

Northern Ireland

# General Practice Specialty Training



# Getting Started as a new GP Trainer

Version 3 (2022)

Produced by GP Specialty Training Team

# Welcome to GP Training

Congratulations on your appointment as a new GP trainer!

We would like to take this opportunity to welcome you to the NIMDTA GP Specialty Team and hope that you will enjoy your role as a GP trainer.

The NI Deanery has a long track record of success with highly performing trainees and trainers. For example, NI trainees score highly in their AKT and the CSA. This, to an extent, reflects the high calibre of the trainees recruited into the scheme, but also the high standards of our GP trainers and their commitment to their role.

The existing GP trainer community is very supportive of its colleagues and should you have any queries feel free to approach another GP trainer in your practice or your trainer group convenor for advice. Alternatively you can contact the office.

The Deanery provides a trainer development programme for its trainers to meet the standards set by the GMC and the RCGP.

Finally, we always welcome feedback and new ideas so feel free to contact us at [gpspecialtytraining.nimdtata@hscni.net](mailto:gpspecialtytraining.nimdtata@hscni.net)

We look forward to working with you!

*Dr Michele Stone*

Director of GP Postgraduate Education



## What is the role of the Northern Ireland Deanery?

The NI Deanery quality manages the GP Specialty programme in NI. It implements processes to ensure the standards set by the GMC and the RCGP are met. The Deanery reports every 6 months to the GMC and annually to the RCGP regarding its programmes, outlining areas of concern and areas of good practice.

The GMC approves GP trainers and Local Education Providers, i.e. Trust training posts and training posts in GP practices. By reporting to the GMC and the RCGP, the Deanery assures these bodies that its programmes deliver the GMC approved curriculum for training in

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# Who will I be working with in my role as a GP Trainer?



General Practice staff in NIMDTA cover three areas of work; Appraisal, CPD and Specialty Training. Specialty Training admin provide support to GP Trainers, GP Trainees and F2 trainees whilst in General Practice posts.

## Staff Name

Dr Michele Stone

GP Director

Dr Paul Carlisle

Dr Andrew Leitch

GP Specialty Training Associate Directors

Dr Ursula Mason

Dr Siobhan McEntee

Dr Nigel Hart

Associate Director - Quality Improvement

Bernie Devlin

GP Training Manager

Lauran Morrow

GP Training Coordinator

Jane Haslett

Mandy Boyle

Susie Nelson

Jenevieve Devenney

Clare McGlone

Helen Rowan

Suzanne Enticott

Sharon Hamilton

GP Specialty Training Administration Team

## Who to contact for support

If you have a query concerning specialty training, your area group trainer convener and Programme Director should be able to help you in the first instance. Contact email addresses are available online.

Alternatively you can contact the Specialty Training Team, [gpspecialtytraining.nimdt@hscni.net](mailto:gpspecialtytraining.nimdt@hscni.net), for help and support. Please let us know if you have any queries or comments, as we are here to help you!



## Programme Directors

NIMDTA has assigned Programme Directors (PD) in each area group. Contact details for your area PD can be found on the NIMDTA website.

PDs are responsible for running the educational programme for GP Trainees, and coordinating Regional & Locality Days for all trainees.

PDs are also responsible for supporting trainers and trainees with their ePortfolio.

Area Group	Programme Director
Northern	Dr Stephen Harte, Dr Katherine Potter, Dr Nick Gardner, Dr Louise Douglas
Southern	Dr Aine McShane, Dr Ali Rogers, Dr Adrienne Keown
Belfast	Dr Fionnuala Pollock, Dr Marie King, Dr Gary Baird
South East	Dr Andrea Murray, Dr Jim McMullan, Dr Carl Brennan
Western	Dr Robert Jennings, Dr Paula Houton, Dr Emma Murtagh

## Trainer Conveners

Your trainer convener is responsible for coordinating trainer locality days in your area group. Trainer conveners also meet with NIMDTA Associate Directors 3-4 times a year.

You will receive correspondence from your trainer convener advising you of the date, time and venue of your locality meetings.

Trainer locality days generally run at least twice a year - your convener will be able to provide you with more information on the duration and content of these meetings.

You should attend these meetings in order to keep up to date with WPBA/ ePortfolio requirements, which are an annual requirement as part of your trainer development.

AREA	TRAINER CONVENER
Belfast	Dr Paul Loughrey
Northern	Dr Allen McKay
Southern	Dr Akintayo Idowu
South Eastern	Dr John Collins
Western	Dr Mark Quinn

**Our website: [www.nimdtg.gov.uk](http://www.nimdtg.gov.uk)**

The NIMDTA website is a great resource as you start out as a new trainer in Specialty Training; we would therefore encourage you to familiarise yourself with the website and the information and documents it contains.

If you have any documents or useful links you would like to appear on the GP trainer page, or if you would be interested in helping to keep this page up to date, please contact [gpspecialtytraining.nimdtg@hscni.net](mailto:gpspecialtytraining.nimdtg@hscni.net).

NIMDTA website pages you may find of interest; GP Trainers, GP Practice Visits, ePortfolio and exams.

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# The GP Specialty Training Programme

The GP Specialty Training Programme normally consists of 18 months in General Practice and 18 months in hospital based placements.

GP trainees must complete a minimum of three of the following five hospital specialties; Emergency Medicine, General Medicine, Paediatrics, O&G, Psychiatry.

GPST1 trainees will complete either 2 x 6 monthly posts or 3 x 4 monthly posts based in a Hospital setting.

GPST2 trainees will complete 2 x 6 monthly posts; 1 General Practice post and 1 Hospital Post. GPST2 trainees require Educational Supervision while in both Hospital and General Practice placements.

GPST3 trainees will complete 12 months in a General Practice post.

The above programme may alter as trainees become out of sync, for example following a period of sick or maternity leave. More information can be found in the Allocations Policy online.



## Role of Educational Supervisor / GP Trainer

As a new GP trainer you will normally be allocated a GP ST1 trainee. You are expected to meet your trainee 5 times over the year:

- August/ September
- November
- January
- April
- May

Each session should last between 2-4 hours. You could use part of the November and April sessions to give the Trainee a brief induction into GP - obviously they can only observe.

The August, January and May meeting should be focused mainly on the ePortfolio as Educational Supervisor reviews take place in January and June.

Trainees are expected to add a minimum of 2 learning log entries to their ePortfolio every week, therefore as an ES you should check their portfolio regularly. If you do not see evidence of the trainee adding to their ePortfolio you should contact them to remind them; we would encourage you to use Educator notes when corresponding with your Trainee. Please see guidance on educator notes online.

If you still do not see progress, please contact the Programme Director, who will be able to help you.

## Foundation Doctors in practice (FY2)

As a new Trainer you may be allocated a Foundation Doctor (FY2). Foundation Doctors complete a 4 month placement within practice; NIMDTA normally allocates 3 Foundation Doctors in an academic year.

Dr Fergus Donaghy, Programme Director, co-ordinates the FY2 Induction day and subsequent tutorials for FY2 trainees.

Dr Donaghy also runs an 'Introduction to FY2' course in June/July for GP Trainers who have been allocated an FY2 for the first time.

Please note that an FY2 Doctor, whilst in their General Practice rotation, is entitled to 8 days annual leave. Leave should be agreed, well in advance with the practice, in the same way as other Practice Staff.

FY2 Doctors should not miss their GP Induction, details of which can be found on the Foundation page online. The Trusts manage annual leave terms and conditions for Foundation Doctors.

***Please inform the Foundation School if your FY2 trainee takes any sick leave from your practice by contacting; [foundation.nimdt@hscni.net](mailto:foundation.nimdt@hscni.net)***

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## LOGGING ON TO THE EPORTFOLIO AS A GP TRAINER

Following your appointment as a GP trainer you will be provided with a log in and password for the ePortfolio, by email. This log in is provided by the RCGP.

You will be able to view your allocated trainees on the ePortfolio after their changeover date. You need to ensure that you are logged into the ePortfolio as an 'Educational Supervisor'. If you are helping another trainer in your practice with their trainee and would like to be added to the ePortfolio, please email [gpspecialtytraining.nimmdta@hscni.net](mailto:gpspecialtytraining.nimmdta@hscni.net), with this request. You will be able to view this trainee's ePortfolio when you are logged in as a 'GP Trainer'.

If you lose your password, you can request a password reminder from the ePortfolio home screen.

## EDUCATIONAL SUPERVISOR REPORTS (ESR)

As an Educational Supervisor you need to complete 2 Educational Supervisor Reports for your trainee in the academic year; 1 in January and 1 in May/June. The dates for these reviews are placed on the NIMDTA website. Should you have an Out of sync trainee you will be emailed with the relevant dates for review.

An ARCP Panel will review each trainee's ePortfolio and agree whether or not a trainee can progress on the Training scheme. The ARCP Panel meets in June of each academic year and contains lay representation.

The NIMDTA website contains useful advice for completion of the ePortfolio including:

- RCGP GP trainer manual
- Minimum evidence requirement for trainee WPBA
- Guidance on Educator notes
- ePortfolio FAQs

You will receive further help and support on ePortfolio at your trainer locality sessions.

## COMPLETION OF GPST1 EDUCATIONAL SUPERVISOR REPORTS

As a GP Trainer it is necessary for you to complete and comment on the following parts of the ES Review:

- Trainee post dates
  - Date of completion of review
  - Check trainee evidence
    - 3 mini CEX
    - 3 CBD
    - DOPs (as appropriate)
    - Clinical Supervisors Report
    - Multi source feedback (5 clinicians)
  - Ensure that the trainee Competence Self Rating is up to date and appropriate i.e. should normally be 'needs further development' or 'below' or 'above expectations', but not competent
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## RCGP ePortfolio (cont'd)

for licensing at GPST1/ 2 level.

- Complete Educational Supervisor competence rating
- Read and comment on learning log entries -
  - ◆ Entries should have reflection by the trainee on their learning experience, identified needs and how these will be addressed.
  - ◆ Learning log should have a mix of items including clinical encounters; you should link to professional competencies in order to validate the performance of the trainee from the provided evidence.
- Beware of ePortfolio Version 7; once a log entry is marked as read, it cannot be changed.
- Open review early to facilitate completion of reports.

### PLEASE NOTE:

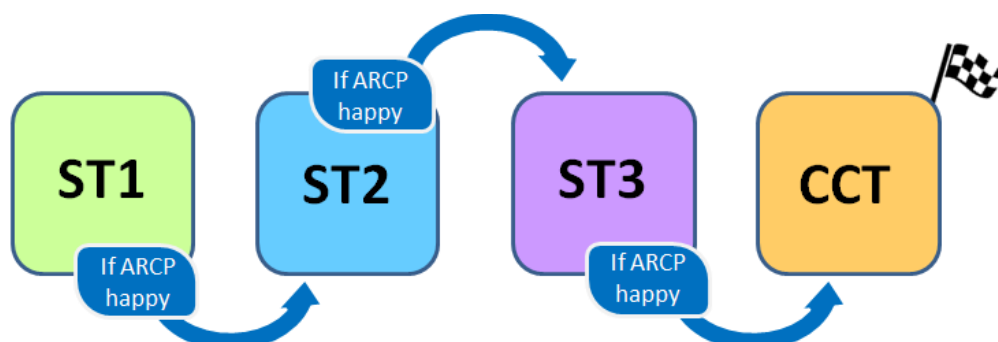
- e-learning and reading, while showing evidence, are not as useful for competence validation.
- Comment on curriculum coverage should reflect trainee's current post and advise how areas that are not covered can be covered in future post.
- A PDP relating to each post should be completed and kept up to date by the trainee. It should also be added to from learning logs as appropriate.

The RCGP have recently produced a document to help Educational Supervisors when writing ES Reports; "Shortcuts to writing a quality Educational Supervisors Report: an Educational Supervisors guide".

## ARCP Panel

The Annual Review of Competence Progression Panel (ARCP Panel) takes place in June each year. The Panel will review all GP trainees ePortfolios and make a decision regarding their progress to date. The Panel will decide if a trainee can progress to their next year and be recommended for CCT.

Feedback may be provided to you following the panel. Your trainee may also receive feedback using Educator Notes.



## What are the OOH requirements for GP Trainees?

GPST2 and GPST3 trainees in General Practice are required to undertake 36 and 72 hours respectively, in an out of hours setting. As a GP trainer in practice you may be asked by a trainee to supervise their OOH sessions. In order to do this you must undertake sessions within OOH.

Please see below statement taken from the Guidance document for Clinical Supervisors, Out of Hours Training & Competences, which is available online: “Where possible OOH experience and training will be supervised and conducted by the trainee’s usual daytime trainer. If this is not possible then clinical supervision in OOH training may be carried out by another trainer in the practice, another trainer in the locality of the training practice or an accredited clinical supervisor (CS). The usual trainer will arrange OOH supervision with another trainer or help the trainee to contact an alternative clinical supervisor. A list of approved clinical supervisors and their contact details is available via the NIMDTA website.

<http://www.nimdta.gov.uk/general-practice/gp-specialty-trainees/out-of-hours/>

Please note that:

- All trainees should complete Out of Hours training within their area group and with a registered Out of Hours Clinical Supervisor.
- All ST2 & ST3 trainees should use the OOH workbook, available on the NIMDTA website, <http://www.nimdta.gov.uk/general-practice/gp-specialty-trainees/out-of-hours/>

## GP Trainers who do not undertake OOH

Please read the Guidance document for Trainers, who are not Clinical Supervisors, on the OOH page online. The below extract is taken from this guidance document.

“When a day time trainer does not provide out of hours training, it is their responsibility to assess the GPSTR’s competence in care of the acutely ill patient, facilitate identification of learning needs and provide this assessment to the OOH clinical supervisor (baseline needs assessment). The trainer will identify and contact a suitable clinical supervisor. In some cases due to location or other factors the trainer and trainee will identify someone unknown to them personally to provide training. In order that the GPSTR experiences a number of types of out of hours sessions there may be a need to contact more than one clinical supervisor to provide training, up to a maximum of 3. A list of approved clinical supervisors can be found at:

<http://www.nimdta.gov.uk/general-practice/gp-specialty-trainees/out-of-hours/>

When a trainer selects a suitable CS, he/she should contact them to give information regarding the trainee and their skills and experience prior to starting training. It is helpful if the CS receives regular feedback about the actions arising from the GPSTR OOH learning experience.”

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## Reaccreditation

As a new GP trainer you will be accredited for 1 year, August-August and your Educational Supervision will be reviewed following your first year as a GP trainer. Your reaccreditation, following satisfactory Educational Supervision, will be done in one of 2 ways; if you are a new training practice you will be reaccredited for a further 2 years or if you are in an existing training practice you will be reaccredited in line with your practice. GP trainers are reaccredited every 4 years by NIMDTA. Your name will also be held on the GMC approved trainer list.

## Practice Visits

If you are a trainer in a new practice you will already have had a practice visit by NIMDTA, however if you are a trainer in an existing training practice, you will fall into the reaccreditation period of your practice and will take part in the practice visit. NIMDTA visit all training practices once every 4 years. You will be emailed a reminder to let you know that you are due a visit and a Programme Director (Lead visitor) will contact your practice to arrange a suitable date and time for your visit.

***Please note that in order to be reaccredited as a GP trainer you must be in attendance at your visit and also remain available for the full duration of your visit.***



## Contracts & Agreements

### Contracts and agreements for GP Trainers

We will issue a contract for GPST2 and GPST3 trainees in practice.

The contract will be populated with your trainee's salary scale and holiday entitlement. The contract will be posted to your practice within 8 weeks of your trainee's start date. A blank copy of the trainee contact is available on the policies page online.

# Trainer Development

We ask that as a GP trainer you undertake the following development activities:

- attend a minimum of **3 sessions** (half-days) **annually**
- and a total of **9 sessions over the 4 year** trainer reaccreditation period

## Educational Activity

A spread of educational activity is recommended over the 4-year period. Some training is mandatory to meet regulations and the remainder depends upon your own learning needs:

### **Annually:**

- 1 session relating to Educational supervisor role, update training for WPBA/ ePortfolio.  
(This training will be provided at your trainer locality days)

### **Every 4 years:**

- 1 session of Equality and Diversity training. (This will be provided at your trainer locality days)
- 1 session of update training in OOH (this is required whether you personally supervise or if you delegate this to another OOH supervisor). NIMDTA arrange this training and will email all trainers when a date has been agreed.

### **Recommended educational activity:**

- 1 session acting as an assessor at the Mock CSA (when an ST3 is attached to your practice). Please look out for an email from the NIMDTA ST Team around August, asking for your participation).
  - 1 session relating to practice reaccreditation visits can be counted if attending as a trainer co-visitor. Please look out for emails regarding practice visits from NIMDTA around Autumn time.
  - Locality-based trainer-development days, arranged by your trainer convenor.
  - Participation in ARCP and Allocation Panels
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## GP Trainer Ranking Process

Each year NIMDTA allocates all ST1, ST2, ST3 and FY2 trainees to a GP Educational Supervisor / GP Practice to complete the necessary part of their training. The process begins in November with a Trainer Survey. The information in this survey is very important and will affect what trainees are allocated to a practice for the following August. It is important that we are informed of any planned changes in the practice as soon as possible – for example a Trainer’s intention to take maternity leave or a Trainer’s retirement may impact on the number of Trainees a practice can manage. Having this information from the start of the allocations process means we can try to allocate the correct number of trainees and avoid changing plans at late notice.

To find out in more detail how the GP Trainees are allocated to Trusts or placements please read our Allocations Policy, available at: [http://www.nimdtg.gov.uk/download/foi/pol\\_proc/trainee\\_pol/gp\\_trainees/allocations\\_policy.pdf](http://www.nimdtg.gov.uk/download/foi/pol_proc/trainee_pol/gp_trainees/allocations_policy.pdf)

An important part of the allocations process is establishing a fair method for selecting which practices should receive which trainees. Things to consider are the level of trainee and the length of time they will spend in the practice. The Allocations Panel decide this based on the following criteria.

The ranking is carried out by reviewing the current academic years allocations as follows;

### **Criteria 1**

ST3 time in practice WTE (August-August).

### **Criteria 2**

ST2 time in practice WTE (August-August).

In the event of a tie between practices following application of criteria 1 & 2, last years ranking is used to allocate a rank.

### **Exceptions**

Exceptional circumstances will be considered, taking into account capacity of the practice and trainee requirements such as maternity/ sick leave.

## Annual Trainer Surveys

Once a year we ask GP Trainers to complete an online survey, to keep us up to date with any changes in the practice and also to ascertain practice capacity for the placement of trainees for the next academic year.

We also ask for a description of your practice, which we provide to trainees when issuing them with their ranking documentation.

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## GP Trainee Ranking Process

GP ST2 and ST3 trainees, who are in sync with the programme, are able to rank practices, in their area group, for their GP placements. NIMDTA provide trainees with a list of GP trainers/practices and ask trainees to return their ranked preferences.

The list of practices available for Trainees is compiled by NIMDTA, following the ranking process.

Exceptional circumstances will be considered when ranking, taking into account capacity of the practice and trainee requirements such as maternity/sick leave. GP Practices who elect to be fallow, will be ranked at the bottom of the rankings for the next academic year.

Trainee allocation is undertaken and agreed at a Post Allocations panel meeting. Once all trainees have been placed, we will e-mail you to inform you of your trainee allocation and will also email the trainee to inform them of their allocated practice. We ask that you inform us of the allocated Educational supervisor for each trainee, to enable us to update the ePortfolio.

### **New Trainers in new Training Practices**

New GP trainers, in new GP training practices, will have the following allocation in years 1 - 3

Year 1 – ST1 / FY2

Year 2 – ST2

Year 3 – ST3

## Out of Sync Trainees

This term refers to those trainees that are no longer completing 3 consecutive years of training in order to obtain their CCT. These trainees will typically have had a period of time out of the programme (such as sick / maternity / paternity leave) or have extended the programme time by working part-time (we refer to this as Less Than Full Time or LTFT).

**The number of out of sync trainees is increasing each year.**

Currently **35%** of all GP Trainees are out of sync with the programme. Out of sync trainees may have different requirements for their training, your Programme Director or the Specialty Training Team can support you if you have any further queries in relation to an out of sync trainee.

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# Timeline for your first year as a GP Trainer....

## **August - start of accreditation period (standard 1 year accreditation)**

Appointment by NIMDTA as new GP trainer

GP Trainer SLA signed and returned to NIMDTA

Educational Supervision starts for GP ST1 trainee and/or FY2 Doctor

ePortfolio account set up

## **August/ September**

1st meeting with GPST1 trainee

## **November**

2nd meeting with GPST1 trainee

Annual Trainer Return (Trainee allocations questionnaire)

## **December**

Change over for FY2 Doctors

Change over for ST1 trainees (if undertaking 4/12 posts)

## **January**

3rd meeting with GP ST1 trainee

Educational Supervisors Report

## **February**

Change over for ST1 trainees (if undertaking 6/12 posts)

## **April**

4th meeting with GP ST1 trainee

Change over for FY2 Doctors

Change over for ST1 trainees (if undertaking 4/12 posts)

## **May**

5th meeting with GP ST1 trainee

Trainee allocations completed by NIMDTA

## **May/June**

Educational Supervisors Report

## **ALL YEAR ACTIVITIES –**

Trainee ePortfolio

Trainer Locality Days

Trainer development

- 3 sessions recommended
  - Update training for WPBA/ePortfolio (essential)
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# ESR SUBMISSION & ARCP DATES

2019-20 Year

ESR1 - Submission deadline 16/01/20  
All Trainees (incl OOS & OOP Trainees)

## ST1 TRAINEES INCL OUT OF SYNC & OOP

ESR 2 submission date - 20/05/2020  
ARCP Panel date - 04/06/2020

## ST2 TRAINEES INCL OUT OF SYNC & OOP

ESR 2 submission date - 27/05/2020  
ARCP Panel date - 11/06/2020

## ST3 TRAINEES INCL OUT OF SYNC & OOP

ESR 2 submission date - 03/06/2020  
ARCP Panel date - 18/06/2020

**FORM R'S MUST BE  
SUBMITTED BY ALL  
TRAINEES BY 8TH MAY 2020**



## TOP TIPS!

- ⇒ **Release MSF** - Panel cannot review MSF unless released by GP Educational Supervisor.
  - ⇒ **Encourage reflection**
  - ⇒ The RCGP have advised us that educational supervisors should be aware of **rating the trainee 'as competent for licencing' prior to CCT.**
  - ⇒ Please ensure that you **do not over-link** the number of professional competencies that are linked to any one entry. 1-3 is the general guidance for this.
  - ⇒ **ESR Review** - The end date should be the **same as the last day** in post – This will reduce the additional time required to have adjusted by the RCGP helpdesk involvement.
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## Payments

Please find below some information on payments which you might find helpful:

- **ST2/ST3 Trainer Grant payment - £639.50 per month**

This payment is for Practices who have an ST2/ST3 trainee in the practice., This is paid monthly in arrears at the beginning of each month.

If a Trainee is LTFT the practice is paid the full grant. For trainees that start/finish their placement during the month the payment is made pro-rata.

- **Educational Supervision payments - £500 per 6 months retrospectively**

This payment is for Trainers who supervise a GP trainee during a hospital placement and is made retrospectively in February (covers Aug-Feb) and August (covers Feb-July)

- **CPD Trainer Grant payment - £750 per year retrospectively**

This payment is to support the trainer to attend trainer meetings, buy resources or for CPD required for their role as a trainer.

- **FY2 Payments - £639.50 per month**

This payment is for Practices who have an FY2 trainee in the practice. A payment of £2558 is made at the end of the trainee's rotation covering 4 months at £639.50 per month.

Training practices receive a payment of £144.40 per week for FY2 taster session supervision

- **Out of Hours Payments - £12ph**

Out of hours payments are processed bi-monthly.

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## We love to abbreviate...

AKT	Applied Knowledge Test (Trainee exam)
ARCP	Annual Review of Competency Progression
BSO	Business Services Organisation (formerly CSA)
CbD	Case based discussion (part of WPBA)
CCT	Certificate of Completion of Training
COGPED	Committee of General Practice Education Directors
COT	Consultation Observation Tool (part of WPBA)
CPD	Continuing Professional Development
CSA	Clinical Skills Assessment (Trainee exam)
CSR	Clinical Supervisors Report
DME	Director of Medical Education (Hospital)
ES	Educational Supervisor (GP Trainer)
ESR	Educational Supervisors Report
FY2	Foundation Year 2 Trainee (Hospital Trainee)
GMC	General Medical Council
GPST	General Practice Specialty Training/ Trainee
HSCB	Health and Social Care Board
IDT	Inter Deanery Transfer
L&T	Learning and Teaching
LTFT	Less than full time training
MDU	Medical Defence Union
MRCGP	Member of the Royal College of General Practitioners
MSF	Multi Source Feedback (part of WPBA)
OOH	Out of Hours
OOS	Out of Sync (trainee who is outside Aug-Aug rotation)
PD	Programme Director
PMPL	Primary Medical Performers List
PSQ	Patient Satisfaction Questionnaire (part of WPBA)
RCGP	Royal College of General Practitioners
ROS	Record of session (form)
SLA	Service Level Agreement
WPBA	Work placed based assessment





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