

*Distribution List: GP Trainers; GP Programme Directors; GP Tutors; GP Mentors;
Practice Managers; Medical Education Managers; FY2 CS and CES Supervisors;
GPR Committee; GP School Board; GP Retainer Doctors and all GPRs*

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NHS Reorganisation

Since our last newsletter the NHS reorganisation has been implemented. Health Education England (HEE) is the new national leadership organisation responsible for ensuring that education, training, and workforce development drives the highest quality public health and patient outcomes.

There are thirteen regional sub-committees including Health Education for Kent, Surrey and Sussex. HEKSS includes KSS Deanery and our existing functions are now part of their activities. HEE is a multi-professional body, and we look forward to extending the work we have done, for example working with our paramedic colleagues, to encompass more joint initiatives with other health professionals with the aim of further improving quality patient care.

HEKSS has identified its leading priorities for improving patient care:

- Development of Primary Care
- Dementia services
- Services for children and young adults
- Accident and emergency Services
- Compassion

To reflect the organisational change Deanery staff have new email addresses: aname@kss.hee.nhs.uk whilst existing aname@gpkss.ac.uk continue to work please record the new format.

In other changes, the National Commissioning Board is now called 'NHS England'. There are four regional offices, with local 'Area Teams' beneath them: Surrey & Sussex is one area and Kent & Medway is the other in our region but we also interface with three other Area Teams along the KSS boundary. NHS England is responsible for supporting CCGs, and quality assuring commissioning decisions made by local Clinical Commissioning Groups (CCGs)

Primary Care

Primary care in England is under significant strain. GPs and their teams are caught on a treadmill of trying to meet demand from patients while lacking time and sufficient and appropriate staff to respond and provide services for their patients. In Kent, Surrey and Sussex's health economy over 22% of GPs (3500) and 20% of Practice Nurses (1800) are over 55 years age. There are large vacancies of practice nurses and health care assistants. The training of student nurses predominantly is in secondary care with little opportunity for them to learn and experience patients with long term conditions and support patients for self-care and health promotion.

Health Education Kent, Surrey and Sussex has acknowledged the above and has made the primary care as one of its top priority. Professor Abdol Tavabie has visited majority of CCGs and introduce the concept of Community Education Providers Network to support education and training of all workforce locally. The HEKSS has negotiated with universities, and they have agreed to train practice nurses as nurse mentors in order to place student nurses in general practice. The following is some of the advantage of Community Education Providers Network:

- Creating capacity for patient services.
- Opportunity to train and develop next generation of workforce locally.
- A solution to premises constraints
- A positive approach to multidisciplinary workforce.
- Improving the provision of training for healthcare working together for local community
- Encouraging the use of limited resources to improve workforce planning and development.
- Enable provider (GP)-led change and improvement
- Improve moral and confidence in working collaboratively

It is likely that 6-8 CCGs will be the early adopters of the model and the GP Department will work with GP Practices to support them to look for local solution of their workforce crisis. Please ask your CCG Clinical lead if your CCG is going to be the early adopter.



GP Trainee Graduation Ceremony

The GP Specialty School was delighted to hold their first Graduation Celebration Event for GPST3 trainees who successfully completed their training and the MRCGP on 24th July 2013.

75 of our GP Trainees attended the celebration event and they were rightly proud and pleased to be completing their training. It was also wonderful to see some of our GP Programme Directors and Trainers who took the time to come along to celebrate this occasion with our trainees.

The GP School recognised the achievements of all GP trainees in completing their training and gave them a Certificate jointly on behalf of the HEKSS GP School and the RCGP Faculties. In addition, we were pleased to be able to congratulate a number of trainees who were presented with Certificates and book tokens for the following award categories:

Award Category	Award Winner
Submission of Evidence of Service Improvement through audit process	Dr Zishan Syed (Maidstone)
Evidence of effective leadership activity	Dr Victoria Poole (Epsom) <i>Joint runner-ups:</i> Farah Jameel (Chichester) & Sharavanan Jeyanathan (EKent)
Most Improved Performance in the MRCGP	Dr Safa Sawa (Worthing)
Overall Highest Performance in MRCGP	<i>Joint winners:</i> Dr Christopher Schoeb (Dartford) Dr Yolande Knight (Brighton & Mid-Sussex)

A number of photographs were taken at the event and trainees agreed that they would like these available on the web site <http://kssdeanery.org/gp-trainees-resources/gpst3-graduation-celebration>

2014 Graduation Celebration Event

We are already planning our next event for our GP Trainees who will complete their GP training after Sep 2013.

SAVE THE DATE:

WEDNESDAY 23RD JULY 2014 – we hope that GP Trainees, Trainers and Programme Director's will save the date in the diary.



Paramedic Practitioner Placements – have you tried one yet?

Feedback on paramedic practitioners is very positive. So what is involved?

The Paramedic programme developed by KSS and South East Coast Ambulance Service (SECAMB) includes taught modules and placements in a range of healthcare settings including two placements in GP, each of eight weeks duration. Three cohorts run per year, and placements are required all over KSS – particularly in Kent and Sussex.

Initially the Paramedic sits in with different clinicians, then

gradually they develop history taking and clinical skills in a supervised environment until they are able to see patients alone, with involvement of the supervising GP either in person or by telephone. Assessments, similar to GP work place based assessments are undertaken and the patient's home is an apt environment to do these as it is where much of their work in the community is based. GP trainees supervising may undertake some of these assessments.

The scheme has been developed such that the GPST3 (or 2 if they are progressing well) can provide clinical supervision and undertake some assessments which are loosely based on the GP work place based assessments. The GP trainer acts as Educational Supervisor, supporting the Paramedic and the GP trainee.

The practice receives a pro rata full trainer's grant. Placements in practices without a current ST3 are possible – the GP trainer would then provide all

the Clinical and Educational supervision. If you're going to be a fallow trainer for a while, might this be for you?

We are looking to recruit new practices to the scheme so that we can accommodate Paramedic across KSS. It is helpful for the paramedic to get to know their local health economy, since they will return to practice in their own locality, and hence will be communicating with the local GPs in this role.

There are introductory days to explain the programme in detail and I am happy to be contacted with any queries directly at any time. There's more information on our website at: <http://kssdeanery.org/general-practice/paramedic-practitioners>

Dr Christopher Warwick
Associate Dean Lead for PP
Placements
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Postgraduate Certificate in Strategic Leadership and Medical Education



The PG certificate Programme was developed in 2011 and 43 GPs who entered Cohort 1 successfully completed the Programme. Cohort 2 has 63 GPs enrolled and **we are now recruiting for Cohort 3. Those interested can contact Sandra Forster (sforster@kss.hee.nhs.uk)**

Dr Bob Ward, Cohort 1 alumni, shares his experience below:

“No matter how busy you may think you are, you must find time for reading, or surrender yourself to self-chosen ignorance.”

Atwood H. Townsend

“If a person studies too much and exhausts his reflective powers, he will be confused, and will not be able to apprehend even that which had been within the power of his apprehension. For the powers of the body are all alike in this”

Maimonides

“These two statements were in my mind as I considered the merits of embarking on the PG Cert. Having been a GP trainer for 21 years and a Programmed Director for 12 years, I had some initial uncertainty as to the gain but the pragmatist won out – the date of my Trainer SEQ was approaching, the aspiration for medical educators to obtain a teaching qualification seemed to be gaining momentum and the study programme was free!

One concern at the outset was a perception that academics are often removed from the real world, their work being hard to apply to the experiences of working with a trainee in the busy world of General Practice, but there was plenty of practical material to explore. Two themes: the concept of the ‘hidden curriculum’ McKimm (2007) – whereby the behaviour, attitudes and environment experienced during training influence and impact upon our trainees and Bloom’s taxonomy (Bloom B S, 1956), focusing on the importance of skills and attitudinal objectives as well as knowledge had a real and immediate impact for me. I was also reassured regarding the quality and quantity of literature relating to “reflective practice” as fostering professional development rather than a sign of undue introspection or insecurity!

Working in a peer study group with the opportunity to read, reflect and learn from others was a great experience. This group, along with a very able

facilitator (Academic Mentor) was to become a great support and encouragement. I was surprised to discover that I enjoyed the rigour involved in the study programme, and particularly the chance to learn from others – I would often sit back in wonder at the quality of work they were producing.

I do not consider myself an academic but this programme was well within my grasp which should encourage a degree of optimism: this is a very achievable programme of study. It has been constructed by experienced medical teachers to be practical and congruent with the requirements of GP education.

Whilst the views of Atwood and Maimonides continue to do battle in my psyche I think Atwood must be ‘winning out’ because I am preparing to embark on the Diploma programme in just a few months’ time!”

Dr Bob Ward

GP Associate Dean West Surrey

If GP trainers are thinking about the programme talk to your Patch Associate Dean to find out more. The next cohort (cohort3) are invited to commit **NOW** – contact Sandra Forster (sforster@gpkss.ac.uk)



Diploma in Strategic Leadership and Medical Education

As described above HEKSS has also developed a Diploma programme leading ultimately to the opportunity to gain a Masters’ Degree.

The Diploma programme includes:

Two compulsory modules: Research Methods
Employee Performance Management (including trainees in difficulty)

One optional module from: Injury Prevention
Resource Management (relevant to commissioning / leadership roles)

We have drawn on the experience gained in developing the PG cert such that the programme is experiential, based on the work trainers do as educators and clinicians, supported by peer learning sets and with a reflective portfolio assessment strategy.

The Diploma has been mapped to Good Medical practice and would make a significant contribution to revalidation requirements.

The Diploma is accredited with Kent University but if you have done a PG certificate with another HEI this can be credited towards your Diploma through a process of Accredited Prior Learning (APEL)

Interested? Speak to Hilary Diack Head of the GP School on hdiack@kss.hee.nhs.uk

Training Matters

Our regular e-bulletins sent to programme Directors provide on-going updates which are shared with GP Trainers. Below are a few key changes:

National Performers List

From the 1st April 2013 a unified National Performers List (NPL) for England has replaced the individual PCT Medical Performers Lists (NPL). GP StRs must be registered on the NPL and information and application forms can be found on <http://www.performer.england.nhs.uk>

- Trainees apply to their Local Area Team to join the list.
- Trainees need to provide a Disclosure and barring service certificate
- Trainees who cannot provide UK residency details for the last 5 years must undergo a Police Home Check
- Trainees now have up to 3 months periods of grace to achieve registration

Foundation doctors and trainees in the Broad Based Training Pilot do not need to register on the NPL.

Single Employer Acute Trust Arrangement for GP Trainees

We are pleased to confirm that the arrangement between HEKSS and lead Single Employer Acute Trusts will continue. In summary, from August 2013 the trainees employed by the Single Employer Acute Trust will be:

- GPST1s (except trainees on the Epsom training programme)
- GPST2s (except trainees on the Epsom training programme)
- GPST3s (except trainees on the Epsom training programme)
- Trainees on the Broad Based Training Pilot

There are a few GP Trainees who commenced training prior to Aug 2011 (who may have had a break in training or be LTFT) that are **not** employed by the Lead Employer. These trainees will need to be employed by the GP Training Practice – we ask practices to check this.

Training practices will be required to sign the SLA with the Acute Trust and comply with the Trust administrative processes for reporting leave etc. There is also an honorary contract to cover GP placements in ST1/2/3 which practices should use with their trainees. For more information see our website: <http://kssdeanery.org/gp-single-lead-employer>.

Medical Indemnity Packages for Trainees

Health Education KSS has made arrangements to pre-purchase discretionary medical indemnity for all SEAT employed GP/BBT trainees through individual membership of the Medical Defence Union (MDU); this is open only to SEAT employed GP/BBT trainees. The arrangement starts on **7th August 2013** and will be renewable annually, provides trainees with:

- Medical indemnity support during your General Practice placement. Trainees can request assistance with indemnifying for claims that arise from the normal practice of clinical medicine for HEKSS as a GP/BBT trainee during this period, on an unlimited basis.
- Medico-legal advisory support during secondary care* and General Practice placements. Trainees can request advice from MDUs in house medico-legal advisors, 24 hours a day and 365 days a year, for both secondary care and General Practice placement activities during this period.
- Education support during their training. They can receive tailored face to face and on- line educational support from the MDU for their professional developmental needs in addition to that provided by the training programme

**outside this arrangement trainees would normally fund this additional support for secondary care placements themselves.* Details of the benefits available to trainees through membership of the MDU under this arrangement are shown in the member guide on

<http://www.themdu.com/~media/Files/MDU/Admin/Member%20guides/MDU%20Member%20Guide.pdf>

All trainees must have individual medical indemnity for their activities while in General Practice placement and practice managers should verify that this is in place when the trainee commences their GP placement.

(For more details please see e – bulletin 81)

Practice Manager News

HEKSS would like to acknowledge the work Practice managers do in supporting Foundation and GP specialty training.

We have received very positive feedback about the impact of the SEAT for GP Trainees (Single Employer Acute Trust) process in supporting practices by taking over the employer role. The extent of this development will we are sure be felt throughout the HEKSS as the majority of ST3 trainees will now fall under this contract.

In order to bring this pilot to ST3 there has been a process of collaboration between Acute Trusts and HEKSS through a regular SEAT Steering Group.

To continue the success of the process it is important there is good communication between Practices and the Acute Trust including the providing the Acute Trust with regular absence reports of trainees in terms of their holiday, and other

absences including sickness and study leave. We have encouraged Programme Directors locally to build links with the key personnel in the Trust who are co-ordinating SEAT and hope to ensure there is regular attendance of Trust personnel at Patch based Practice Manager Educational events.

There is detailed guidance on the HEKSS GP website about SEAT including the honorary contract which we recommend trainees sign with the practice where the trainee is part of SEAT. <http://kssdeanery.org/gp-single-lead-employer>

There are still a few ST3 trainees who were employed before the SEAT arrangement commenced that will be employed by the GP practice. SLAs and Educational Agreements have been updated on the practice managers web page <http://kssdeanery.org/general-practice-managers>. We continue to support practice managers with patch based meetings and also the annual KSS wide

Training Practice Managers Meeting on 10 December 2013 (amended date) at Holiday Inn Gatwick

We also value the input of practice managers to practice visits and visits to GP Practices as part of the Local Education Provider (LEP) visits undertaken as part of HEKSS's Quality Management process.

We are planning a training event for Practice Managers and other LEP visitors and if you are interested in becoming a visitor please contact Sue Smith ssmith@kss.hee.nhs.uk



The Enhanced ST3 Year

HE KSS is pleased to announce 36 enhanced ST3 training scheme opportunities for ST3 trainees with the aim of offering an opportunity to increase the breadth of learning opportunities: in particular how service design can improve patient care. Other possible opportunities include participation in educational activities linked to future development as an educator, developing and demonstrating leadership, and how to address the sustainability, including medical sustainability, agenda.

The enhanced ST3 year provides an additional 20 days of targeted study leave – with the consequence the ST3 year will extend to 13 months completing in September 2014. The programme will include a monthly peer learning set from March to September following successful completion of the CSA.

To be considered a trainee must be highly motivated, have progressed through ST1 and ST2 with satisfactory ARCPs, have undertaken AKT and passed with a score of greater than 70% and already initiated an audit or service improvement project. Trainees would also be anticipated to take the CSA in the February diet.

Trainees are invited to complete an application form including a proposal as to how the trainee would use and benefit from the enhanced scheme. **The application requires the support of the current Educational supervisor and a Programme Director.**

Application closing date is 15th September

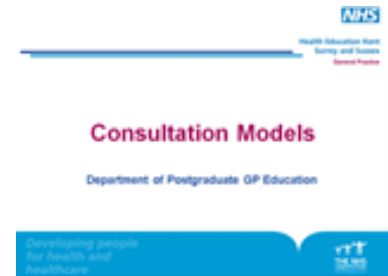
For more information and the full guidance and application form please see our web page:

<http://kssdeanery.org/gp-enhanced-st3>

Support for Trainees

Communication Skills Resource

A resource pack has been developed by HE KSS to equip GP Trainers and Programme Directors with information on different styles of consultations that can be used in one to one or group tutorials with GP Speciality Training Registrars in all stages of their training (ST1, ST2 and ST3). The pack comprises of three resources:



- A power point presentation on consultation models
- A booklet exploring Consultation models in more depth “Talking with Patients” developed by Dr Bill Bevington. This explores doctor and patient centred approaches and the disease v illness models.
- A series of video clips which should assist discussion about style of consultation with a series of questions to help the GPStR explore the most appropriate approach to consultation with their patient

To request access to the resource, visit our website at <http://kssdeanery.org/gp-trainer-resources>

How to Approach the CSA

The CSA presents a challenge to a number of trainees. As well as providing resources:

- English Language Courses
- HEKSS CSA training at the RCGP for ST3s
- A trained bank of simulators who can be used by Programme Directors in CSA workshops
- Mentoring for trainees who fail the exam and suffer esteem and confidence issues
- Post exam failure workshops

We have also obtained feedback from trainees and Programme Directors as to what has found to be helpful. We are aware trainees receive conflicting advice about the CSA and how to prepare so the following views are not a magic formula to be followed slavishly but we hope will promote discussion between trainees and trainers around this topic.

A Trainee's Personal Reflection

I have been thinking about my CSA experience, since asked if I could share my experiences with trainees struggling with the exam. I am a female International Medical Graduate (the label will stick, no matter how many years I have spent in the NHS). I passed MRCPsych, at the first attempt, so when it came to CSA, I wasn't stressed. How hard could it be? My confidence was high; I took the exam, hoping to pass with flying colours: I failed. I took it hard, it was the first time I had failed an exam in my life.

Instead of introspection, I externalised the causes, it had to be the examiners and the exam itself. They are all racists, aren't they? And it is a biased exam, isn't it? It had to be, there was no other reason that I passed the presumably harder MRCPsych exam and failed this one. So, I decided to prove my case by not trying to change much about myself and my technique. Was it a good idea? Of course not!!

After starting my extension and reflecting I calmed down a bit. I decided I had to change: firstly the way I spoke (not the accent, but speaking slowly and clearly and smiling more). I started with a fake grin, which

eventually became a habit and without me realising it started to reach my eyes. I started to listen and stop being impatient. After watching videos, I was embarrassed that I hardly listened to the patients, was always more worried about what I had to say, what menu options of choices I was going to give. It was always about me, never about them. So I started to listen, but there is a fine balance between active and passive listening; this balance could only be achieved by practice and some guidance.

**PRACTICE
MAKES
PERFECT!**

My trainer worked me hard; I practised with friends, and had an extra session with a third trainer. I was now open and ready to embrace

whatever advice came my way. It was a difficult journey, but the one that I had to take, and I am glad that I took. The end result was that I passed with flying colours and a high mark.

So, is it a racist, biased exam? It took time for me but I believe that it is not a racist exam but yes the odds are against foreign doctors for various reasons. It tests what we understand about the people who live here and how we deal with them. It is an exam which not only tests the knowledge and clinical decision making skills, but also how we communicate those decisions to patients, and keep them happy, even if the outcome is not what they expect. It tests our social skills, it's a good exam.

Has it made me a better GP? I think so. I am better able to act when I realise that a patient has been unhappy with the consultation. Most of the times, I am able to control the situation before it gets out of hand. I smile a lot more, and I interrupt a lot less. Was it hard to go through it again? Yes, it was very hard and it was hard to be exposed to the bias that follows any kind of failure. But discussion about that bias is beyond the scope of this article. So, my advice to my colleagues who are struggling is listen to the patient, actively respond, be confident. As long as the conversation space is divided equally between you and the patient, you are doing fine.

When it's over, it will give you a sense of achievement that stays on for a long time. Failing it does not hamper anyone's chances of being employed; it certainly did not affect mine. During the preparation period, stay in touch with your friends and colleagues,

it's a much needed support. On the day, have porridge, and never think about the case that you believe has gone wrong. Trust me, we have no idea.

Dr Pardeep Dhillon, GP

Other trainee views:

It is important not to think of the CSA as a tick box exercise but is about working with a patient led agenda. There is no right way of doing a consultation but searching for it can lead to confusion as advice varies.

Trainees should be encouraged to aim for dialogue with a patient rather than a series of closed questions and answers. Being honest with the patient is helpful. It is important for trainees to be able to demonstrate their technique in examining patients and have a sound knowledge base regarding the management of conditions.

Role playing with medical friends is far from a "real" consultation and working in a group with colleagues from similar backgrounds can potentially limit the learning that can be obtained from watching the different styles doctors adopt in the consultation. Also working with friends can limit the amount of constructive critical feedback that is given.

When rehearsing, do a number of cases one after the other to prepare for the pressure of 10-minute cases in quick succession and consider videoing these cases to share with your trainer.

It helps if trainees see a range of cases in surgery; the CSA cases cover complex cases as well as minor common conditions. Trainees should video lots and share this hoping for support but with constructive feedback so areas for improvement can be practised. Feedback from patients has also been appreciated.

Resources - Trainees need exposure to Consultation models and literature on communication skills. The RCGP DVDs have a limited place but the RCGP case cards and books of CSA scenarios are helpful. Websites for VTS often have useful role plays



Dispelling Myths- a CSA Examiner Perspective

There are some common issues observed by examiners which may negatively impact on a trainee's performance:

Exploration of ICE: approaching this through direct questions and in a formulaic manner can negatively impact. ICE is discovered through engagement with the patient and active listening. There is no such "tick box" for this in the marking scheme and the questions often seem for the benefit of the examiner rather than the patient.

There is no right timing for these explorations, nor is there the need to discuss a patient's concerns

before they have made up your mind as to the diagnosis. The trainee may have an idea as to what the patient is thinking...keep this in mind when discussing plans, having taken a good history and examination as indicated.

Sharing Options: Trainees need to remember they are the professional; Guide the patient if there is a particular course of action where there might be choices involved. Discuss the pros and cons with them. Think about what you they would want if you were the patient. If they have particular experiences then utilise that knowledge when it comes to planning the next stage – but don't be overly persuaded to go down a path which is not in the patient's best interest. It is rare to find a case where there are genuinely equal options from which the patient should select one.

Psycho-social information – patients respond well to doctors who are interested in them in a holistic way. It generally doesn't take too long to establish their occupation and social situation.

Information is often given early on in the consultation, but there may be a need to gather more facts and information needs to be used to help inform the management by considering the context.

There appears to be a myth that data relating to smoking, alcohol and exercise is needed every time – this is not the case so only ask if it is relevant. Health promotion may not be appropriate all the time, but if doing so make it relevant and realistic for the patient.

Signposting – do this for questions of a sensitive nature. It is often over used in the exam unnecessarily and can waste precious time.

Summarising – trainees should consider using this technique if they have not understood the information heard so far, or if it helps clarify. This does not appear on the marking schedule and can use precious time

The timer on the wall counts up to 10mins. Trainees need to keep an eye on it but don't worry if they run out of time – the case may be complex and the examiners will be aware of this from calibration.

I-pads are now being used. However technology can fail so be

prepared to be handed a laminated card with further information.

Try to imagine that the examiner is not in the room. They will interact with you if needed.

Try not to write a prescription – tell the patient what medication is intended with instructions for use.

The patient can collect any paperwork from reception. Writing it out will only use up your time.

Dr Mohan Kanagasundaram
Associate Dean for Simulations

Broad Based Training

“My mum couldn't care less about the specialist/generalist categorisation. What she wants is the right care at the right time”¹

The above quote reflects a stakeholder's concern about boundaries between generalism and specialism. As doctors we experience this departmentalism of generalist and specialist care daily. To this end HEKSS has welcomed the Broad based training (BBT) pilot to enhance the dialogue around promoting generalism and integrating care with specialities.

10 trainees have been appointed to the pilot in HEKSS, distributed around the pilot sites of Brighton, Frimley and Dartford. They commenced in August 2013 and will rotate through 4 different 6 month posts of general practice, psychiatry, paediatric and medicine before exiting into one of these four specialties. Their curriculum centres around 5 core competencies and speciality specific competencies with a focus on working together across the multidisciplinary team.

The pilot programme includes supporting the trainees with a peer learning programme and also developing a Faculty Group to support the clinical and educational supervisors working with this group so trainees may embrace the curriculum and learning opportunities associated with this innovative programme. The BBT pilot will be evaluated by HEKSS and nationally.

Reference: 1.Extracts from Guiding Patients Through Complexity: Modern Medical Generalism. 2011. RCGP and The Health Foundation

Dr Mary-Rose Shears

Patch Associate GP Dean and the BBT Programme Director
MShears@kss.hee.nhs.uk

3rd Four Cs Conference (Creating Collaborative Clinical Commissioning)

CONFERENCE CANCELLED 9 – 5pm 17th October 2013

Unfortunately due to the CCGs being very busy at this time we have had to cancel the planned 4 x Cs conference on the 17th October 2013.

We hope to run this event at a later time.

Dates for Your Diary

“Today's Students Tomorrow's Specialists? 2 Transitions in the Continuum of Medical Education”

5th December 2013 - BSMS University of Sussex Campus

Brighton and Sussex Medical School is celebrating 10 years of Success with its inaugural Medical Education Conference

Speakers include:

Professor Chris Welsh Director of Education and Quality at Health Education England

Professor Trudie Roberts Director of Leeds Institute of Medical Education and ASME Chair of Council

Professor Tim Dornan Professor of Medical Education, Maastricht University

Registration for this event is now open. You can book your place by going to their website:

http://shop.brighton.ac.uk/browse/extra_info.asp?compid=1&modid=2&catid=49&prodid=205



GP Specialty Training Bulletins

Since our last Newsletter - the following Bulletins have been circulated via GP Programme Directors. You may find some of these articles interesting. These and previous bulletins are available to download from our [website](#).(put link)

78	2 nd April 2013	Educational Commissioning; KSS INTRANET for All Deanery Employees; Postgraduate Certificate; Postgraduate Diploma; Recruitment Update; Broad Based Training; Resources and Support for Trainees; English Language Skills Course; Training with Simulators; DVD Resource – Dialogues in Decision Making; Mentoring after Exam Failure; ST3 Trainees on Extension
79	19 th April 2013	ST3 Final Review Date; Revalidation for Trainees; NHS Re-organisation; Paramedic Practitioners Programme; ePortfolio Supervisor's Data Quality; NHS Constitution; Resources and Support for Trainees; Return to training following absence; English Language Skills Course; Resources to support PDS – CSA Workshop 6 June
80	6 th June 2013	ST1/2/3 REVIEWS; HEKSS Update; Medical Indemnity package for SEAT employed GP Trainees; GP Practice Employment checks; Pay Award for GP Educators (PDs); Celebration of GPStRs achievements and Graduation Ceremony; Celebration for GP Trainers who recently achieved the PG Certificate; Trainee Revalidation and ARCP; Impact of Sickness and other absence on Training progression; Resources to support Trainers and Trainees; Data Request – GP Training Programme Rotation Spreadsheets; Engaging Trainees through the use of Social Media Sites – for response; NHS Leadership Development Programme; Educational Support for GP Trainees who are MDU Members; MEMs and Faculty Administrators Conference 2013
81	21 st June 2013	Celebration of GPStRs Achievements & Graduation event; Trainees Revalidation and ARCP; Enhancing the GPST3 year – opportunities; Single Employer Acute Trust – employment of trainees; Engaging Trainees through the use of social media; The National Performers List – CHANGES; Medical Indemnity Arrangement for SEAT Trainees; LFG Minutes; HEKSS Communication RESOURCE; Mentoring for GPStRs; Learning from Success; GPSTR Sub-Committee; RCGP Guidance – returning from prolonged absences; Broad Based Training Programme Pilots in HEKSS; GP Research
82	2 nd August 2013	Enhanced GPST3 opportunities; The National Performers List; Trainee Recruitment; Information re: New GP Trainees starting in August 2013 (Trainee Contracts, E-Portfolio, RCGP Curriculum Update, Chaperone Policy); Celebration of GPST3 Achievements & Graduation Celebration 2013 & Date for 2014; Support for Trainees: (Linguistics Workshops, AKT Course, Learning from Success); Broad Based Training Pilot Programme HEKSS Leadership Recognition Awards; BSMS Today's Students, Tomorrows Specialists? -Transitions in the Continuum of Medical Education Medical Women's Federation RCGP Faculties Events - Consulting for GP Assessments and the Real World

DATES FOR YOUR DIARY: For further details and to book on all these events and more, please access our website: kssdeanery.org/events/general-practice

Surrey Trainers Day	10 October 2013	Holiday Inn Guildford
Sussex Trainers Day	8 October 2013	AMEX Stadium, Brighton
3rd Annual Four Cs Conference CANCELLED	17 October 2013	Holiday Inn Gatwick
GP Trainers Winter Workshop	6 – 8 November 2013	Cumberland Lodge
MEMs Faculty Administrators Conference	25 November 2013	Holiday Inn Gatwick
Practice Managers Meeting	27 November 2013	Holiday Inn Gatwick
Kent Trainers Day	27 November 2013	Mercure Maidstone Hotel
Programme Directors Conference	5 December 2013	Holiday Inn Gatwick
Mock CSA Workshops for ST3 Trainees	12 and 19 December	RCGP Euston
Selection Assessment Centre	w/c 3 February 2014	Holiday Inn Gatwick
GP Annual Conference	20 March 2014	Holiday Inn Gatwick