

APPROVAL AND MONITORING OF GP TRAINERS AND GP TRAINING PRACTICES IN WALES

Becoming a GP Trainer and Approved Training Practice in Wales

1. Introduction

The training programme for General Practice in Wales follows UK wide guidelines set out in the Gold Guide for Specialty Training [Gold Guide - Conference Of Postgraduate Medical Deans \(copmed.org.uk\)](https://www.copmed.org.uk) and is fully accredited by the UK body which supervises training, the General Medical Council (GMC) [Standards guidance and curricula - GMC \(gmc-uk.org\)](https://www.gmc-uk.org).

Health Education and Improvement Wales (HEIW) sits alongside Health Boards and Trusts and is a Health Authority within NHS Wales. HEIW has a leading role in the education, training, development, and shaping of the healthcare workforce in Wales. Established on 1 October 2018, HEIW brings together three key organisations for health: The Wales Deanery; NHS Wales's Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE). Further information about HEIW is available at [About us - HEIW \(nhs.wales\)](https://www.nhs.uk/about-us/heiw).

The GP Training Team sits within HEIW's Medical Directorate and operates 11 Specialty Training Schemes in Wales.

Health Education and Improvement Wales (HEIW) approves GP Trainers and GP Training Practices on behalf of the GMC and informs them of the details of all approved trainers and training practices. The list of approved GP Trainers in Wales is available at <https://www.gmc-uk.org/education/how-we-quality-assure/postgraduate-bodies/recognition-and-approval-of-trainers>. Approved GP Trainers can provide clinical and educational supervision to GP Trainees.

HEIW's GP Training requirements are also mapped to the Academy of Medical Educators Professional Standards for Educators (AOME Professional Standards). The AOME standards make explicit the values, skills, knowledge and practical capabilities required of all medical educators. Further information on the AOME Professional Standards can be found here - [The Academy of Medical Educators Professional Standards](https://www.aome.ac.uk).

GP Trainees are recruited by HEIW following national recruitment guidelines and successful applicants are employed under a single lead employer arrangement by NHS Wales Shared Services Partnership (NWSSP). GP Practices and hospital directorates act as host organisations for GP trainee placements.

All GP trainees are supported during their training programmes by their GP Educational Supervisor (ES), and the GP Programme Directors who manage each Training scheme. GP Programme Director contact information can be found here - [Contact details - HEIW \(nhs.wales\)](https://www.nhs.uk/about-us/heiw).

GP Training practices receive a Trainers Grant (set at the nationally negotiated rate) for the duration that a trainee is allocated to them for supervision. GP trainers receive an annual CPD payment of £750. Further information can be found in the Practice Manager Handbook for GP Training [here](#).

2. The Approval Process for New Trainers and New Training Practices

HEIW has a duty to ensure that there is an appropriate balance between new trainers successfully completing the PTC and the need for more trainers and training practices in a particular scheme area. Through discussion between GP Associate Deans and GP Programme Directors, local need for additional training practices on the 11 district training schemes is determined in consideration of multiple factors.

In order to become an approved GP Trainer in Wales both the individuals and their practices must:

- Meet the essential eligibility criteria to undertake the PTC (see Appendix 1).
- Successfully complete the modules and assessments that form the PTC.
- If the practice is not a training practice they will need to have a preparatory visit to the practice by a PD before allocating candidates to an upcoming PTC. A formal visit to their practice by the AD and PD will take place within 12 months of completing the PTC.
- If a GP Trainer from another part of the UK moves to Wales, and wishes to continue as a Trainer, they would be interviewed by the local Associate Dean to assess whether they need to attend some or all of the Wales Prospective Trainers Course. Consideration will be given to the timing and content of their initial PTC, and when they were most recently the nominated ES for a trainee (if three years have elapsed, they will be deemed to be a lapsed trainer). They will need to provide evidence of their recent experience as an Educational Supervisor, along with the name of their previous AD or TPD who is willing to provide a reference. If they are moving to a non-training practice, the standard requirements will have to be met.

Information on the Trainer journey can be found [here](#).

HEIW normally invites applications from prospective trainers and new training practices each April by emailing the Health Boards who will send out the email to all GP Practices on our behalf. **HEIW does not hold a waiting list for places on the Prospective Trainers' Course.**

Where additional GP training practices are needed in a particular Scheme, applications will be considered for all models of general practice for that Scheme area providing the individual prospective trainers and practices meet the requirements to become approved for training. Further guidance on the requirements that confederated practice arrangements will need to satisfy are available [here](#).

Associate Deans will discuss applications for the PTC with GP Programme Directors. We will notify you by email to inform you whether you have a place on the next PTC and confirm the dates. If the scheme is at capacity, we will notify you of this by email, however if additional trainers or practices are needed the following year, they will be able to apply again.

Training Practice Requirements

Training practices will be required to follow the HEIW expectations agreement for the provision of Postgraduate Medical and Dental Education and Training which can be found [here](#).

The training week for a GP Trainee will be a mixture of service and learning. Full time GP Trainees will undertake 7 clinical (surgeries, clinics) and 3 educational sessions (i.e. a session of face-to-face teaching, a self-directed learning session and attendance at the half day release).

- Over the whole of their three-year programme, GP Trainees need to demonstrate that they are achieving the learning outcomes of the GP curriculum. They will demonstrate this by means of a series of workplace-based assessments which are recorded in their electronic learning log, the Portfolio. The assessments and the Portfolio are defined by the RCGP and will largely be carried out by the GP Trainer. In addition, there are assessments that will involve patients feeding back about the GP Trainee (Patient Satisfaction Questionnaire) and feedback about the GP Trainee from other members of the team (Multi-Source Feedback). These latter two may involve Practice Managers in some co-ordination of the process.
- GP Trainees in their hospital posts will be supervised by GP Trainers who will act as an Educational Supervisor to them.

If trainees are working Less than full time, this table should act as a guide when working out rotas.

100% (40 hours/ week) Working ten sessions weekly Each week rota as follows: 7 clinical sessions + 3 educational sessions
80% (32 hours/week) Working eight sessions weekly Five week rolling rota as follows: 3 weeks: 6 clinical sessions + 2 educational sessions 2 weeks: 5 clinical sessions + 3 educational sessions
70% (28 hours/week average) Working seven sessions weekly Ten week rolling rota as follows: 9 weeks: 5 clinical sessions + 2 educational sessions 1 week: 4 clinical sessions + 3 educational sessions
60% (24 hours/week) Working six sessions weekly Five week rolling rota as follows: 4 weeks: 4 clinical sessions + 2 educational sessions 1 week: 5 clinical sessions + 1 educational session
50% (20 hours/week) Working five sessions weekly Two week rolling rota as follows: 1 week: 3 clinical sessions + 2 educational sessions 1 week: 4 clinical sessions + 1 educational session

Supervision of GP Trainees where Trainers are part time

- The trainee and trainer would normally be expected to work the same days. In any event, there must be a minimum overlap of 4 sessions (2 days) per week between the trainee and either the Trainer or other approved trainers within the practice. At least 2 of these sessions must be with their named Trainer (The Allocated “Educational Supervisor”). The other trainer has to be allocated as a “Clinical Supervisor”. Further information can be found in Appendix 2.

In supporting the delivery of high quality training the training practice has a responsibility to:

-Provide the trainee with a rota designed to:

- make sure doctors in training have appropriate clinical supervision
- support doctors in training to develop the professional values, knowledge, skills and behaviours required of all doctors
- provide learning opportunities that all doctors in training need to meet the requirements of their curriculum and training programme
- give doctors access to educational supervisors
- minimise the adverse effects of fatigue and workload

- Provide a learning environment that is safe for patients and supportive for trainees and trainers.

- Practices should make available to the trainee any equipment required to perform the role.

-Provide a learning environment and organisational culture that values and supports education and training so that trainees are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

-Provide the trainee with facilities to access online curricula, workplace-based assessments, supervised learning events and portfolios near to their usual place of work.

-Provide local faculty support structures and processes for Trainees and trainers and ensure individuals know how to access this support including access to GP Programme Directors and GP Associate Deans.

-Provide an induction for the Trainee at the commencement of their post that clearly sets out:

- their duties and supervision arrangements
- their role in the team
- how to gain support from senior colleagues
- guidelines and workplace policies they must follow
- how to access clinical and learning resources

-Ensure appropriate handover at the start and end of periods of day or night duties are organised and scheduled which maximise the learning opportunities for doctors in training.

-Ensure that Trainees have access to a named Educational Supervisor (ES) and time set aside to regularly (i.e. at the start, middle and end of each placement) meet with the ES to plan their training, review progress and achieved agreed learning outcomes.

-Ensure that trainees have an appropriate level of clinical supervision at all times by an experienced and competent supervisor. The level of supervision must fit the trainee's competence, confidence and experience.

-Ensure trainees have protected time for learning and for attending organised education sessions, training days, courses and other learning opportunities to meet the requirements of their curriculum

- Involvement in formal and informal teaching and feedback received
- Participation in management activities such as attending appropriate meetings, helping with rotas, audit
- Completion of a quality improvement project
- Acquisition of research skills

-Trainees must log attendance and reflect on scheduled education and training sessions ensuring they meet the specialty specific requirements.

-Make suitable arrangements for the completion of Workplace Based Assessments (WPBA) as specified by the Royal College of General Practitioners in the required timeframe.

-Undertake formal Royal College assessments in a timely manner as per College Guidance i.e. take the available opportunities to sit exams unless there are educational or health reasons not to.

-Support the development and evaluation of training programmes by participating actively in the national annual GMC Trainee Survey/programme specific survey as well as any other activities that contribute to the quality improvement of training.

3. Content of the PTC

The PTC modules are split between online modules and face to face meetings. The modules will cover a range of topics such as

- Medical Education (Lesson planning, learning styles, assessment, reflective practice etc.
- Workplace Based Assessment (Care assessment tool, case-based discussions, consultation observation tool, multi-source feedback, prescribing assessment etc.
- RCGP Curriculum and ARCPs.
- Trainees support, the professional support unit and exam support.

4. What happens after successful completion of the PTC?

4.1 Prospective Trainers from existing approved GP Training Practices

Doctors from existing approved GP Training practices who successfully complete all the PTC assessments will be recommended for approval as a trainer at the next convenient GP Training Management Team (GPTMT) meeting. The GPTMT normally meets on the 4th Tuesday of every month except in August and December.

You will be notified by email once you are approved as a GP trainer. You will also be provided with details of your login for the trainee portfolio and any other databases that you may need to access when supervising GP trainees. The local Associate Dean will monitor your progress via the portfolio of the trainees allocated to you and

will give you feedback directly if necessary.

4.2 Prospective Trainers from non-established GP Training Practices

Doctors completing the PTC from non-established training practices will only be formally approved as a GP trainer when:

- A preparatory visit has taken place to ensure that the facilities meet the requirements for a training practice
- a second doctor from the practice has successfully completed the PTC. No trainees will be allocated for educational supervision until a second trainer has been approved.

Following the preparatory visit, if the practice visit finds that the standards for a training practice are met 2 doctors will be invited to attend a PTC. Once they have successfully completed the PTC a recommendation for the approval of the trainers will be made to the next GPTMT meeting. You will be notified by email once you are approved as a GP trainer. You will also be provided with details of your login for the trainee portfolio and any other databases that you may need to access when supervising GP trainees. The Associate Deans will monitor your progress via the portfolio of the trainees allocated to you and will give you feedback directly if necessary.

The formal approval visit of the practice will take place within the first 12 months. The practice will then be entered into the Trainer Reapproval process (TRAP). If everything is satisfactory the practice will then be included in to the normal 3-yearly cycle of TRAP.

Approval as a GP Trainer may be granted conditionally subject to the attainment of certain recommendations. If this is the case this will be communicated to you in writing.

5.0 Format of the Practice Visit to a non-established GP Training Practice

A draft timetable and other information about who the visitors will need to meet will normally be sent to the training practice at least 6 weeks in advance of the visit but may be less than this with the agreement of all parties.

The following individuals should be released from other duties at some time during the visit (according to the agreed timetable) and be available for interview:

- other Doctors in the practice
- the Practice Manager and Practice Nurse

The Visitor(s) will:

- inspect the premises
- examine patient records
- examine educational resources: library, digital recording equipment etc
- see examples of practice policies and guidelines including the practice

induction documentation.

The following should be available for inspection during the practice visit:

- Clinical protocols and guidelines in use in the practice and some typical examples of protocols used in the practice team
- Work programme and teaching timetable for any future GP Trainee placed in the practice

The trainers will also be expected to make available statements about practice policies which have been developed, together with evidence of performance review.

The Visitors will prepare a report containing the highlights and recommendations from the visit and their decision on approval. This report will be submitted to the next available GPTMT.

Approval of the training environment may be granted conditionally subject to the attainment of certain recommendations.

Maintaining your GP Trainer Status – The Trainer Re-Accreditation Process (TRAP)

- a) The procedure for monitoring of training status usually commences in April/May and practices will take part in the TRAP process every 3 years. Trainers will be reminded of this at the time of first approval. Once a GP has successfully completed the PTC, and is included in the GMC register of Trainers, they remain a trainer on an ongoing basis (or until their name is removed from the GMC register).
- b) Routine formative practice visits are made to training practices every five years. However, it may be necessary to undertake a visit to a training practice before five years has elapsed.
- c) Each training practice must be represented at a minimum of 75% of the local Trainers workshops per year. HEIW would encourage as many trainers from multi trainer practices as possible to attend each trainer's workshop.
- d) When an approved trainer leaves the practice or resigns as a trainer leaving only one approved trainer remaining, the practice has two years from the date the trainer resigned/left to get a second approved trainer in place.
- e) The TRAP monitoring procedure involves the completion of an online questionnaire every 3 years by:
 - The training practice
 - The Programme Director
 - Trainees who have been in the practice since the last TRAP period. Trainees will be expected to complete the TRAP questionnaire annually
 - i. All the questions are mapped to the GMC standards contained in Promoting Excellence.

- ii. The initial TRAP link is sent to the practice manager who should update the practice information. Once they have updated the practice information the practice manager is required to nominate a lead trainer who will complete the questionnaire on behalf of the practice and in liaison with the other trainers in the practice. Once the lead Trainer's email address has been added an email with a link to complete the online training status monitoring questionnaire is sent to them.

-At the same time web links are sent to the Programme Director(s) and trainees.

-Once all questionnaires have been submitted, the local GP Associate Dean will review the responses and will either recommend to the GP Training Management Team (GPTMT) continuation of approval status or recommend that a request is made for further information from the Trainer(s) and/or the GP Programme Directors and/or the Trainees in the practice.

- f) In the event that additional information is required from the Trainer(s)/Programme Directors/Trainees, the GP Associate Dean will consider this once received and may decide it is also appropriate to undertake an interim visit to the practice to assist them in formulating a recommendation to the GPTMT.
- g) The GP Associate Dean will then make one of two recommendations to GPTMT – either continuation of approval status, or continuation of approval status with a formative action plan to address specific issues within a defined timescale.
- h) Recommendations for continuation of approval status will be considered by the GPTMT at their next scheduled meeting. The lead trainer will be informed by email of the GPTMT's decision within 10 working days after the GPTMT has been held. The GP Programme Directors will also receive a copy of this email.
- i) GPTMT may recommend that the practice submits a written report on progress against recommendations and/or a follow up interim visit is made to the practice within a certain period.
- j) In the event that issues in the formative action plan are not addressed within the timescale and/or there is a documented history of significant failure to comply with GMC standards the HEIW will refer the matter to the Quality Unit for further advice and guidance. All our processes are part of a wider HEIW framework. Further information can be found on our website - [Quality management framework - HEIW \(nhs.wales\)](#).
- k) If it is felt appropriate, trainees in the practice may be moved to another placement while further information is gathered.

5. Approved GP Trainers who leave a training practice

If a trainer changes practice and joins a non-training practice, they may, in certain circumstances, be able to act as ES to a hospital based trainee.

6. Inactive (lapsed) Trainers

A trainer will be deemed to be inactive if they have not been the nominated Educational Supervisor for a GP trainee (ST1, 2 or 3) for the preceding three years.

An inactive (lapsed) trainer who wishes to return to active training must:

- Re-attend part or all of the PTC successfully completing any assessments. The decision as to how much of the PTC will need to be re-attended will be made by the GP Training Management Team on a case-by-case basis.
- Confirm a commitment to continuing attendance at Trainers Workshops and sub-regional Trainer Days.
- Hold a substantive post within a training practice to ensure continuity of training and work a minimum of 4 sessions.

7. Informal and Interim Practice Visits

Prior to any visit the practice visiting team will have had access to the results of the annual online monitoring questionnaire (TRAP) and any other relevant information.

- i. An **informal practice visit** takes place every five years. The visiting team will normally consist of:

- The local GP Associate Dean
- A local GP Programme Director

The local GP Programme Director may undertake informal visits to the practice at any time.

- ii. An **interim practice visit** is undertaken if issues arise and the local GP Associate Dean deems it necessary to explore these further via a visit. The interim visiting team will normally consist of:

- The local GP Associate Dean
- A local GP Programme Director
- A local trainer
- GPTMT may also decide that it is appropriate for a GP Associate Dean out of the area or representative from the Quality Unit to attend the visit.

The Head of the GP Specialty Training School with the agreement of the GP Training Management Team (GPTMT) may initiate an interim visit to a training practice at any time.

9. Appeals

- a) Individuals and practices can appeal decisions made by the GPTMT relating to approval of trainers and training practices.
- b) The individual or practice has a right of appeal to the GP Director. This should be done in writing within 28 working days of receipt of the written notification of the GPTMTs decision and emailed to HEIW.GPTraining@wales.nhs.uk for the attention of the GP Director.
 - Letters of appeal will be acknowledged by email upon receipt.
- c) The GP Director and a senior educator within HEIW but external to the GP Training Team will normally consider the appeal within 28 working days of receipt of the letter of appeal.
- d) In considering an appeal the panel will:
- e) ensure that due process has been followed
- f) assess whether, on the basis of the information available to the approval/visiting team, the recommendations made to GPTMT and their ratification of these were correct.
- g) the Appeal panel may uphold, overturn, or amend an earlier decision.
- h) The GP Director will notify the individual or practice of the outcome of their appeal in writing.

APPENDIX 1

Criteria for new prospective trainers and training practices to meet

<u>Essential Criteria:</u>	<u>Tick to confirm</u>
2 partners or employed doctors with a regular commitment to the practice willing and ready to train	
Both doctors have 2 days that will overlap with the trainee (excluding the day of the HDR)	
Both doctors have at least 3 years' experience as a qualified GP in the UK. However, in some circumstances it is possible to reduce that to 2 years.	
Applicants for the PTC that do not have MRCGP must demonstrate that they are eligible for membership i.e. they have been in practice for 5 years and have successfully revalidated	
If not please indicate date CCT(s) awarded:	
All doctors in the practice and practice manager support the application and confirm that the trainers will be released from their clinical commitments sufficiently to allow them to partake fully in the PTC, and subsequently to fulfil their responsibilities as an ES	
The premises are of a good standard with an appropriately sized well-appointed room for protected tutorials	
Records are very well summarised and up to date	
Trainees are able to access pathology results and correspondence directly from their own computer terminal	
There is digital and audio equipment to enable the recording of consultations	
The practice has policies and guidelines available	
Both prospective trainers to have achieved Membership of the RCGP	
There is a room for the trainee to leave personal belongings	
Enthusiasm for and commitment to GP education and training	
There are opportunities for informal GP meetings during the working day	
There are regular practice meetings that the trainee will be able to attend	
Please indicate the frequency of these meetings: Clinical <input type="text"/> Business <input type="text"/>	
<u>Desirable Criteria:</u>	<u>Tick to confirm</u>
A dedicated Trainee consultation room is available	
There are facilities to heat and eat a midday meal	

The trainee will be able to consult in the same room each day	
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Appendix 2

Supervision of GP trainees where trainers are part time

The GP Section of HEIW recognises that many approved GP trainers work less than 10 sessions per week. This is coupled with a growing number of GP trainees who work less than full time. The GP Training Management Group therefore feels it is timely to set out minimum acceptable supervision arrangements where trainers and / or trainees are part time.

- Programme Directors retain responsibility for deciding which training practice trainees are placed in.
- The trainee and trainer would normally be expected to work the same days. In any event, there must be a minimum overlap of 4 sessions (2 days) per week between the trainee and either the Trainer or other approved trainers within the practice. At least 2 of these sessions must be with their named Trainer (The Allocated “Educational Supervisor”). The other trainer has to be allocated as a “Clinical Supervisor”.
- The working week of the trainee must overall reflect the 7-3 Clinical – educational proportions of all trainees. The Educational Supervisor must be present for at least one educational session per week.
- When a part time trainer is not present in the practice but the trainee is, supervision must be provided by another doctor (including salaried doctors) who is familiar with the requirements of trainee supervision
- The training practice must have a written policy outlining arrangements for supervision of trainees when the trainer is not present. Evidence of this policy and adherence to it will be monitored during practice visits and via the annual Training ReApproval Process.