and their family.

Tremor

Gastrointestinal System

Assess your ability to deal with the following conditions in general practice:

	N	L	S	C	Comments
Mouth ulcers					
Oral tumours					
Oral signs of systemic or skin disease					
Oesophageal Reflux					
Dysphagia					
Oesophageal Carcinoma					
Gastroenteritis					
Dyspepsia and Peptic ulceration					
Helicobacter Pylori					
Stomach cancer					
Haematemesis and melaena.					
Jaundice					
Gall bladder disease					
Hepatitis infective and non infective					
Pancreatitis					
Pancreatic Neoplasia					
Adult Coeliac Disease					
Crohn's disease					
Ulcerative Colitis					
Irritable Bowel Syndrome					
Diverticular disease					
Ischaemic bowel					
Colon Carcinoma					
Caring for the patient with a stoma					
Rectal bleeding					
Anal and peri-anal diseases					
Pruritus ani					

Topics for Discussion (Suggestions for Use with Trainer)

- Assessing the acute abdomen in General Practice.
- General Practice management of recurrent abdominal pain.
- When to request endoscopy of upper or lower G.I. tract.
- Management of dyspepsia including H.Pylori.
- Screening for ca colon, and its early diagnosis.
- Altered bowel habit.
- Assessing chronic diarrhoea.

Renal and Genito-Urinary Medicine

Assess your ability to deal with the following conditions in general practice:

The Kidney

	N	L	S	C	Comments
Glomerulonephritis					
Renal Calculi					
Pyelonephritis					
Polycystic Kidneys					
Hydronephrosis					
Renal failure and Dialysis					
Renal Tumours					

The Bladder

Bladder tumours					
Incontinence male and female.					
Urinary retention.					
Cystitis					

The Prostate

Benign prostatic hypertrophy					
Prostate Cancer					
Prostatitis					

Male Genitalia

Phimosis, balanitis and circumcision.					
Painful testes					
Torsion of the testis					
Lumps in the scrotum and testes.					
Impotence					
Haematospermia					

Sexually transmitted diseases.

Syphilis					
Gonorrhoea					
Nonspecific Urethritis					
Chlamydia					
AIDS					

Topics for Discussion (Suggestions for Use with Trainer)

Investigating Blood in the urine (macro- and micro-scopic).

Investigating Protein in the urine.

The use of the PSA.

Management of UTI.

Problems with catheter care.

Diseases of The Ear, Nose and Throat

How confident are you with the following clinical skills?

	N	L	S	C	Comments
Examination of the Ear Nose and Throat					
ENT examination in children					
Assessing hearing (Rinne's / Weber's)					
Ear syringing					

Assess your knowledge and ability in the following.

	N	L	S	C	Comments
Deafness and Hearing Loss					
Tinnitus					
Vertigo					
Hearing Aids and their problems					
Middle ear diseases Otitis media Glue ear Otosclerosis					
Mastoiditis					
Otitis externa					
Diseases of the pinna					
Epistaxis					
Allergic and vasomotor rhinitis					
Sinus problems					
Nasal Obstruction / Polyps					
Injuries					
Snoring					
The acute sore throat / quinsy					
Hoarseness and other disorders of the voice					
Dysphagia					
Head and neck pain					
Lumps in the neck					
Head and neck malignancy					

Topics for Discussion (Suggestions for use with Trainer)

- The dizzy patient
- The painful ear
- Assessing a patient for a hearing aid
- Role of the speech therapist
- ENT emergencies
- Advances in secondary care procedures.
- Indications for tonsillectomy
- The patient with a tracheostomy

Diseases of the Skin

How confident are you with the following clinical skills?

	N	L	S	C	Comments
Describing a Rash					
Taking Skin Scapings					
Using a Wood's Light					
Pharmacology for the skin					
Caring for people with diseases of the skin					

Assess your knowledge of, and ability to diagnose and treat the following.

	N	L	S	C	Comments
Eczema					
Psoriasis					
Acne Vulgaris					
Rosacea					
Infections					
Fungal					
Yeasts					
Bacterial					
Viral					
Erysipelas					
Warts and Verrucas					
Infestations					
Urticaria and Pruritus					
Angioneurotic oedema					
Reactions to Drugs					
Occupational Skin Disease					
Skin Manifestations of					
systemic disease					
malignancy					
metabolic diseases					
Diseases of Scalp and hair					
Diseases of the Nails					
Benign lumps and bumps					
Skin Malignancy					
Leg Ulcers, causes and management					

Topics for Discussion (Suggestions for use with Trainer)

How to describe a rash you do not recognise

Skin problems in childhood, adolescence and old age

Should I prescribe a cream or an ointment, or perhaps a lotion? - vehicles in dermatology

Uses and abuses of topical steroids in dermatology.

The Eye

Assess your competence in clinical examination with reference to:

	N	L	S	C	Comments
Visual Acuity and the pinhole					
Visual Field					
The Eyelids					
The use of the ophthalmoscope.					
The eyes of children.					

Assess your ability to deal with the following conditions in general practice:

	N	L	S	C	Comments
Blepharitis and infection of the eyelid					
Meibomian cysts					
Entropion and Ectropion					
Ptosis and Proptosis					
Squint					
Conjunctivitis					
Dry eye					
Foreign bodies in the eye					
Corneal abrasions, ulcers and trauma					
Herpes Zoster and the eye					
Iritis					
Glaucoma					
Lens opacities					
Optic atrophy					
Retinal detachment					
Retinal Vein Thrombosis					
Retinal artery Occlusion					
Senile Macular Degeneration					
Retinopathy Diabetic Hypertensive					
Medication in Ophthalmology					
Eye Malignancies					

Topics for Discussion (Suggestions for use with Trainer)

- The eye in systemic disease
- The red eye
- Problems with Contact Lenses
- Eye problems in children
- The Eye in the Elderly
- Aids for the visually impaired
- Sudden loss of vision
- Flashes of Light
- Double Vision
- Recent advances in secondary care.

Rheumatology and Orthopaedics

Assess your skills in the following:

	N	L	S	C	Comments
Differential diagnosis of joint pain					
Examining Joints					
Investigating Joint disorders					
Injecting and Aspirating Joints					

Assess your ability to deal with the following conditions in general practice:

Orthopaedics	N	L	S	C	Comments
Low back pain					
Neck Pain					
Disorders of the Hip Knee Shoulder Foot					
Osteomyelitis					
Osteochondritis					
Bone Tumours					
Sprains and strains					
Tennis elbow and other tendon disorders					
Carpal tunnel syndrome					

Rheumatology

Rheumatoid Arthritis					
Connective Tissue Disorders					
Tendon Disorders& Repetitive Strain Injury					
Gout					
Polymyalgia rheumatica					
Seronegative Arthropathies					

Topics for Discussion with Trainer

- Investigating and diagnosing joint pain in General Practice
- Appropriate use of imaging techniques for orthopaedic conditions
- The initial and second line pharmacological treatment of polyarthritis
- Indications for referral for orthopaedic or rheumatological opinion
- Role of Physiotherapy and Occupational Therapy
- Role of other practitioners such as chiropractors, osteopaths and acupuncturist.

Disease of The Endocrine System

Assess your knowledge of the following in general practice:

Diabetes	N	L	S	C	Comments
Criteria for diagnosis					
Managing the newly diagnosed patient					
Control of blood sugar. Who needs insulin?					
Screening for complications					
Managing diabetic foot disease					
Microalbuminuria / hypertension / lipids					
Legal / Employment / Driving Implications					
Psycho-social aspects of diabetes					
Diabetes Emergencies					
Causes of Secondary diabetes					
Impaired Glucose tolerance					

Thyroid Disease	N	L	S	C	Comments
Diagnosis, management and continuing care of: Hypothyroidism Thyrotoxicosis					
Goitre					
Carcinoma of the Thyroid					

Miscellaneous	N	L	S	C	Comments
Addison's Disease / Crisis					
Cushing's Disease					
Reproductive endocrinology					
Pituitary disease					
Parathyroid disease					

Topics for Discussion (Suggestions for use with Trainer)

- Investigating Goitre
- Long term care for patients with thyroid disease
- Organising care for the diabetic patient.
- Infertility
- Amenorrhoea
- Abnormal puberty
- The Abnormal Ca²⁺

Haematology

Assess your knowledge of the following in general practice:

	N	L	S	C	Comments
The Anaemias					
Polycythaemia					
Leukaemias					
Lymphoma					
Myeloma					
Clotting disorders.					
Sickle Cell Disease					
Thalassaemia					
Disorders of Platlets					

Topics for Discussion (Suggestions for use with Trainer)

Investigation and management of anaemia in general practice.

Anaemia in pregnancy.

Early diagnosis of Haemopoietic malignancies

Purpura

Chronic Haematological Disease: caring for the patient and the family

Models of care for patients on warfarin

Palliative Care

Assess your knowledge or experience of the following in general practice:

	N	L	S	C	Comments
Palliative and Terminal Care					
Control of pain					
Control of other symptoms					
Using a Syringe Driver: Drug interactions					
Teamwork in palliative care: The role of: the district nurse the Hospice Macmillan Nurses Voluntary agencies the Pain Clinic the Oncologist					
Psychological issues in terminal care					
The dying Child					
Caring for the family					
Cultural, religious and ethnic issues in Death and Bereavement					

Infectious Diseases and Infestations

Assess your experience of the following conditions in general practice:

	N	L	S	C	Comments
Notification of Infectious Diseases					

Childhood Infections

Measles					
Mumps					
Rubella					
Chicken Pox					
RSV					
Pertussis					

Bacterial Infections

Staphylococcal infections					
Streptococcal infections and their sequelae					
Meningitis					
Septicaemia					
Tetanus					
Brucellosis					
Tuberculosis					

Viral Infections

Herpes Simplex					
Herpes Zoster					
Influenza					
Glandular Fever					
Poliomyelitis					

Parasitic Infestations:

Worms					
Head lice					
Scabies					

Others

Monilia					
Gastro-enteritis					
Leptospirosis					
Lyme Disease					

Travel Medicine

Assess your knowledge of the following:

	N	L	S	C	Comments
Vaccinations Schedules for Travel					
Advice for patients before and after travel					
Malaria					
Diphtheria					
Rabies					
Giardiasis					

Minor Surgery

Assess your ability to deal with the following conditions in general practice:

	N	L	S	C	Comments
Minor Surgery List Requirements					
Required Facilities					
Consent					
Rôle of assistant					
Procedures attracting "Item of Service" fee					
Record Keeping					
Histology					
Local anaesthesia					
Suturing and Suture Materials					
Aspirating or Injecting: Joints Hydrocoeles					
Incision and drainage of abscesses					
Excision of minor lumps					
Management of ingrowing toenails					
Cryosurgery					

Discussions topics for use with trainer

Health and Safety Aspects of Minor Surgery

Medico-legal aspects of Minor Surgery

Miscellaneous

Assess your knowledge of the following:

	N	L	S	C	Comments
Genetic Counselling					
Myalgic Encephalomyelitis					
Sports Medicine					
Occupational Medicine					

The Wolverhampton Grid, Version 3 1999

Prepared for

The Black Country Trainers Annual Workshop, Bromsgrove 1999

RECORD OF ASSESSMENTS

General Practice Year _____ **Month One - EDUCATIONAL PLAN**

Note: Discuss Trainers Report
Commence video consultations
Arrange date for MCQ if not yet passed
Commence project

General Practice Year _____ **Month Two**

General Practice Year

Month Three

Note: Review Educational Plan
Complete project if possible
MCQ passed

General Practice Year

Month Four

Note: Written Assessment
MARS / SMART / Wolverhampton Grid
Re-discuss Trainers Report

Note: MARS / SMART

Note: Discuss Trainers Report, if any problems anticipated

Note: Complete video consultations

Note: Complete video consultations
MARS / SMART

General Practice Year

Month Nine

Note: Written Assessment

M.A.R.S./S.M.A.R.T/

Completion of project – strongly advisable now

Discuss GP Registrar Appraisal

General Practice Year

Month Ten

Note: Written Assessment

General Practice Year

Month Eleven

Note: Ensure VTR1, Trainers Report and any outstanding VTR2s are sent to the RCGP with copy of GMC Certificate six weeks before end of training.
Apply to PMETB for certificate using application form sent by deanery.

General Practice Year

Month Twelve

Note: Submit GPR Appraisal Documentation to PCT and VTS Office