

BECOMING A GP TRAINER IN YORKSHIRE AND THE HUMBER

APPROVAL

Qualification: Essential before proceeding

- For Doctors:
MRCGP / iMAP
Evidence to support participation in annual NHS appraisal
Meet the standard required for re-licensing and re-certification (revalidation)
- For Nurses:
Need degree or equivalent (see below for advice on becoming an associate primary care educator)

STEP 1: APPLICATION & THE GP TRAINER WEB APP

You must first contact your local Training Programme Director (TPD) to ensure that they are aware of your interest and so they can advise you further of the local training networks. You must also arrange for your TPD to carry out an Informal Visit and to provide a report of the visit to the Quality Administrator. On receipt of the report, the Quality Administrator will notify your chosen University that funding will be released to cover the cost of the Postgraduate Certificate in Medical Education course. (See Step 2)

You must also contact the Quality administrator kim.maskery@yh.hee.nhs.uk for a link to the GP web app. This is a web based application portal that will act as the repository for evidence that intending trainers are required to submit for view by the GP trainer assessment panel. The initial registration section of the Web App must be completed at the start of the application process.

The Quality administrator will provide contact details for your local TPD if you do not have these.

STEP 2: EDUCATIONAL PREPARATIONS FOR BECOMING A TRAINER

A. **PGCME (Post Graduate Certificate in Medical Education)**

All intending trainers must complete the PGCME. The course is funded by HEYH on production of a satisfactory TPD Informal Visit Report.

It is the Intending Trainer's responsibility to arrange an informal visit with their TPD. The completed TPD Informal visit report must be submitted to the Quality Administrator by 1st April prior to the new University academic year to ensure that appropriate funds are issued.

Current institution options in the Yorkshire and the Humber area are:

University of Leeds -

http://medhealth.leeds.ac.uk/coursefinder/22609/PGCert_Education_in_Primary_Care?from=&categoryID

University of Sheffield –

<http://www.shf.ac.uk/aume/postgraduate/pgcert>

Hull and York Medical School –

<http://www.hyms.ac.uk/postgraduate/taught-programmes/masters-in-health-professions-education>

You may feel that you already have some educational skills and experience from previous roles. If you feel that you would like to discuss exemption from all or part of the current proposed certificates you must seek formal agreement from your Local GP Tutor for Trainer Quality Assurance. It must be stressed that in most cases, especially where you have no prior training experience, we only accept the PGCME as a qualification to become a trainer. We would also encourage intending trainers to choose their most locally offered course from the 3 options available, although there may be negotiation on this.

While funding is arranged via the Quality team, it is the intending trainer's responsibility to enrol on the course.

B. Involvement with the training programme you hope to join

Start attending local trainer workshops and visit half-day release (you can liaise with your local Training Programme Team about this and other local training-related events).

C. Mentorship / peer support / learning about the assessor role

Contact your TPD to arrange mentorship from an experienced trainer. A trainer can mentor more than one prospective trainer, and in some areas meetings can be in the form of group learning. This differs according to individual need and local approaches to trainer mentorship.

Mentoring is an essential part of the intending GP Trainer pathway. It is advised that the intending GP Trainer is allocated a mentor outside their own practice. Mentoring may cover many different aspects of training. A document is available on the web site which shows a minimum of what is required. The mentor will complete this and this will be sent to the TPD to inform the completion of the TPD Structured Report for the intending GP Trainer prior to the formal interview. The mentoring form is not an assessment but should act as evidence that mentoring has taken place and an overview of what has been achieved to support the intending GP Trainer.

Please note that within the Intending GP Trainer budget there is sufficient funding for your mentor for 6 formal mentoring sessions.

You will need to arrange training in Workplace Based Assessments (WPBA), the ePortfolio, and educational supervision. This is usually done via your mentor and does not normally involve courses outside the Yorkshire & Humber region. There is no real substitute in terms of learning about your future role as trainer, colleague and assessor, to shadowing other trainers and getting a real life view of how the RCGP ePortfolio works in your local area.

You must complete Equality & Diversity training. Courses can be found via the following link:
http://www.yorksandhumberdeanery.nhs.uk/generic_skills/course_listing/equal_opportunities/

Educational Personal Development Plan (PDP): Although you have the aim of completing the PGCME, your mentor can help you agree a PDP with trainer-specific SMART objectives based on individual learning needs to guide your mentorship effectively. Throughout your time as a trainer we encourage trainers to have an educational PDP like this through each cycle of re-approval too.

Funding for intending GP Trainers

There is a set amount of funding available which can be used for different aspects of preparing the trainer and the practice for training GP Trainees. The PGCME and mentoring is funded through the intending GP Trainer budget. Other aspects applicable for funding can range from new equipment for the trainee to teaching facilities and equipment to enable GP Training, but does not cover structural alterations. A claim form is available here:

http://yorksandhumberdeanery.co.uk/general_practice/educators/

Any use of funding must be for the purpose of GP training and must be approved. Funding should not be used to increase capital of a building for non-training functions. Failure to complete the intending GP Trainer pathway, once funds have been allocated, may require reimbursement of funds by the intending GP trainer.

STEP 3: CONTACT QUALITY ADMINISTRATOR FOR FORMAL VISIT

Prior to a formal visit taking place an intending trainer must have completed a PGCME and also have agreement with the TPD that the practice is ready for a formal visit.

The formal practice visit is mandatory for any new training practice in the intending GP Trainer pathway. If the Practice is already an approved GP Training Practice then the formal practice visit does not need to take place.

The new intending GP Training practice requires a formal practice visit before the formal interview to become a training practice. It is the responsibility of the intending GP trainer to request a formal visit before they submit their final GP Trainer Web application for their formal interview. (i.e. pre 1st October or 1st April) Failure to do so may mean that their formal interview will be delayed as this may lead to insufficient time for this to be completed before the formal interview.

The formal visit will be carried out by the GP Tutor for GP Training Quality Assurance for new intending training practices.

STEP 4: COMPLETION OF THE WEB APP

The Intending GP Trainer must submit their completed GP Web application by 1st April for a 1st August start or 1st October for a 1st February start, depending on their intended completion dates. This will enable the intending GP Trainer to proceed to the formal face to face interview. The GP web application will demonstrate the intending GP trainer's evidence for becoming a trainer.

STEP 5: FORMAL TRAINER INTERVIEW

Interviews are held on a rotational basis at the 3 HEYH offices – Leeds, Sheffield and Hull. All intending trainers are included in the next round of interviews regardless of practice location.

Panel Composition

The formal trainer interview is a face to face interview. The intending GP trainer's documentation will have been reviewed by the assessment panel prior to the interview via the GP web app. The interview panel may wish to clarify further information about the submitted documentation on the day along with asking other pertinent questions.

The Panel composition will be:

GP Trainer School Lead

GP Tutor

TPD

Trainee representative

HEYH lay person

RCGP Faculty Board Member

Successful at Interview

If you are successful at interview your Programme Office will be notified and then national notification will be given to the GMC who will confirm your official training status. The Quality Officer will notify you when this has been confirmed.

AFTER THE INITIAL APPROVAL PERIOD

Following your initial approval to GMC trainer status a date is fixed for your next re-approval.

Your first re-approval cycle after initial appointment is in TWO YEARS, and following this every FIVE YEARS. This is provided that everything assessed by the re-approval panel is satisfactory.

The re-approval cycle:

- Just as you will have a **PDP** for your development as a GP/Nurse, so we would also expect you to have an educational PDP, which is SMART, trainer specific, and spans the duration of your re-approval cycle.
- You must attend one **TRAINER SEMINAR (TS)** in which consultation skills, teaching and quality of workplace based assessments will be assessed by peers, facilitated by experienced trainers or TPDs.

Once trainer seminar attendance has been confirmed and if no significant concerns have arisen then the **RE-APPROVAL PANEL (TRP)** makes review of evidence for re-approval.

Unlike the initial approval process whereby you were appointed as a GP Trainer, trainers no longer have a formal visit in order to be re-approved. However, there is a complete review of all the evidence provided by trainers and feedback from trainees / TPDs / Trainer Seminars by the panel.

In some ways this is more akin to the ARCP review process for trainees. You will be advised by the Quality administrator when to submit your documents for re-approval to the GP web app. You will not be required to attend the re-approval panel in person.

Despite this shift away from face-to face visits for re-approval of trainers, a **TARGETED VISIT** will be arranged if concerns are raised from TPDs, trainees, PMETB questionnaire feedback or other sources. Visits will also be done if a trainer requests one – for a review and advice regarding personal individual difficulties in training, or to help resolve an issue in practice regarding training that cannot be dealt with in any other more appropriate way.

TARGETED VISITS MAY BE AT ANY TIME DURING THE RE-APPROVAL CYCLE AND NOT JUST AT THE TIME THE PANEL REVIEWS THE EVIDENCE.

TRAINING PRACTICE CHANGES

It is important that any significant changes to the training practice that might have an implication to the way GP training is developed or implemented in the practice are discussed with the local TPDs. If there is concern or uncertainty then the local GP Tutor for Trainer QA can be contacted to discuss further. It is the responsibility of the GP Trainer and practice to highlight any significant changes to the practice from their last re-approval, especially if these changes impact on GP training.

We are aware that more and more practices are looking at new ways to deliver primary care and merges and federations between practices are now developing. It has been decided that if a training practice and a non-training practice merge but already reside in the same building then a new practice visit will not be required as the training site will already have approval.

Where a training practice and a non-training practice merge and they have separate sites, and training will occur at the site of the non-training practice, then those premises will need a practice visit and approval.

Where a training practice and a non-training practice merge and there is a concern about the quality of clinical records in the previous non-training practice, for example, quality of summaries or notes, then a risk assessment and a plan of mitigation of this should be made of this and signed off by the local TPD.

Associate Primary Care Educators

Nurses as Associate Primary Care Educators

The nurse must be in an established training practice and have successfully completed a certificate of medical education.

It will be important for the GP trainer and nurse to define and record his/her remit as associate primary care educator. This could be purely educational management and mentorship. This could be combined with teaching chronic disease management. A nurse practitioner could teach triage and care of acute illnesses. During the trainer pathway consultations will not be assessed unless the nurse makes it clear that she would like to teach the consultation. In such cases, mentorship from an experienced trainer would be provided and the nurse's consultations would be assessed. Should the associate elect to teach the consultation then he/she would be expected to attend the Trainer seminars and trainer workshops.

Informal and formal visits will take place and the nurse will be assessed at formal interview against the criteria for training. It is important that the limits of the nurse associate's supervision are clearly defined and that the description of the nurse associate's responsibilities are accepted by the GP trainer, the Nurse Associate Primary Care Educator and the other GPs within the practice. The document describing responsibilities will be examined at the re-approval visit.

The team of primary care educators from across the disciplines (GP, nursing, management etc.) should be able to cover all the roles and responsibilities of a traditional GP trainer. The Nurse Associate Primary Care Educator will not be the nominated lead trainer for an individual GP registrar but will work with and assist the GP trainer in, typically, managing multiple GP registrars.

Practice Managers as Associate Primary Care Educators

The practice manager must be in an established training practice and to have completed a certificate of medical education. The practice manager must define their role as an educator. As they are not a clinician they would not be expected to teach on clinical topics but could teach on managerial/administrative topics as well as providing educational mentorship and aid the development of the learning plan within the practice.

GP partners as Associate Primary Care Educators

The GP partner must be in an established training practice and have successfully completed a University Foundation Teaching Skills course or a Deanery Blended Learning Education for Clinical Supervisors course.

They will not be able to be a trainer for an individual GP trainee. Their role will be to assist the GP trainer and help the practice to increase their training capacity and manage multiple trainees.

This role would suit a partner who does not want the responsibility and the workload of becoming a GP trainer but who would like to contribute to training and develop a degree of expertise in education to enable him or her to fulfil this role.

The role could be used as a stepping-stone to becoming a fully-fledged GP trainer. Completion of a Foundation Skills course will lead to educational credits that may be used as credits for part of a Certificate in Medical Education course.

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