



## **STANDARDS FOR GP SPECIALTY TRAINING: GUIDANCE TO DEANERIES**

### **Introduction**

GP training standards (the standards) have been developed and approved by COGPED and the RCGP. In the view of COGPED and the RCGP, GP training programmes and educators meeting these standards can be assumed to have met, and in many cases exceeded, PMETB standards.

The standards are compatible with and build upon the PMETB's generic training standards<sup>1</sup>. They use the definitions of 'domain', 'standard' and 'requirement' adopted by the PMETB in August 2008. The standards also make reference to, and are consistent with, the Gold Guide<sup>2</sup>.

The standards have been designed for the use of those involved in the quality control, management and assurance of GP specialty training programmes. This is primarily postgraduate deaneries and the PMETB.

The standards are written to be flexible enough to accommodate changes to the structure of GP specialty training. They cover all years of the training programme and all the environments in which training takes place - NHS and non NHS, within and outside the UK - although not all the standards are relevant to, or attainable in, all parts of the programme.

The standards include standards and requirements for the three key categories of educator now responsible for supervising GP Specialty Registrars (GP StRs) – clinical supervisors, educational supervisors and training programme directors<sup>3</sup>. The training and educator standards are interlinked and must be used together to quality manage and quality assure GP specialty training.

The majority of the requirements that underpin the standards are mandatory. There are a few areas where deaneries and training providers are expected to be working towards compliance with a requirement. COGPED and the RCGP will consult on additional developmental areas during 2008/9. At this stage timescales for the elevation of developmental areas to mandatory requirements will be included<sup>4</sup>.

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<sup>1</sup>[http://pmetb.org.uk/fileadmin/user/Standards\\_Requirements/PMETB\\_Gst\\_July2008\\_Final.pdf](http://pmetb.org.uk/fileadmin/user/Standards_Requirements/PMETB_Gst_July2008_Final.pdf)

<sup>2</sup> A Guide to Postgraduate Specialty Training in the UK: the Gold Guide UK Departments of Health, June 2007

<sup>3</sup> COGPED and the RCGP are working with the PMETB to agree a definition of a GP trainer in the context of the General and Specialist Medical Practice (Education, Training and Qualifications) Order

<sup>4</sup> This will apply only to developmental standards set by the RCGP and COGPED, not those set by the PMETB

A number of sets of standards relating to clinical care, practice management and governance are in use across the UK. The standards avoid, as far as possible, duplicating others by focusing only on areas directly related to GP specialty training.

Where there are local variations in training provision deaneries may develop their own standards and/or requirements. Deanery standards must be compatible with and build upon the COGPED/RCGP standards.

In line with the PMETB's approach, COGPED and the RCGP have not developed standards relating to accommodation (for rest/sleep), travel, personal safety and catering services in GP StR training environments. Adequate provision in these areas is, however, important for the health and well-being of GP StRs and relevant to GP StRs' ability to train and learn effectively. COGPED and the RCGP will be recommending to the PMETB that national standards are developed in these areas.

Defining what should be a mandatory requirement and where a Deanery/training provider should be working towards compliance is not a precise art. Additionally, the consequences of delivering or failing to deliver each standard are different, such that not all standards are equal. In the early years of visiting, it is important that those involved in the quality management and assurance of GP specialty training are sensitive to these differences.

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## **Domain 1**

### **Patient Safety**

**Standards:** The duties, working hours and supervision of GP StRs must be consistent with the delivery of high quality safe patient care.

**There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.**

#### ***Mandatory requirements***

1.1 GP StRs must make the needs of patients their first concern.

1.2 GP StRs must undertake only those procedures they are trained for and confirmed as competent to perform<sup>5</sup>.

1.3 GP StRs must be supervised according to their experience and competence. During the GP component of training workload should increase under guided supervision to full participation in practice clinical responsibilities<sup>6</sup>.

1.4 GP StRs must have a named clinical and educational supervisor for each placement in their programme. Clinical and educational supervisors must be accessible and approachable and have time for supervision clearly identified within their job plan.

1.5 Shift, on-call rotas and out-of-hours work must be designed to minimise the adverse effects of sleep deprivation.

1.6 Well-organised handover arrangements, ensuring continuity of patient care, must be in place in all placements.

1.7 Out-of-hours work undertaken by GP StRs must be supervised. The deanery is responsible for the quality of that supervision.

1.8 GP training practices must demonstrate high QOF achievement in all domains with no domain score below the regional average<sup>7</sup>.

1.9 GP StRs must have access to Occupational Health services<sup>8,9</sup>.

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<sup>5</sup> This will include undertaking clinical procedures, obtaining patient consent, discharging of patients and prescribing

<sup>6</sup> The booking rate for GP StR consultations at the start of training should be significantly lower than the norm and probably well over ten minutes per patient. The rate should increase to the norm as the GP StR becomes more experienced. In line with QOF standard PE1, the minimum acceptable consulting time is 10 minutes

<sup>7</sup> A practice that uses an alternative to QOF must seek the approval of the deanery to that alternative

<sup>8</sup> It is the responsibility of the local PCO to provide access to Occupational Health Services

<sup>9</sup> Ideally, GP StRs should also be registered with a local GP

## **Domain 2**

### **Quality Assurance, Review and Evaluation**

**Standard:** Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which Deans are responsible.

#### ***Mandatory requirements***

- 2.1 Deaneries must have policies and processes for quality managing GP training programmes and all the placements that form part of a programme<sup>10</sup>.
- 2.2 Those policies and processes must be clearly documented in a publicly available form.
- 2.3 Any local deanery standards must be consistent with and build upon these standards.
- 2.4 Deaneries must have a GP Specialty Training Committee (GP STC) or its equivalent, set up by and accountable to the postgraduate dean. Membership of the Committee must meet the requirements of the Gold Guide<sup>11</sup>.
- 2.5 The GP STC must select educational supervisors and training programme directors and quality manage GP training on behalf of the postgraduate dean.
- 2.6 The findings of PMETB trainee and trainer surveys must inform GP STCs' quality management of training programmes.
- 2.7 All placements in a GP training programme must comply with the European Working Time Directive<sup>12</sup> and all aspects of the management and delivery of training comply with the Data Protection Acts and Freedom of Information Act<sup>13</sup>.

#### ***Developmental***

- 2.8 The GP STC should be involved in the selection of secondary care clinical supervisors.

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<sup>10</sup> Including those out-with the NHS, for example in hospices and ISTCs

<sup>11</sup> The GP STC should include representation from the RCGP, the service, training programme directors, GP educational supervisors, directors of medical education in secondary care, GP StRs and lay people

<sup>12</sup> Except where an exemption is provided for in legislation (for example, for Armed Forces trainees engaged in military operations)

<sup>13</sup> This includes training in out-of-hours general practice

## **Domain 3**

### **Equality, Diversity and Opportunity**

**Standard:** Postgraduate training must be fair and based on principles of equality

#### ***Mandatory requirements***

3.1 At all stages GP specialty training programmes must comply with, and be working towards best practice in, employment law, the Disability Discrimination Acts, Race Relations (Amendment) Act, Sex Discrimination Act, Equal Pay Acts, the Human Rights Act and other equal opportunity and diversity legislation that may be enacted and amended in the future. This will include compliance with the public duty to promote equality and diversity.

3.2 Information about training programmes, their content and purpose must be publicly accessible.

3.3 Deaneries must take reasonable steps to ensure that less-than-full-time (LTFT) training programmes are available for GP StRs who, for good reason, are unable to train full time. LTFT programmes must comply with COGPED guidance<sup>14</sup>.

3.4 Reasonable adjustments, that do not compromise standards, must be made to training programmes and environments to accommodate GP StRs with disabilities, special educational needs or other needs.

3.5 In accordance with the requirements of the Gold Guide, educational and clinical supervisors must receive regular training in equality, diversity and human rights best practice.

3.6 Equal opportunities monitoring should take place through all stages of training, from recruitment to completion of training.

3.7 Deaneries should publish, in statistical form, equal opportunities data on their training programmes.

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<sup>14</sup> [cogped.org.uk/document\\_store/1186479045\\_1\\_fxpgsmiy.doc](http://cogped.org.uk/document_store/1186479045_1_fxpgsmiy.doc)

## **Domain 4**

### **Recruitment, Selection and Appointment of GP Specialty Registrars**

**Standard:** Processes for the recruitment, selection and appointment of GP StRs must be open, fair and effective

#### ***Mandatory requirements***

4.1 The recruitment and selection of GP StRs must follow the recruitment timetable specified by the GP National Recruitment Steering Group<sup>15</sup> with information about vacancies, eligibility, selection criteria and the application process made widely available well in advance of the start of the selection process.

4.2 Candidates must be assessed against the National GP Person Specification agreed and published by the GP National Recruitment Steering Group.

4.3 Deaneries must use selection assessment methods which have been approved by the GP National Recruitment Steering Group<sup>16</sup>.

4.4 All those involved in selection must be trained in competency based assessment and equal opportunities.

4.5 Deaneries must quality manage selection processes. Quality management should include external assessment and the calibration of standards.

4.6 There should be lay input into the selection process.

4.7 Deaneries must have an appeals system for appeals against non-selection on the grounds that selection criteria and/or processes were not applied correctly, or were discriminatory.

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<sup>15</sup> Or its COGPED/RCGP successor

<sup>16</sup> The selection assessment methods prescribed by the GP National Recruitment Steering Group comply with the standards in PMETB Domain 4

## **Domain 5**

### **Delivery of Curriculum including Assessment**

**Standards:** The requirements set out in the curriculum must be delivered and assessed

The approved curriculum must be fit for purpose

#### **Education and Training**

##### ***Mandatory requirements***

5.1 Training programmes must comply with the guidance on the content of CCT training published jointly by the RCGP and COGPED<sup>17</sup>.

5.2 The placements within a training programme, combined with a range of other learning opportunities must, together, provide GP StRs with exposure to a range of patients, clinical problems, training environments and training opportunities sufficient to deliver the GP curriculum and so equip them for a career in independent practice.

5.3 Irrespective of the environment in which they are training, GP StRs must be able to, and be given help to, access all the learning opportunities that will enable them to complete the GP curriculum<sup>18</sup>.

5.4 To satisfy the requirements of the GP curriculum, GP StRs must gain supervised experience of general practice out-of-hours work. Out-of-hours training must comply with COGPED guidance<sup>19</sup>.

5.5 Clinical supervisors in secondary care must be familiar with the aspects of the GP curriculum relevant to the placement and must ensure that GP StRs gain experience of a range of relevant conditions.

#### **Assessment and appraisal**

##### ***Mandatory requirements***

5.6 Educational supervisors must be familiar with MRCGP guidance and regulations<sup>20</sup>.

5.7 GP StRs must be provided with information on the MRCGP and on how to register for the assessment.

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<sup>17</sup> [http://www.rcgp.org.uk/pdf/Cert\\_CCT%20March%202007%20\(2\).pdf](http://www.rcgp.org.uk/pdf/Cert_CCT%20March%202007%20(2).pdf)

<sup>18</sup> These learning opportunities will include courses, training days and the provision of other learning material. Off-the job training must be protected (bleep free)

<sup>19</sup> [http://www.cogped.org.uk/document\\_store/1186480594\\_1\\_jxpuCmxd.doc](http://www.cogped.org.uk/document_store/1186480594_1_jxpuCmxd.doc)

<sup>20</sup> This should include familiarity with the technological aspects of training, for example how to use the e-portfolio

5.8 GP StRs must be supported in preparing for all components of the MRCGP and provided with the necessary facilities, assessments, support and feedback in all primary and secondary care placements.

5.9 GP StRs must have regular, formal appraisals in accordance with the requirements of the *Gold Guide* and the General Medical Council.

## **Domain 6**

### **Support and Development of GP StRs, Trainers and Local Faculty**

**Standard:** GP StRs must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn

#### **Induction to the Service**

##### ***Mandatory requirements***

6.1 GP StRs starting new placements must receive induction that will enable them to practise and learn safely, under supervision, in the placement.

#### **Educational Induction**

##### ***Mandatory requirements***

6.2 GP StRs starting new placements must receive induction that will ensure that they understand how the placement will deliver the relevant competences in the GP curriculum

#### **Educational supervision**

##### ***Mandatory requirements***

6.3 GP StRs must have an educational supervisor from general practice throughout their programme. Where that supervisor changes during the programme, the deanery must ensure that there is a managed handover of responsibilities.

6.4 Each placement within a programme must be overseen by a clinical supervisor who may also be the educational supervisor. If the roles are separated, the supervisors must be in regular contact to discuss GP StR progress.

6.5 GP StRs must use the RCGP's e-portfolio which they must discuss with the educational and/or clinical supervisor for the placement at the start of each placement.

6.6 GP StRs must have further meetings with their educational and/or clinical supervisor at least once every three months to discuss progress, outstanding learning needs and how to meet those needs.

6.7 Out-of-hours work undertaken by GP StRs must be supervised. The deanery is responsible for assuring the quality of that supervision.

## **Training**

### ***Mandatory requirements***

6.8 At the start of training the GP StR and training programme director must sign an educational contract covering all placements in the programme.

6.9 The learning needs of the GP StR, identified by assessments and by other means, must be used to modify day to day teaching and, in certain circumstances and, with the endorsement of the ARCP, the structure and length of training.

6.10 In the GP practice, GP StRs must be given protected teaching time in line with COGPED guidance. Two hours of protected teaching time must be designated tutorial time, delivered by the educational supervisor/clinical supervisor or, with adequate planning and supervision, another member of the primary healthcare team<sup>21</sup>.

6.11 GP StRs must not be asked to undertake routine or repeated activities of no educational value or relevance to the GP curriculum.

6.12 GP StRs must be supported to acquire generic professional skills at all stages of training. This will include training in the use of audit as a learning tool<sup>22</sup>, and in the use of significant event analyses.

6.13 In both primary and secondary care settings systems must be in place to enable GP StRs to learn from and with other healthcare professionals.

6.14 GP StRs must be provided with guidance on how to raise concerns about their training and offer views on their training. It should be possible for concerns to be raised and received in confidence.

6.15 GP StRs must have access to career advice.

6.16 GP StRs must not be bullied or harassed by others or subject others to bullying or harassment.

### ***Developmental***

6.17 In secondary care settings GP StRs should be given at least four hours of protected teaching time per week during normal working hours. This could be GP-specific teaching or appropriate specialty-specific teaching. The clinical supervisor may, with adequate planning and supervision, delegate this responsibility to other appropriate members of the secondary healthcare team.

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<sup>21</sup> This will be one session of the three identified as 'educational' in the GPC/COGPED GPR contract

<sup>22</sup> GP StRs should be taught how to undertake complete audit cycles

## Study leave

### ***Mandatory requirements***

6.18 Study leave activity must be relevant to the career end point of the GP StR.

6.19 GP StRs must be provided with information on how to apply for study leave, what courses are appropriate for them and what funding is available.

6.20 GP StRs must be able to take up study leave in line with the GPC/COGPED Framework for a written contract of employment for GP StRs<sup>23</sup>.

6.21 The process for applying for study leave must be fair and transparent. There must be a deanery-level appeals process for those for whom study leave is denied.

## Academic training

### ***Mandatory requirements***

6.22 GP StRs should be provided with information on the academic opportunities available in the specialty of general practice.

6.23 GP StRs must be given formal confirmation of how much of an academic training programme will contribute towards a CCT.

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## Educator Standards

### GP Educational Supervisor

**Definition:** GP educational supervisors are responsible for oversight of the educational progress of a GP StR through GP specialty training<sup>24</sup>

**Standard:** Educational supervisors must provide a level of supervision appropriate to the competence and experience of the GP StR

6.24 Applicants to be an educational supervisor must:

### ***Mandatory requirements***

- work in a GP practice, or an equivalent educational environment, approved for training GP StRs or, currently in the process of applying for training approval

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<sup>23</sup> <http://www.bma.org.uk/ap.nsf/Content/framecontractGPregs0707>

<sup>24</sup> A guide to clinical and educational supervision has been produced by the Association for Medical Education in Europe. AMEE Guide 27: *Effective educational and clinical supervision*. Medical Teacher 2007. 29. 2-19. Kilminster, Cottrell, Grant, and Jolly

- If they are applying for the first time, have satisfactorily completed an approved educational supervisors course
- have been trained in equality, diversity and human rights best practice
- demonstrate that they are involved in educational activities within and/or out-with the practice
- be members or fellows in good standing of the RCGP or be able to demonstrate their commitment to the maintenance of high standards and the discipline of general practice in other ways<sup>25</sup>
- be familiar with the regulatory framework surrounding GP specialty training
- be familiar with the GP curriculum and the RCGP Resource Pack and its application
- be familiar with the technical and administrative aspects of the MRCGP

#### **Developmental**

- have a Certificate of Medical Education (or equivalent)

6.25 Educational supervisors must be formally selected and re-accredited. The process of selection and re-accreditation must comply with the following standards:

#### **Mandatory requirements**

- it must be formal and standardised and comply with equal opportunities legislation
- new educational supervisors must be accredited for no more than two years on first appointment
- re-accreditation from thereon should normally take place at least every three years
- re-accreditation must take into account the views of past and present GP StRs and the training programme director
- it must include observation of an educational supervisor's teaching<sup>26</sup>
- there must be a formal review process for applicants who are not selected
- educational supervisors who are not selected or re-selected must have a right of appeal through a deanery appeals procedure

6.26 Educational supervisors must have appropriate professional and personal values. They must, for example:

#### **Mandatory requirements**

- demonstrate an understanding of the professional guidance contained in GMC guidance "*Good Medical Practice*", "*Maintaining Good Medical Practice*", "*Good Medical Practice for GPs*" and "*The Doctor as Teacher*"
- demonstrate an enthusiasm for general practice
- inform their director of postgraduate GP education (or nominated deputy) of fitness to practise restrictions on their registration or license to practise

6.27 Educational supervisors, who are also providing clinical supervision to a GP StR, must have highly developed clinical skills. They must, for example:

#### **Mandatory requirements**

- be skilled in eliciting information and making decisions during consultations

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<sup>25</sup> From August 2011, those who have been licensed to work as a GP on completion of the new Examination for Membership of the RCGP will be required to demonstrate their commitment to the maintenance of high standards and the discipline of general practice in other ways

<sup>26</sup> Where the educational supervisor currently has a teaching role

- be skilled at dealing effectively with complex chronic problems and acute problems
- be able to integrate physical, social and emotional factors in the assessment and management of patients
- know when to involve other members of the primary healthcare team, secondary care based colleagues and other agencies in the treatment of patients

6.28 Educational supervisors must be skilled communicators. They must, for example:

***Mandatory requirements***

- relate well to GP StRs, colleagues and patients both face to face, on the telephone and in writing
- communicate effectively within their clinical practice
- help GP StRs develop effective communication skills

6.29 Educational supervisors must be committed to continuing professional development as an educator. They must, for example:

***Mandatory requirements***

- have an up to date personal development plan derived through annual appraisal for their work as an educator
- be willing to undergo performance review
- be familiar with current medical literature and its implications for both general practice and general practice teaching

6.30 Educational supervisors must be skilled and committed teachers, able to demonstrate through their personal development plan that they have attended courses and engaged in other activities relevant to their role as educators. They must for example:

***Mandatory requirements***

- regularly update their teaching skills
- participate regularly in meetings of the local educators group
- participate in deanery GP StR recruitment
- participate in selecting and re-accrediting other GP training practices and GP educators or in other benchmarking activities

**Clinical supervisor**

**Definition:** Clinical supervisors are clinicians responsible for overseeing the day-to-day clinical work of the GP StR in individual placements and for providing regular feedback on progress to the GP StR and educational supervisor<sup>27</sup>

**Standard:** Clinical supervisors must provide a level of supervision appropriate to the competence and experience of the GP StR

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<sup>27</sup> A guide to clinical and educational supervision has been produced by the Association for Medical Education in Europe. AMEE Guide 27: *Effective educational and clinical supervision*. Medical Teacher 2007. 29. 2-19. Kilminster, Cottrell, Grant, and Jolly

6.31 Applicants to be a clinical supervisor must:

***Mandatory requirements***

- be registered doctors, fully trained in the placement specialty
- understand the principles of adult education
- have been trained in equality, diversity and human rights best practice
- be familiar with the aspects of the GP curriculum and assessment methodologies relevant to the placement

***Developmental***

- be selected and re-accredited by the deanery with the involvement of the GP STC

6.32 Clinical supervisors must have appropriate professional and personal values. They must, for example:

***Mandatory requirements***

- demonstrate an understanding of the professional guidance contained in GMC guidance "*Good Medical Practice*", "*Maintaining Good Medical Practice*", "*Good Medical Practice for GPs*" and "*The Doctor as Teacher*"
- demonstrate an enthusiasm for general practice and for supervising GP StRs
- inform their director of postgraduate GP education (or nominated deputy) of fitness to practise restrictions on their registration or license to practise

6.33 Clinical supervisors must be skilled communicators. For example they must:

***Mandatory requirements***

- relate well to GP StRs, colleagues and patients
- help a GP StR to develop effective communication skills relevant to the placement specialty

6.34 Clinical supervisors must be committed to continuing professional development as an educator and clinician. They must, for example:

***Mandatory requirements***

- have an up to date personal development plan derived through annual appraisal for their work as both clinician and supervisor
- be willing to undergo performance review

6.35 Clinical supervisors must be skilled and committed teachers. They must, for example:

***Mandatory requirements***

- regularly update their teaching skills
- must assist GP StRs in completing MRCGP workplace-based assessments

***Developmental***

- be trained to teach, provide feedback and undertake assessments in advance of being selected

## Training Programme Director

**Definition: Training programme directors are responsible for quality controlling GP specialty training programmes in their locality**

6.36 Applicants to be a training programme director must:

### **Mandatory requirements**

- have a personal development plan that shows evidence of preparation for the role of training programme director
- have been trained in equality, diversity and human rights best practice
- be members or fellows in good standing of the RCGP or be able to demonstrate their commitment to the maintenance of high standards and the discipline of general practice in other ways<sup>28</sup>
- be familiar with the regulatory framework surrounding GP specialty training
- be familiar with the GP curriculum and the MRCGP, and related RCGP and COGPED guidance
- be familiar with their deanery's policies and processes for the selection of training placements, GP educational supervisors and clinical supervisors
- have experience of planning and delivering teaching to large and small groups of learners
- have experience of the summative and formative assessment of GP StRs

### **Developmental**

- have a Certificate of Medical Education (or equivalent)

6.37 Training programme directors must be formally selected and re-accredited. The process of selection and re-accreditation must comply with the following standards:

### **Mandatory requirements**

- it must be formal and standardised and comply with equal opportunities legislation
- there must be a formal review process for applicants who are not selected

6.38 Training programme directors must have appropriate professional and personal values. They must:

### **Mandatory requirements**

- demonstrate an understanding of the professional guidance contained in GMC guidance "*Good Medical Practice*", "*Maintaining Good Medical Practice*", "*Good Medical Practice for GPs*" and "*The Doctor as Teacher*"
- demonstrate an enthusiasm for general practice
- inform their director of postgraduate GP education (or nominated deputy) of fitness to practise restrictions on their registration or license to practise

6.39 Training programme directors must be good managers. For example, they must be able to:

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<sup>28</sup> From August 2011, those who have been licensed to work as a GP on completion of the new Examination for Membership of the RCGP will be required to demonstrate their commitment to the maintenance of high standards and the discipline of general practice in other ways

***Mandatory requirements***

- effectively manage people and resources
- liaise effectively with a range of training providers and educators in primary and secondary care to set up and manage GP specialty training programmes
- oversee the activities of the educational supervisors in their programme
- conduct appraisals of educational supervisors
- manage the programme budget
- deal effectively with underperformance in trainees

6.40 Training programme directors must be skilled communicators. They must, for example:

***Mandatory requirements***

- relate well to colleagues in primary and secondary care
- provide good quality written reports on their activities to the deanery and others
- participate regularly and effectively in meetings of deanery committees
- deal with conflict and with managing other educators who are not performing to an adequate standard

6.41 Training programme directors must be committed to continuing professional development as an educator. For example they must:

***Mandatory requirements***

- have an up to date personal development plan derived through annual appraisal for their work as an educator
- be willing to undergo performance review
- be familiar with current medical literature and its implications for both general practice and general practice teaching

## **Domain 7**

### **Management of Education and Training**

**Standard:** Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

#### ***Mandatory requirements***

7.1 GP specialty training programmes must be supported by a management plan which is adequately resourced and has a schedule of responsibilities and defined processes to ensure the maintenance of these standards in the arrangement and content of training programmes.

7.2 The schedule must set out the responsibilities and accountabilities of the postgraduate dean, royal college/faculty/specialty associations etc, and other members of local faculty, GP StRs, the employer and the commissioners of health services and of educational programmes<sup>29</sup>.

7.3 Deaneries must have a GP Specialty Training Committee (GP STC) or its equivalent, set up by and accountable to the Dean. Membership of the Committee must meet the requirements of the Gold Guide<sup>30</sup>.

7.4 The GP STC must select educational supervisors and training programme directors and quality manage GP training on behalf of the postgraduate dean.

7.5 GP training programmes must be quality controlled by a GP training programme director who reports to the deanery's GP STC.

7.6 Training programme directors must be resourced to enable them to fulfil their responsibilities.

7.7 GP StRs must have an educational supervisor from general practice throughout their programme. Where that supervisor changes during the programme, the deanery must ensure that there is a managed handover of responsibilities.

7.8 Each placement within a programme must be overseen by a clinical supervisor who may also be the educational supervisor.

7.9 At the start of the programme the GP StR and training programme director must sign an educational contract, covering all placements.

7.10 It is highly desirable that all employing organisations providing postgraduate medical education and training have an executive or non-executive director at board level responsible for supporting training programmes, setting out responsibilities and accountabilities for training and for producing processes to address underperformance.

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<sup>29</sup> PMETB will publish a template following consultation

<sup>30</sup> The GP STC should include representation from the RCGP, the service, training programme directors, GP educational supervisors, directors of medical education in secondary care, GP StRs and lay people

7.11 Deaneries must have effective processes for identifying, supporting and managing GP StRs whose conduct, health, progress or performance cause concern.

7.12 Educational supervisors, through the Training Programme Director, must involve the deanery as soon as it is clear that a GP StR is in difficulty, there are concerns about performance or the GP StR has been absent from a placement for more than two weeks.

7.13 Deaneries are responsible for ensuring that GP StRs gain experience of out-of-hours work and must work with others, for example out-of-hours providers, to manage out-of-hours provision.

7.14 Training providers must immediately inform the deanery of any significant change to their organisation and/or structure that would affect the training experience.

7.15 There must be lay input into Deanery quality management processes.

## **Domain 8**

### **Educational Resources and Capacity**

**Standard:** The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

#### ***Mandatory requirements***

8.1 The overall educational capacity of the institution and any unit offering training placements within it must be adequate to accommodate the practical experiences required by the GP curriculum, along with the educational requirements of all the healthcare professionals in the unit.

8.2 There must be access to an evidence base and decision support information in all workplaces<sup>31</sup> of a standard sufficient to enable GP StRs to achieve the outcomes of the programme as specified in the curriculum.

8.3 Relevant specialty specific educational resources must be available and accessible where these are stipulated in the GP curriculum.

8.4 Training capability and capacity in all placements should be adequate for the number and type of GP StRs and other types of trainee being trained at any one time.

8.5 Deaneries must ensure that GP StRs and educators are practising in safe working environments where their personal safety is not compromised.

#### **GP training practices**

##### ***Mandatory requirements***

8.6 GP training practices must be formally selected and regularly re-accredited by the GP STC.

8.7 New training practices should be accredited for no more than two years; re-accreditation from thereon in should normally take place at least every three years.

8.8 Training practices that undergo major change, for example entry into an arrangement with a private provider, must be re-accredited.

8.9 Deaneries must also select and re-accredit training practices in line with the current requirements of COGPED and the RCGP. These requirements are described in an annex to these standards.

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<sup>31</sup> This must include Internet access and a library

**Domain 9**  
**Outcomes**

**Standard:** *The impact of the standards must be tracked against GP StR outcomes and clear linkages should be reflected in developing standards.*

***Developmental***

9.1 Deaneries must audit GP StR outcomes and make changes to training programmes as a consequence.

9.2 Deaneries must publish information on assessment outcomes, comparing training programmes, schemes and deaneries. This information must be published in a way that ensures GP StR confidentiality.

9.3 Deaneries must publish information on GP StR engagement in the formal assessment process.

### Medical records/information technology

#### **Mandatory requirements**

- Practices must normally have achieved the maximum QOF<sup>32</sup> points for medical records

### Premises and equipment

#### **Mandatory requirements**

- GP StRs must consult in a well-equipped room that meets local deanery standards
- GP StRs should have their own space and facilities in the practice to secure personal items safely
- the practice must inform patients that it is a training practice, particularly with reference to the recording of consultations and the inspection of medical records for the purpose of educational supervisor selection and accreditation; deanery and PMETB quality assurance activities
- the practice must be able to show evidence that patients are satisfied with its services and physical environment
- the practice must comply with health and safety legislation
- IT support must be available in the practice, including a computer with appropriate search facilities, internet and electronic reference access as well as facilities for private study
- there must be audiovisual equipment for recording consultations; the equipment should work and be available to the GP StR all or most of the time
- the GP StR must have access to the drugs and equipment needed to provide effective routine, emergency and out-of-hours care

### Training capacity

#### **Mandatory requirements**

- the involvement of the educational supervisor or other GPs in the practice in local and national professional organisations must not compromise clinical contact with patients, time for training and quality of training
- the list size and workload of the practice must be large enough to offer GP StRs a wide variety of clinical experience representing normal, everyday general practice
- the practice must normally be able to cope with its patient load effectively with or without a GP StR

#### **Developmental**

- the training practice should be a good learning environment for a range of types of trainee namely undergraduate, foundation trainees, StRs, overseas, refugee, or EU doctors in clinical placements, GP retainers, GP returners and flexible career scheme doctors

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<sup>32</sup> Or its equivalent

## **Practice Management**

### ***Mandatory requirements***

The practice must:

- be able to show that it is committed to providing a good, comprehensive, cost effective and continuing service to patients, including the use of effective and economic prescribing methods and referrals to secondary care and laboratory and x-ray facilities
- have clinical governance procedures
- have up to date and effective policies for home visiting, continuity of care for patients, emergency care and out-of-hours cover
- make provision for preventive care and health promotion
- be able to show effective use of the entire primary healthcare team
- manage an active programme of audit that demonstrates the full audit cycle, and the application of both standards and criteria
- undertake regular significant event analysis
- have regular practice meetings, which the GP StR is expected to attend and at which practice management and the management of patients are discussed
- be organised to ensure that the GP StR obtains satisfactory, supervised experience of all aspects of out of-hours work in accordance with COGPED guidelines
- have a well run appointments system that meets current national access standards
- carry out and act upon the results of annual patient satisfaction surveys
- have a well thought through and well publicised patient complaints procedure

## **Performance Review**

### ***Mandatory requirements***

- all members of the primary healthcare team involved in teaching GP StRs must have personal development plans that cover their work as educators
- the practice team must regularly review both the organisational and clinical aspects of their practice

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