



Contents

	Page
1 Introduction.....	3
2 The Regulatory Framework.....	5
3 The Trainer as Doctor.....	6
- Professional & Personal values	8
- Availability and Accessibility	9
- Clinical Performance	9
- Ability to Communicate.....	10
- Continuing Professional development	11
4 The trainer as Teacher.....	12
- Personal Qualities	13
- Preparation for Teaching.....	13
- Organisation of Teaching	14
- Teaching Abilities.....	14
- Other Opportunities for Learning	16
- Assessment by Peers.....	16
- Formative Assessment.....	16
- Summative Assessment.....	19
5 The Training Practice.....	21
- Premises	22
- Practice Records and Registers	23
- The Practice Team	24
- Practice Management.....	25
- Performance Review	26
- Hospital Services.....	26
- Practice Library and other Teaching Aids	26
- GP principals who are not on full time equivalent NHS contracts..	28
- Trainers and Single-Handed Practices/PMS Practices	28
- Practice Workload.....	29
- Booking Rates for Surgery Consultations.....	29
- Out of hours training.....	30
- The Trainer as Employer	30
- Changes to the status of a training practice	30

6	Trainer Selection Procedure	31
7	Selection of Doctors for Vocational Training Schemes and Stand-Alone GP Register Posts	36
8	Accreditation	37

Appendices

1	Joint Committee database of approved trainers	38
2	JCPTGP Visits The Confidentiality of patients' records	39
3	Suggested Trainer Selection Review Procedure	41
4	Unsuccessful applicants - model letters	44

Introduction

This booklet describes the criteria for the selection of general practice trainers and the systems that should be in place in deaneries for making those selections.

The period spent as a GP Registrar in general practice is one of the most important in a doctor's professional life. It should provide the opportunity for the GP Registrar to expand on and develop previously acquired knowledge and skills and to adapt these to the practise of clinical medicine within general practice. The experience should ensure the acquisition of the knowledge, skills and attitudes essential for providing proper standards of medical care in general practice. Trainers should be selected by judging the extent to which they and their practices provide the environment and opportunities for this learning to take place.

Every Deanery should have a General Practice Education Committee (Deanery Committee) set up by, and accountable to, the Dean. The Deanery Committee should select trainers in compliance with Joint Committee guidelines and recommend to the Committee that they be approved for general practice training. The Deanery Committee should represent service and education interests and should also be responsible for selecting hospital posts for GP training.

The Committee publishes these guidelines to ensure UK-wide comparability in the training and education leading to the issue of vocational training certificates. Deaneries act as the agents of the Joint Committee in the visiting and selection of individual GP trainers. The implementation of these guidelines will indicate to the public, profession and the health departments the standards which they can expect of training for general practice.

The Joint Committee's own programme of visits to accredit deaneries' provision of vocational training is a central part of its standard setting function. The Committee's visiting teams scrutinise the systems in place for the selection of GP trainers and inspect in detail a small number of the training practices attached to a Vocational Training Scheme (VTS).

Doctors who train as GP Registrars in JCPTGP approved training practices are eligible to sit the examination leading to membership of the Royal College of General Practitioners (RCGP)

The organisation and delivery of general medical services has changed considerably over recent years and the pace of change shows no sign of abating. The Joint Committee is aware of the resultant pressures on training practices all of which must continue to demonstrate flexibility and commitment in order to maintain high quality training and ensure that new entrants to general practice are fully prepared for the challenges that face them.

Revalidation for GPs

The JCPTGP supports a link between trainer approval and revalidation. Namely that evidence of approval as a trainer will be an important part of a doctor's revalidation portfolio. Work is ongoing to map the JCPTGP's trainer approval criteria onto Good Medical Practice for GPs with a view to remedying any mismatch.

Armed Services

Provision is made in the Armed Services for training programmes in hospital and general practice. Training practices and trainers in the Services are selected by the Armed Services General Practice Approval Board which, for this function, is analogous to the Deanery Committee referred to throughout this booklet.

Joint Honorary Secretaries, February 2001

The Regulatory Framework

The Joint Committee was set up by the profession in 1976 to monitor the quality of vocational training for general practice. When the Vocational Training Regulations under the National Health Service Acts were introduced, the Secretaries of State for Health in the United Kingdom designated the Joint Committee as the body responsible for assessing the training and experience of doctors applying for certificates of eligibility to practise as principals in the National Health Service. The Joint Committee was also given the responsibility for issuing those certificates, called Certificates of Prescribed and of Equivalent Experience.

In 1994 the Joint Committee was confirmed as the Competent Authority under European Union Council Directive 93/16/EEC, known as the European Directive. This Directive governs the free movement of doctors throughout the social security systems of the EEA.

The 1997 NHS (Vocational Training for General Medical Practice) Regulations (1998 Regulations in Scotland and Northern Ireland) (the 1997 Regulations) gave the Joint Committee responsibility for approving all training posts for general practice, both in hospitals and in training practices throughout the UK. The Joint Committee's recommendations on the selection of hospital posts for general practice training are described in a separate booklet.¹

The Joint Committee asks deaneries to act on its behalf in the selection of GP trainers, but it is ultimately responsible for giving formal approval to their appointment. By vesting the approval of GP trainers with the Joint Committee, the 1997 Regulations make it understood that the Joint Committee has the power not to approve and to withdraw approval of individual trainers at any time.

¹ The Selection of Hospital Posts for General Practice Training JCPTGP 2001

The trainer as doctor

The attributes of the trainer as a doctor will include:

- a high standard of professional and personal values in relation to patient care
- appropriate availability and accessibility to patients
- a high standard of clinical competence
- the ability to communicate effectively
- a commitment to personal, professional development as a clinician
- a commitment to audit and peer review
- sensitivity to the personal needs and feelings of colleagues

The greatest influence on GP Registrars is the example presented by their trainers as doctors. For this reason, trainers must be enthusiastic, competent and caring general practitioners working in well-organised practices. Most of a GP Registrar's learning will derive from seeing, and contributing to, good quality patient care.

A trainer is a general practitioner who provides personal, primary and continuing care to individuals, families and the practice population, irrespective of age and gender. Trainers and their practices should offer GP Registrars the opportunity to acquire, under supervision, the abilities of the sound general practitioner.

Deaneries should take into account many factors when considering an application to become a trainer. Some are measurable and include the length of experience as a principal, the appropriate maximum age for first and for subsequent appointments and the practice list size and workload. These biographical and organisational factors are easy to measure and may in the past have been over emphasised. Other desirable professional qualities are equally important though not so easily measurable. The Joint Committee encourages deaneries to continue to develop ways of evaluating these characteristics and expects to see them described in a deanery's own criteria for determining a doctor's suitability to be a trainer.

The nature and quality of clinical work done outside the practice may be a consideration in trainer selection. The contribution made by the applicant and/or partners to local and national professional organisations can be an indicator of commitment to and enthusiasm for education. However, this activity and others must not so reduce the trainer's available time that either clinical contact with patients becomes inadequate or teaching time is eroded.

Professional and Personal Values

The general practice trainer should:

- demonstrate a commitment to the professional guidance contained within the GMC publications "*Good Medical Practice*", "*Maintaining Good Medical Practice*", "*Good Medical Practice for GPs*" and "*The Doctor as Teacher*".
- demonstrate an enthusiasm for general practice
- be committed to providing a good, comprehensive and continuing service to patients. This will include an ability to use limited resources to the best effect. The trainer should see himself as providing a service, including preventative health care, to the practice population and should encourage patients to be self-reliant where appropriate.
- be of good professional standing with colleagues
- treat information about patients as confidential, following GMC guidance if, in exceptional circumstances, he believes that information should be passed on without first obtaining the patient's consent.
- be committed to audit and regard it as an important tool of quality assurance not as an end in itself.

Availability and Accessibility

A doctor's availability is determined by the ease with which patients can be seen within a reasonable time for urgent and non-urgent matters. A training practice should provide readily available out of hours emergency cover and partners should be available at specified times for surgery consultations and telephone advice.

The general practice trainer should:-

- be able to show the value of a well-run appointment system and other methods of access flexible enough to allow patients to be seen immediately when clinically necessary
- be able to demonstrate effective arrangements within the practice for home visiting and for services such as maternity, family planning, child health and health promotion.
- ensure that suitable arrangements are in place for GP Registrars to receive educational experience in out of hours general practice, in accordance with Joint Committee guidance.

Clinical Performance

Clinical competence in a trainer is essential, but its measurement is difficult and depends not only on the adequacy, depth and range of the doctor's knowledge, but also on various skills.

Clinical competence includes:

- skill in eliciting information and making decisions during consultations.
- dealing effectively with acute problems as well as caring for those of longer duration; it plays a part in the effective prevention of many diseases.

- the ability to integrate physical, social and emotional factors in assessment and in management and a recognition of when to involve other members of the primary health care team, hospital-based colleagues and other agencies
- being able to prescribe effectively and economically
- the ability to keep concise, informative and well-organised clinical records.
- having an understanding of cost effectiveness when making referrals to secondary care and in the use of laboratory and x-ray facilities.

Trainers should be willing to have their clinical abilities reviewed by their peers. A variety of indicators and methods of clinical performance exist, including the examination for membership of the RCGP, other postgraduate diplomas and participation in a programme of continuing medical education. The continuing review of a doctor's clinical performance in the practice setting is particularly valuable. The Joint Committee will expect each deanery to recognise the importance of clinical competence and to use a variety of sources of information in the review of all applicants for selection or re-selection.

Ability to Communicate

The general practitioner shares information and decision-making with patients during the consultation. A general practitioner's work also involves communicating and co-operating with practice partners, primary health care team members, hospital colleagues and other local agencies.

The general practice trainer should:

- have good interpersonal skills and be able to relate well to the GP Registrar, colleagues and patients both face to face, on the telephone and in writing
- be able to communicate effectively within the consultation and outside it
- be able to help a GP Registrar develop effective communication skills

Continuing professional development

A hallmark of the good general practitioner can be seen in the importance that he attaches to personal professional development and continuing medical education.

Training practices should have readily accessible up-to-date clinical and educational books and journals.

The general practice trainer should:

- be required to demonstrate ways in which he organises his own CME through a personal development plan
- be required to demonstrate that he is willing to subject himself to performance review and to critical examination as a clinician
- be familiar with current medical literature and its implications for both general practice and general practice teaching
- maintain a portfolio of learning as a teacher and a doctor

The trainer as teacher

The qualities of the trainer as a teacher will include:

- a personal commitment to teaching and learning
- an understanding of the principles and theory of education applied to medicine
- practical teaching skills
- a willingness to develop further as a clinical teacher
- a commitment to audit and peer review related to teaching
- the ability to use formative assessment and construct educational plans
- the ability to facilitate the summative assessment process

Enthusiasm for general practice, for learning and a willingness to develop further as a clinical teacher are essential characteristics of the general practitioner trainer. A GP trainer requires additional knowledge and new skills over and above those of non-teaching colleagues. A contribution to vocational training activities outside the practice, for example, the local day release course, also signifies commitment to teaching.

Personal Qualities

The general practice trainer should:

- demonstrate an enthusiasm for teaching and for motivating the GP Registrar
- appreciate the need to monitor and regularly discuss, with the GP Registrar and with peers, the progress of teaching
- demonstrate an open and honest relationship with the GP Registrar.

Preparation for Teaching

A general practitioner should prepare carefully for the teaching responsibilities of a trainer. Other teaching experience, for example, with medical students or with other health professionals, would be of benefit.

The general practice trainer should:

- attend trainers' courses and workshops
- be knowledgeable about the literature of general practice
- be able to state his teaching aims, the methods to be employed to achieve them and how he will assess whether or not those aims have been achieved.

Organisation of Teaching

A trainer will be expected to know and fully accept the responsibilities which the appointment will bring. The content of teaching throughout a GP Registrar attachment will relate to the individual needs and aims identified by the trainer and GP Registrar. These form the basis upon which the teaching programme is planned and the weekly timetable arranged.

The general practice trainer should:

- ensure that an appropriate amount of time is set aside each week for teaching. This should be the equivalent of at least two sessions per week.
- ensure that a proportion of teaching time is set aside for undisturbed discussion between trainer and GP Registrar
- ensure that when, for whatever reason, the trainer will be away from the practice for a significant amount of time, arrangements are made for a named principal (ideally another trainer) to provide appropriate cover.

Teaching Abilities

Certain skills and the ability to apply them are fundamental to success in education. The Joint Committee recognises the difficulties of determining the teaching ability of trainers but it is of vital importance for the GP Registrar's learning during the training practice year that deaneries assess these abilities. Deaneries should state their expectations of trainers in terms that can be assessed.

The general practice trainer should:

- be able, in consultation with the GP Registrar, to identify the GP Registrar's initial and continuing learning needs
- ensure that the GP Registrar is properly supervised
- use and develop a range of teaching and assessment methods and demonstrate their use.
- continuously monitor the GP Registrar's experience to ensure that learning from the management of acute and long-term problems, and from out of hours care and in emergencies is balanced by preventive work and by education about practice management, health promotion, continuity of care and care of the dying.
- develop a GP Registrar's skills in consulting and in decision-making
- encourage the GP Registrar to direct his own learning, develop self awareness and logical and critical thought
- understand how self-audit, performance review and research projects are conducted and hence provide opportunities for GP Registrars to become familiar with the principles of, and participate in, medical audit

Other Opportunities for Learning

The contribution of other partners and members of the primary health care team to the GP Registrar's education is important, as is the use that is made of other local facilities for learning such as hospital outpatient departments and local authority services.

The general practice trainer should:

- release the GP Registrar to attend local half-day/day release courses on a regular basis
- encourage visits to different types of practice (e.g. rural, urban, teaching and non-teaching).
- encourage the GP Registrar to take part in all practice activities including, where appropriate, partnership meetings.
- be able to assist a GP Registrar with preparation for the examination leading to membership of the RCGP.

Assessment by Peers

Trainers should be willing to submit to peer appraisal and from an early stage should encourage GP Registrars to adopt a similar critical approach to their work.

Formative Assessment

There are a variety of techniques, both formal and informal, for assessing a GP Registrar's progress. Assessment methods include checklists, rating scales, logbooks and examination techniques as well as more informal methods using video and audio consultations and sessions when GP Registrar and trainer consult jointly. The Joint Committee expects deaneries to develop their own policies for formative assessment, the methods that are used and how they are used.

The general practice trainer should:

- ensure that formative assessment forms a regular and continuing part of the registrar year
- jointly with the GP Registrar assess the Registrar's training needs at the start of the programme and regularly reassess these needs through the training period. This assessment should cover appropriate aspects of knowledge, skills and attitudes. Educational goals and curriculum should be planned in the light of regular assessment.
- regularly review a GP Registrar's consultation skills either by direct observation or on video.
- be able to justify and demonstrate the results of the assessments against objectives.
- discuss regularly with the GP Registrar how clinical and management problems have been handled.
- at agreed intervals carry out detailed reviews of the GP Registrar's progress.
- keep a contemporaneous written record of training and assessments to ensure that all important aspects of the training programme have been covered.
- ensure that the GP Registrar also keeps a written record of training and assessments
- through the formative assessment process, identify potential problems at an early stage and discuss them with the director or his representative at the deanery office to ensure that any necessary remedial training can be arranged.

Methods of formative assessment include:

Pre appointment: structured interview
 pre employment objective assessment (MCQ, PEP etc.)
 structured reference

Early in post: confidence-rating scales
 attitudinal questionnaires
 sitting in
 review of consultation record
 video analysis
 feedback from patients, colleagues and staff

Ongoing assessment: random case analysis
 problem case analysis
 preparation of teaching sessions
 video analysis
 MCQ
 Manchester Scales
 project and audit work
 practice exchange
 tools to identify learning need e.g. Patient Unmet
 Need (PUN) and
 Doctors Need (DEN) exercises
 feedback from half day/whole day release
 programme
 feedback from patients, colleagues, staff

Summative Assessment

Summative assessment of all GP Registrars became mandatory by law in 1998. It serves a number of purposes. Firstly it ensures that patients are provided with the protection of knowing that all doctors who complete general practice vocational training will have had their competence assessed to a national standard. Secondly, it protects GP Registrars by providing a route to extra training if this is required to meet the national standard. Lastly, it lifts the burden from trainers of being the sole assessor.

The Joint Committee is responsible by law for deciding on the content and the method of assessments. The Committee also has a duty to publish that information.

The Committee has decided the summative assessment should be implemented in each deanery to a national standard and that all methods will be monitored by the Joint Committee through the National Summative Assessment Board (NSAB) which is a sub committee of the Committee of General Practice Education Directors (COGPED).

General practice trainers should:

- understand and support the process of summative assessment and be able to understand and explain its purpose
- know about the various methods of summative assessment and their availability in their own deanery
- assist the GP Registrar through the process of summative assessment, providing the necessary support and facilities

- be honest and objective when assessing the performance of the GP Registrar. Patients may be put at risk if a trainer confirms the competence of a GP Registrar who has not reached a satisfactory standard of practice.
- have a thorough knowledge of the relevant sections of the NSAB's *Protocol for the Administration of summative Assessment*, of current deanery procedures and of the legislative framework both of summative assessment and of the national guidelines regarding extra training. Trainers should also be fully aware of the Joint Committee's policy regarding "professionally led" summative assessment and their deanery's own procedures and policies.
- not allow preparation for summative assessment to dominate educational activity in the training practice.

The training practice

A practice suitable for training have:

- partners and staff who practise a high standard of medicine and who are committed to vocational training
- good quality practice premises
- an effective primary care team
- involvement in quality assurance
- well organised practice records and registers or their computerised equivalents
- an appropriate level of computerisation of records with systems that meet with NHS approval; computer use should be integrated into consultations
- effective practice management
- appropriate availability of hospital services
- a practice library and other teaching aids, including a video recorder, to facilitate formative and summative assessment
- a volume of practice workload which ensures a balance for the GP Registrar between the gaining of clinical experience and other opportunities for learning.
- appropriate methods of responding to patient comments and complaints

Good practice organisation facilitates a high standard of patient care and can have a strong influence on GP Registrars who can learn much from day to day contact with practice managers, secretaries, reception staff and other members of the primary health care team. The practice should be able to adapt its services to the changing needs of the individuals and communities it serves.

To ensure that protected time for teaching is not compromised, a trainer who is supervising a GP Registrar would not be expected to devote a significant amount of time to supervising others such as retainers, PRHOs or medical students.

Premises

Premises should:

- be adequate for the numbers of patients served
- have an appropriate number of consulting rooms to ensure that the GP Registrar is able to consult during the same surgery sessions as the trainer or other partners
- if at all possible, provide the GP Registrar with his own consulting room
- have adequate medical equipment readily available for the GP Registrar. The practice should have its own video equipment.
- as far as is possible, provide a welcoming and comfortable environment for patients with informative and up to date leaflets and posters displayed in communal areas.
- comply with health and safety requirements.

Practice Records and Registers

Well organised practice records enable GP Registrars to make more efficient use of their time and of clinical information. They provide the basis for teaching, for audit and for research projects. Deaneries should set and publish minimum targets for the achievement of summaries in medical records. Records should be used at all doctor-patient contacts within the surgery and during home visits and in the development of preventative medicine and health promotion.

Training practices should make appropriate use of information technology. Some practices have advanced IT systems and are “paperless”. Deaneries should ensure that electronic systems meet the requirements described below and that GP Registrars are provided with adequate training and support. Deaneries must also ensure that GP Registrars are provided with training in traditional methods of recording.

It is important that standards of record keeping are maintained at a high standard during the transition to a “paperless” practice and that the transition is carefully managed.

Systems should be in place to ensure that everyone in the practice team understands the format of practice registers and records; what is retained electronically and what retained in paper form.

Medical records should comply with the following criteria:-

- they should be readily available and adequate for teaching purposes and should allow the process of care to be easily followed by a doctor in training
- records of clinical notes, letters and the results of investigations should be available in date order

- long term drug therapy should be clearly discernible in the records,
- a record should be made at each doctor/patient consultation.
- written records should be legible
- each patient record should contain a summary of important past events. There must be a clear and effective system for updating these summaries.
- a paper or electronic copy of all referral letters (except emergency referrals when an entry to the record should be made if no copy of the referral letter is available) should be available in the notes as should records of out-of-hours consultations and referrals.
- if significant events are recorded on computer, the practice must provide the GP Registrar with access to a desk top computer from which prescribing, health promotion and significant morbidity data can be extracted

The Practice Team

The importance of the primary care team in providing a full range of services to patients has been given greater emphasis by organisational changes to the NHS. This multi disciplinary approach in the successful training practice should be applied to the education of GP Registrars.

All who work in and with the practice should share its commitment to vocational training and provide support for the trainer to ensure that his obligations to the GP Registrar are fulfilled. The level of staffing within the practice should match its workload and include receptionists and/or secretaries. Regular contact, both formal and informal, with health visitors, community nurses and other members of the primary health care team will enable GP Registrars to appreciate the contribution that these groups make to patient care. Likewise, practice nurses, attached or employed, will often make a significant contribution to patient care and to GP Registrar learning.

All practice staff including the GP Registrar should take part in regular team meetings and be able to communicate effectively with each other on a daily basis.

Practice Management

The organisation of the practice must facilitate the GP Registrar's supervision and learning within and outside the practice.

The practice should:

- ensure that the partners are available and accessible
- have policies for home visiting, continuity of care for patients, emergency care and out-of-hours cover
- make provision for preventive care and health promotion including child surveillance and, where appropriate, minor surgery
- be organised to ensure that the GP Registrar obtains satisfactory, supervised experience of all aspects of out-of-hours work. If a practice uses a deputising service, proper arrangements should be made for the GP Registrar to obtain the relevant supervised experience
- have a well run appointment system as well as alternative methods of access to its services, flexible enough to allow patients to be seen immediately when clinically necessary.
- be able to provide teaching on Terms and Conditions of Service, the Statement of Fees and Allowances, the principles of management, communication within the primary care team, business methods, medical budgeting and practice accounts. Teaching should also cover the economic aspects of health care both within the practice and in the local organisation of health services, for example, in cost effective prescribing and the use of health service resources

- enable the trainer to demonstrate from within the practice the management of change, teamworking, leadership, appraisal and evaluation.

Performance Review

The practice and GP trainer should regularly review both the organisational and clinical aspects of their practice. They should therefore be able to demonstrate appropriate plans for monitoring such activities as repeat prescribing, immunisation programmes and care of patients with chronic diseases.

Hospital Services

Direct access to x-ray laboratory and other services and referral for specialist advice enable the GP Registrar to develop skills in making the proper use of health care resources outside the practice.

Facilities should be available to review the GP Registrar's use of laboratory and hospital referral services

Practice Library and other Teaching Aids

All GP Registrars should have access to a postgraduate library service with a full range of general practice literature. All teaching practices should have a comprehensive, catalogued library together with a number of other teaching and learning resources.

A training practice should have available a minimum of one up-to-date text book in the following categories:

- **Clinical areas**

Therapeutics	General Medicine	Emergency Medicine
Dermatology	Child Health	ENT
Ophthalmology	Immunisation	Family Planning
Psychiatry/Psychology	Women's Health	Minor Surgery
Obstetrics		

- **Consultation skills**

- **Practice Management/management finance**

- **Clinical Governance**

Medical Audit	Clinical Governance and Research
---------------	----------------------------------

- **Medical Ethics**

- **MRCGP examination and summative assessment**

Other important journals and browsing papers are the BMJ, BJGP and RCGP occasional papers.

A training practice should also have teaching and learning aids:

- video camera and video recorders
- distance learning material
- audio recorders

The practice should also have at least one computer terminal with CD Rom access and easy access to email and the Internet.

The GP trainer should be able to use all of the equipment in the practice library including the video recorder and be able to demonstrate its use to the GP Registrar.

Deaneries should ensure that GP registrars have been exposed to training in IT to a reasonable standard and arrange training at either a local or deanery level to rectify gaps in proficiency.

GP principals who are not on full time equivalent NHS contracts

The JCPTGP encourages the appointment of part time principals as trainers, and regards this as particularly appropriate when the GP Registrar has, himself, a part time/flexible contract. It is, however important that:

- the support structures within the practice are adequate
- the trainer can demonstrate that he is able to provide an adequate level of supervision

Trainers and single-handed practices/PMS practices

GP Registrars should gain a range of experience that is sufficiently broad to equip them to work as independent principals in a wide variety of practice settings. The Joint Committee does not seek to restrict GPs in certain types of practice from becoming GP trainers, however it allows deaneries to exercise discretion in respect of local

arrangements which may, for example, dictate that a GP Registrar who trains in a single handed practice should also have experience in a larger practice. Those who train in a PMS practice should also experience work in a GMS practice.

Practice Workload

The Joint Committee does not recommend an upper or lower limit for list size. The workload of a practice is an important factor and there has to be a balance between ensuring, on the one hand, that the practice can give adequate time to its teaching commitments and, on the other, that it can provide sufficient clinical experience comparable with that of the average general practice.

Booking Rates for Surgery Consultations

In all approved training practices the booking rate for GP Registrars at the start of training should normally be significantly lower than the norm and probably well over ten minutes.

To ensure exposure to the actuality of consulting rates by the end of training, the rate should increase towards the practice norm as the GP Registrar becomes more experienced.

In all practices there must be sufficient flexibility to accommodate emergencies and late appointments. A system for urgent cases should interfere as little as is reasonably possible with the pre-booked appointments' system.

Trainers should not expect GP Registrars to consult at a faster rate than principals even at the end of their training.

The Joint Committee recognises that not all practices have appointment's systems.

Out of hours training

Whether the training practice uses a deputising service, a co-operative service or covers its own patients, a GP trainer should ensure that the GP Registrar sees and experiences a wide variety of different methods for providing out of hours care, including night and weekend duties. The involvement of GP Registrars in out of hours care duties should be planned and seen as a constructive educational experience.

The Trainer as Employer

All employees including the GP Registrar must have a contract of employment.

Trainers are expected to be aware of the legal obligations of employers, and to assist the GP Registrar in obtaining entitlements under the Statement of Fees and Allowances. Trainers are expected to understand equal opportunities legislation and other relevant statutory policies.

Changes to the status of a training practice

Trainers in a training practice that undergoes major change, for example transfer from GMS to PMS should be subject to a re-selection procedure.

Trainer Selection Procedure

All trainers must be formally appointed and be subject to re-selection at set intervals. Principals who wish to become trainers in general practice should apply to the Director of Postgraduate General Practice Education (Director) who will make arrangements for the practice to be visited and for the applicant to attend a selection interview.

The Deanery General Practice Education Committee (Deanery Committee) selects trainers, ensuring that local knowledge is used and appropriate local guidelines adhered to. The Deanery Committee is set up by the Postgraduate Dean, in consultation with the Director and constituted to have representation from all the organisations involved in general practice training in the Deanery. Representation on the Committee should, therefore, normally include the Postgraduate Dean, the Director, Associate Advisers and/or Course Organisers, GP Trainers, Hospital Trainers, GP Registrars, Local Medical Committees and RCGP Faculties.

Deanery Committees recommend to the Joint Committee that trainers be approved by the submission of an Annual Report to the Joint Committee containing a list of the trainers recommended for selection together with their GMC number. In submitting its Annual Report to the Joint Committee a Deanery will inform the Joint Committee of its recommendations on trainer selection and the Joint Committee will “de facto” approve the appointment of those trainers.

When the approval period for a trainer expires the trainer should undergo a re-selection process to ensure that Joint Committee criteria are still being met.

New trainers should be members or fellows of the RCGP¹. Trainers seeking re-approval who are not members or fellows of the RCGP must demonstrate their commitment to the maintenance of high standards and to the discipline of general practice in other ways. The RCGP does not have reciprocal arrangements with overseas bodies in respect of its membership examination and possession of a non UK postgraduate qualification in general practice will not normally exempt new trainers from the requirement to be members or fellows of the RCGP.

Applying to be a trainer

- Every deanery should have a formal application procedure and written criteria for trainer selection.
- Applications should be made on a standard form designed by the deanery, giving personal details, and information about the practice - its composition, organisation and work undertaken.
- Applicants should be given an opportunity to provide details of anything that could be relevant to their appointment as a trainer, including the unfavourable findings of any disciplinary hearing.
- Applicants should be sent a copy of the Joint Committee and deanery criteria for trainer selection together with an outline of the procedures that are used by the deanery to assess doctors for selection and re-selection as trainers. At this stage, doctors can be asked to provide evidence that they can fulfil these requirements.
- Arrangements should be made for a practice visit and interview. The applicant should be told how long the visit will take and given information on the composition of the visiting team, which practice

1. This means members or fellows in good standing

staff the visitors will wish to meet and the aspects of the practice which are to be examined. Details of the composition of the Deanery Committee, which will make the final decision on selection, should also be included. The practice visit has two distinct functions: firstly, to assess the suitability of the practice for training and secondly to assist the applicant in identifying areas for change. Many deaneries undertake these functions in two separate visits

- The deanery's arrangements for making and notifying the applicant of its final decision on selection or rejection should also be clearly stated and the applicant should be made aware of the deanery's own internal appeals procedure.
- Interview Panels should be cognisant of equal opportunities legislation
- A successful first applicant may be appointed as a trainer for a period of up to two years. Thereafter periods of re-selection should normally be for three years and some trainers may be appointed for shorter terms to encourage identified, improvements in aspects of their teaching and practice. Where problems occur due to changes in the practice or the teaching there may be grounds for suspension under the terms of the Statement of Fees and Allowances and the deanery should publish the grounds on which suspension will take place (again including the right of appeal).

Re-Selection

Trainers seeking re-selection by the deanery and re-approval by the Joint Committee will be expected to demonstrate that they and their practices continue to meet the Joint Committee and deanery criteria for selection and that earlier recommendations have been acted upon. Account will be taken of alterations in the partnership, premises and practice organisation that might affect the trainer's capacity to teach. Re-selection will depend upon the quality and range of the experience provided by the trainer and the practice, and the enthusiasm and care with which the training responsibilities have been met. Adequate assessment of a trainer's performance cannot be made without regular practice visits.

Deaneries should ensure that adequate time has been given to teaching, that an appropriate range of teaching methods have been used and that GP Registrars have been offered experience of performance review and clinical audit. Selection committees will expect trainers to provide evidence of their continuing development both as doctors and as teachers and should show evidence of regular contact with the course organiser (associate adviser in Scotland) and participation in educational activities outside the practice including trainers' courses and workshops. A willingness to allow both clinical and teaching performance to be assessed is an important indication of the trainer's desire to maintain and improve his teaching skills.

Deaneries should consider whether the reasonable expectations of past and present GP Registrars have been met and whether the training has been of good quality and the organisation of teaching satisfactory. Information and opinion from GP Registrars is of value in this assessment.

Satisfactory evaluation of a trainer's performance should include observation of clinical and teaching activities. A written evaluation of the educational experiences in the training practice from course organisers and GP Registrars is most important.

Non selection of a trainer

The Joint Committee is responsible by law for approving the appointment of GP trainers. In practice it asks deaneries to act as its agents in selecting and re-selecting trainers.

In England, Wales and Northern Ireland¹ the Vocational Training Regulations lay down an appeals procedure whereby a doctor who the Joint Committee does not approve as a trainer can appeal to the appropriate Secretary of State

The Joint Committee advises deaneries to have in place a local review procedure^{2/3} to be used in advance of a trainer approaching the Joint Committee for further consideration of his application and before making an appeal to the Secretary of State.

If, after exhausting its own local review procedure, a Deanery Committee decides not to select/re-select a trainer then the Director should send a standard letter³ to the applicant informing him of the Joint Committee's responsibility by law for the approval of general practice trainers and of his statutory right of appeal to the Secretary of State.

If an applicant then chooses to apply to the Joint Committee for his application to be formally considered, the Joint Committee will, after due consideration, take the final decision to approve or not approve a trainer and will inform him in writing giving both its reasons and further details on how to lodge an appeal with the Secretary of State.

1. There is no right of appeal to the Secretary of State for GP trainers in Scotland. Regulation 7(4) applies to England, Wales and Northern Ireland only
2. A suggested local deanery appeals procedure is found in appendix III
3. Examples of the proforma letters to be used are found in appendix IV

Selection of Doctors for Vocational Training Schemes and Stand-Alone GP Registrar Posts.

The procedures for the advertising and appointment of GP Registrars are described in the NHSE publication *The GP Registrar Scheme: Vocational Training for General Medical Practice; The UK Guide*, which covers England, Northern Ireland and Wales, and in equivalent guidance for Scotland. These are:

- All vacancies should be advertised nationally.
- Every deanery should have a formal application and interview procedure with written criteria for selection, including a person specification. The criteria used should be specific, objective and measurable.
- COGPED criteria should be used when selecting a GP Registrar.
- All those involved in the selection of GP Registrars should be appropriately trained.

It is Joint Committee policy and is now also the policy of all deaneries that deanery organisations should be involved in making all appointments and that the quality standards for such appointments should be consistent. Trainers should be directed by deanery and Joint Committee advice in this area.

Accreditation

The Joint Committee's programme of visits to accredit deanery provision of vocational training is a central part of its standard setting function¹. The Committee's visiting teams assess the systems in place for the selection of GP trainers.

Visits take place on a three yearly basis and are carried out by a team of three senior and trained GP educationalists.

Because the Joint Committee's visits encompass all training posts but review in detail only a sample, the visitors will seek evidence of the success of the Deanery's systems for the selection and re-selection of trainers. Each Deanery must be able to demonstrate that it has in place systems which take account of the Joint Committee quality standards, described in this guidance. An inspection visit to a practice will examine training and patient records and inspect premises. Visitors will also interview trainers, GP Registrars, other members of the primary care team and support staff.

As a result of its visits the Joint Committee will accredit the selection systems for general practice training for three years. Accreditation may be given for shorter periods of time if the visiting programme identifies significant problems with systems. The decision to re-instate a three year accreditation period will be taken as a result of assurances obtained in the course of the Joint Committee's follow up reporting procedures.

If a visiting team from the Joint Committee finds evidence that a training practice is not meeting the required standards, then it will indicate its concerns, and will give a finite time in which they are to be addressed. If convincing evidence is not forthcoming either on further inspection or by assurances from the Deanery that the Committee's requirements have been dealt with then general practice training approval will be withdrawn.

1. The JCPTGP publication *Visits to Accredited General Practice Vocational Training*. JCPTGP 2000 describes the visiting process in general



APPENDIX I

Joint Committee Database

Database of approved trainers

The Joint Committee requires each Deanery to supply it with details of all selected trainers. This information should be provided on standard database software.

The information fields are:-

- Deanery
- Name of Trainer
- GMC Number
- Address of Training Practice
- Date of first selection
- Date of most recent re-selection and its expiry
- Old or new mechanism



APPENDIX II

JCPTGP Visits The Confidentiality of patients' records

During its accreditation visits JCPTGP visitors inspect a sample of patient records in both hospitals and GP training practices.

The JCPTGP's policy on the confidentiality of medical records is informed by the GMC's guidance *Confidentiality: Protecting and Providing Information*, October 2000 and by the Department of Health's Health Service Circular, January 1999, in which are summarised the recommendations of the Caldicott Report on the confidentiality of patient information and the attendant responsibilities of NHS organisations.

JCPTGP policy is as follows:-

That all its visitors, medical and lay, are bound by the rules of confidentiality included in the JCPTGP's guidance to all visitors.

For trusts

In relation to its visits to Trusts, the JCPTGP acknowledges that the responsibility for the proper disclosure of information is that of the Trust's own Caldicott Guardian.

The Joint Committee will ask directors of postgraduate general practice education, when liaising with the Trust Chief Executive to plan a JCPTGP visit, to ensure that the Caldicott Guardian for that Trust is content to define the JCPTGP as a 'partner organisation'.

Trusts should also be fully informed of the purpose and nature of the JCPTGP visit (The JCPTGP already produces an information sheet which is sent to all those in the Trust who will participate in a visit, in advance of the visit).

GP practices

In relation to its visits to training practices, the JCPTGP acknowledges that the responsibility for the proper disclosure of information is that of the practice's own Caldicott "lead". However because in this area the JCPTGP has a particular responsibility, more specific policy should be adopted, as follows:

Patients should have written material informing them of the circumstances in which their records may be inspected. In practice this should mean that this information must be included in a notice clearly displayed at the practice, in the patient information leaflet and on any other publicity information such as a web site.

Non medical members of the JCPTGP's visiting teams

The JCPTGP has agreed that its lay visitors should not be excluded from any aspect of the visit. However because doctors are familiar with, and understand the content and style of medical notes, the Joint Committee, supported by its current lay visitors, believes that at the current time the respective skills of the visiting team members would be better utilised if the medical members of the team took responsibility for the scrutiny of records.



APPENDIX III

Suggested Trainer Selection Review Procedure

If the trainer selection panel decides not to select or re-select an applicant:

1. The applicant is informed of this decision in writing by the Director of Postgraduate General Practice Education or his Deputy. This letter will include the following:
 - a. Specific reasons for the decision.
 - b. An invitation to meet the Director or his nominee for further discussion about the reasons for non selection or re-selection and to plan any remedial action by the applicant that might result in a more favourable decision in future.
 - c. Advice to re-applicants that they should now not appoint any further GP registrars until the matter has been finally resolved.
 - d. Advice to the applicant that he may appeal against the decision of the trainer selection panel and that if he wishes to exercise this right he must inform the Director in writing, giving details of the grounds for appeal, within 28 days of receipt of the date of the letter informing him of the outcome of the application.

2. In the event of an appeal being lodged the Director or his nominee will convene a deanery appeal committee of not less than eight members of the Deanery Committee, one of whom must be either the Chairman or the Vice-Chairman of that Committee.

3. This deanery appeal committee will meet not later than 12 weeks after the notice of appeal is received unless there are unavoidable reasons for a longer delay. The applicant will receive not less than four week's notice of the arrangements and will receive copies of all relevant correspondence.
4. The appellant may be accompanied by, but not represented by, a friend or adviser.
5. The deanery appeal committee will be chaired by the Chairman of the GP Education committee, or in his absence by the Vice-Chairman.
6. The deanery appeal committee will re-hear the application and will have available to it the same information as was before the original trainer selection panel. This will include the application and all supporting papers, the Visit Report and the applicant's comments thereon and any comments of the Regional Trainee Sub-Committee. In addition the deanery appeal committee and the applicant will have available the Trainer Selection Panel Interview and Report Form and the letter detailing grounds for the appeal.
7. Having interviewed the applicant, the deanery appeal committee will make a determination based on the evidence before it.
8. The deanery appeal committee will make one of three possible determinations:
 - a. That the Appeal fails and the applicant be not selected or re-selected.
 - b. That the appeal succeeds and the applicant be selected or re-selected for such time and with such conditions as the deanery appeal committee shall decide after advice from the Director.

- c. That the Appeal be adjourned for further evidence to be obtained. This evidence shall be specified and the method of collection agreed by the deanery appeal committee. The deanery appeal committee may then be re-convened to consider the new evidence or it may have previously determined that it will deal with the new evidence without re-convening.
9. The deanery appeal committee's decision will be conveyed to the applicant in writing using a standard letter (see appendix IV).
10. In the event of the deanery appeal committee confirming the decision of the Trainer Selection Panel not to select or re-select the applicant, the applicant will be given notice of the Joint Committee's responsibility for final approval of the application and of the subsequent statutory right of appeal to Secretary of State.
11. An applicant who has failed to be selected or re-selected may not re-apply for a period of 12 months from the date of the final determination of the application without permission from the Chairman of the GP Education Committee advised by the Director.
12. In the case of a re-applicant, once an application has been finally determined, with or without appeal, the responsible health authority or board will be informed in writing of the outcome of that application by the Director. The JCPTGP will also be informed.

This procedure is taken from that developed by, and in use in, the Mersey Deanery



APPENDIX IV

Unsuccessful applicants - model letters

DRAFT MODEL LETTER 1:

to be used by deaneries to inform applicants for selection/re-selection as a GP trainer that they have not been successful, and of their right of appeal to a local deanery appeals committee.

Dear

NHS (Vocational Training for General Medical Practice) Regulations 1997 (England and Wales) [or 1998 for Northern Ireland] - Regulation 7 - Approval of General Practice Trainers

Following your application for selection/re-selection as a general practice trainer and your interview on X date I write to inform you that the trainer selection panel of the Deanery General Practice Education Committee [the name of this committee may be different depending on the deanery concerned] has taken the decision that you should not be selected as a trainer.

The reasons for this decision are as follows:-

- *
- *
- *
- *

You may if you wish ask to meet with your Director of Postgraduate General Practice Education or his nominee to discuss the reasons for your non selection/non re-selection and to plan any action that might result in a more favourable decision in the future.

You should not appoint a GP registrar until and unless you are selected/re-selected as a GP trainer.

You may if you so choose appeal to the Director of Postgraduate General Practice Education against the decision of the trainer selection panel of the Deanery General Practice Education Committee. A local appeals mechanism through a deanery appeals committee is attached as an appendix to this letter.

Yours sincerely,

Director of Postgraduate General Practice Education
X Deanery

DRAFT MODEL LETTER 2:

to be used by deaneries to inform applicants for selection/re-selection as a GP trainer, that they have not been successful at the deanery level appeal; of the role of the Joint Committee and of the right of appeal to the Secretary of State.

Dear

NHS (Vocational Training for General Medical Practice) Regulations 1997 (England and Wales) [or 1998 for Northern Ireland] - Regulation 7 - Approval of General Practice Trainers

Following your appeal against non selection /re-selection as a general practice training on X date I write to inform you that the Deanery Appeals' Committee has upheld the decision that you should not be selected as a trainer.

The reasons for this decision are as follows:-

*
*
*
*
*

You should not, until and if you are selected/re-selected as a GP trainer appoint a GP registrar.

The role of the Joint Committee on Postgraduate Training for General Practice

The Joint Committee on Postgraduate Training for General Practice is the body which, by law, is responsible for the approval of GP trainers. The Joint Committee has delegated this function to your deanery.

Regulation 7(4) of the NHS (Vocational Training for General Medical Practice) Regulations 1997 [or 1998 for Northern Ireland] gives a practitioner the right of appeal to the Secretary of State¹ against a decision to not approve his/her appointment/reappointment or to suspend or remove approval from him/her as a general practitioner trainer. If you disagree with the decision of your deanery, and having lodged and lost an appeal through your local deanery appeals procedure, wish the Joint Committee to consider your application, you should, in the first instance, write to the Joint Honorary Secretaries of the Joint Committee within 28 days of the date of this letter stating your name, GMC number and practice address. You should also enclose:

- a copy of this letter
- a copy of your application for appointment
- a written statement outlining the reasons why you disagree with the decision taken by the Deanery Appeals' Committee

You should address your letter to:

The Joint Honorary Secretaries
Joint Committee on Postgraduate Training for General Practice
14 Princes Gate
London SW7 1PU

1. There is no right of appeal to the Secretary of State for GP trainers in Scotland. Regulation 7(4) applies to England, Wales and Northern Ireland only

The Joint Committee will consider your case and will send you its decision, with reasons, in writing. If the Joint Committee decides not to approve you as a trainer it will send you notification of your right of appeal to the Secretary of State under Regulations 7(5) and 7(6)¹ of the NHS (Vocational Training for General Medical Practice) Regulations 1997 [or 1998 for Northern Ireland]. It will also give you details of to whom you should send your letter of appeal.

Yours sincerely,

Director of Postgraduate General Practice Education
X Deanery

1. Regulation 7(5)

"An appeal shall be made by sending to the Secretary of State, within a period of 28 days beginning with the day on which the decision of the Joint Committee is given to him, or (subject to paragraph (6)) such longer period as the Secretary of State may allow, a notice of appeal containing a concise statement on the facts and contentions upon which the practitioner relies.

Regulation 7(6)

"The Secretary of State may allow a longer period only where he is satisfied that there is reasonable cause for failing to send the notice of appeal within the period of 28 days referred to in paragraph (5)