



Health Education Kent  
Surrey and Sussex

# Health Education Kent, Surrey and Sussex

## Broad Based Training Guidance For Broad Based Trainees Pilot Programme

May 2014

*“Through creative partnerships we shape and develop a workforce that impacts positively on health and wellbeing for all”*

We are the Local Education and Training Board for Kent, Surrey and Sussex

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for health and  
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## INTRODUCTION

Welcome to the Broad Based Training programme (BBT) pilot. We hope you will find your time in the programme, both in hospital and in general practice, exhilarating and inspiring. We also hope that with input from your Educational Supervisors (ES), Training Programme Director (TPD) and the Careers Team you will be supported in deciding which of the four specialities: General Practice, Medicine, Paediatrics or Psychiatry to exit into following completion of the two-year BBT programme. We also hope the final career choice you make will sustain you throughout the rest of your working life as a doctor.

Whilst Broad Based Training (BBT) in Health Education Kent, Surrey and Sussex (HEKSS) is part of a national pilot project it is important to remember that it is subject to the criteria, requirements and guidance of the GMC, and those described in 'A Reference Guide for Postgraduate Medical Training in the UK' (commonly known as the Gold Guide): <http://specialtytraining.hee.nhs.uk/the-gold-guide/>

The BBT programme has also been developed in agreement between the four Royal Craft Colleges and supported in its development by the Academy of Medical Educators.

**This document has been created to guide you through the requirements of your BBT programme and should be read in conjunction with the BBT curriculum (<http://kssdeanery.org/broad-based-training/broad-based-training>).**

This handbook has been created with input from the four KSS Schools involved in BBT. This document is updated annually and the latest version will be available on the web site along with the relevant forms. You are advised to refer to the latest web version throughout your two year training programme as changes may be made. The footer tells you which version you have.

## WHO'S WHO in the BBT PROGRAMME

During your hospital and general practice posts you will have a **Clinical Supervisor** for each placement who will be one of your hospital Consultants in that post or the GP trainer in general practice.

Your Clinical Supervisor will be responsible for ensuring that appropriate clinical supervision of your day-to-day clinical performance occurs at all times. In addition your Clinical Supervisor will:

- Meet with you regularly throughout the placement
- Provide feedback which may be obtained by direct observation and from gathering the views of others working with you.
- Undertake some but by no means all of your assessments required in that speciality

During your programme you will also have an **Educational Supervisor (ES)**, who will be one of the clinical supervisors either from your hospital post or general practice. Educational Supervisors are responsible for overseeing training to ensure that trainees are making the necessary clinical and educational progress. In addition, your Educational Supervisor will:

- Meet you regularly throughout each of your BBT years
- Provide regular appraisal opportunities and completion of formal reviews
- Provide feedback on your overall progress
- Offer you advice on how to access careers advice from the HEKSS Careers Advice Team and specialty specific advice

Your Educational Supervisor will usually be your clinical supervisor of your first post.

BBT has a dedicated **Training Programme Director (TPD)** who is employed by HEKSS to support and facilitate the running and delivery of the training for the whole BBT Programme of KSS. The TPD will co-ordinate your training programme throughout your two-year Programme.

In addition to the BBT TPD, you may also be supported in your education by the GP VTS Programme Director in your Acute Trust and the Specialty TPDs in Medicine, Psychiatry and Paediatrics.

In each Postgraduate Medical Education Centre (normally located at each main Trust Acute Hospital) there is a **Medical Education Manager (MEM)** who is a useful first contact

for any concerns and sharing of information. In some locations, there will also be an administrator who assists the BBT Programme.

Each speciality involved in BBT has nominated a BBT lead. Every speciality is also led by a Head of School.

The BBT programme has the support of the HEKSS Careers Team. The team will also meet with you regularly throughout the programme and offer generic guidance which is helpful in exploring the exit career options. Where you need specific clinical advice about a chosen career pathway this will also be available from the four specialty leads and Heads of School

The GP department is leading on many of the administrative processes related to your recruitment, ePortfolio and progression through the programme, and are based at the HEKSS Office located near London Bridge station in Bermondsey Street.

## **HEKSS – how to contact us**

The HEKSS website <http://kssdeanery.org/broad-based-training> will keep you updated on local information. The HEKSS websites are regularly updated and any comments and suggestions you have for their improvement would be welcomed and should be sent to the HEKSS, GP Department on [info@kss.hee.nhs.uk](mailto:info@kss.hee.nhs.uk).

### **HEKSS Office address:**

Department of Postgraduate GP Education, 7 Bermondsey Street, London SE1 2DD

Tel: 020 7415 3439

Fax: 020 7415 3687

The office is normally open on weekdays from 9am to 5.30pm.

### **Contacts in HEKSS**

Professor Abdol Tavabie, Interim Dean Director [atavabie@kss.hee.nhs.uk](mailto:atavabie@kss.hee.nhs.uk)

Dr Hilary Diack, Interim Dean of Postgraduate GP Education, Head of KSS GP School and Lead for General Practice on the BBT programme [hdiack@kss.hee.nhs.uk](mailto:hdiack@kss.hee.nhs.uk)

Dr Graeme Dewhurst, Head of KSS School of Medicine and Lead for Medicine on the BBT programme [gdewhurst@kss.hee.nhs.uk](mailto:gdewhurst@kss.hee.nhs.uk)

Dr Alastair Forrest, Head of KSS School of Psychiatry [afortrest@kss.hee.nhs.uk](mailto:afortrest@kss.hee.nhs.uk)

Dr Martin Schmidt, Lead for Psychiatry on the BBT programme [drmartin.schmidt@sabp.nhs.net](mailto:drmartin.schmidt@sabp.nhs.net)

Dr Peter Martin, Head of KSS School of Paediatrics [peter.martin@asph.nhs.uk](mailto:peter.martin@asph.nhs.uk)

Dr Ivor Lewis, Lead for Paediatrics on the BBT programme [ivor.lewis@sash.nhs.uk](mailto:ivor.lewis@sash.nhs.uk)

Dr Mary-Rose Shears, Associate GP Dean for East Sussex and BBT Training Programme

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Ms Lisa Stone, HEKSS Careers Team – BBT Support [Lstone@kss.hee.nhs.uk](mailto:Lstone@kss.hee.nhs.uk)

Ms Margaret Holbrough, HEKSS Careers Team – BBT Support [mholbrough@kss.hee.nhs.uk](mailto:mholbrough@kss.hee.nhs.uk)

Mr David Buckle, GP Training Officer (for ePortfolio and general queries)

[dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk)

Ms Sarah Swan, Interim HEKSS BBT Administrator - trainee and LFG Support (for BBT educational programme / LFG meetings) [sswan@kss.hee.nhs.uk](mailto:sswan@kss.hee.nhs.uk)

Within each of the BBT sites the MEM will hold a list of contacts for Supervisors supporting BBT trainees.

## Some useful Web-Links

Health Education KSS <http://kssdeanery.org>

Health Education North West (lead Deanery for the BBT pilot) <http://www.nwpgmd.nhs.uk>

The Royal College of General Practitioners <http://www.rcgp.org.uk>

The Royal College of Physicians <http://www.rcplondon.ac.uk>

The Royal College of Paediatrics & Child Health <http://www.rcpch.ac.uk>

The Royal College of Psychiatrists <http://rcpsych.ac.uk>

## A BRIEF OVERVIEW OF BROAD BASED TRAINING OVER 2 YEARS

The aims of the Broad Based Training programme are to:

- Deliver a broader based practitioner who is likely to be able to bring a wider perspective to healthcare provision both now and for the predicted future NHS.
- Develop practitioners who are adept at managing complexity within patient presentations and the associated risk assessment and management.
- Promote greater integration and understanding within the specialties involved in the programme for both trainers and trainees.
- Develop trainees who are well equipped to progress successfully into any of the specialties concerned at CT/ST2 level on successful completion of the BBT programme.
- Allow trainees to develop conviction in their choice of career pathway.
- Provide the service an opportunity to recruit trainees into potentially under subscribed or expanding specialties.
- Ensure that trainees have a firm grounding in the provision of patient-focused care.

The BBT programme includes rotations of six months in each of the four specialities and is supported by a specific curriculum.

During each six month placement you will be provided the opportunity to experience one of the other specialities: this will allow you to explore the boundaries between each speciality and look at management of conditions across specialities. In the BBT programme in HEKSS, General Practice and Psychiatry are coupled as are Medicine and Paediatrics. Exposure in the second speciality has been arranged in blocks. This exposure to the secondary speciality should be part of your timetabled work and not undertaken as part of study leave experience. To gain the most from the minor speciality the BBT trainee should contact the CS of the respective speciality prior to starting to discuss their induction and work. It may also be helpful to discuss this with your educational supervisor and if needed the BBT TPD.

Please see below an example of how a rotation in BBT may work:

BBT Year 1	Main Speciality Medicine	Secondary Speciality Paediatrics
	Main Speciality General Practice	Secondary Speciality Psychiatry
BBT Year 2	Main Speciality Paediatrics	Secondary Speciality Medicine
	Main Speciality Psychiatry	Secondary Speciality General Practice

Upon successful completion of the BBT programme you will exit into your chosen career speciality. For General Practice and Paediatrics this is at ST2, for Medicine and Psychiatry this is CT2. General Practice and Paediatrics are deemed “run through specialities” which means successful completion of their programmes (and the attendant examinations and assessments) will lead to a Certificate of Completion of Training (CCT). In Medicine and Psychiatry there is further competitive entry after successful completion of core training into higher training.

The BBT pilot has provided provision for each of you to enter your chosen pathway: however, decisions do have to be given within sufficient time to reflect this in following

recruitment rounds. It is envisaged you will be able to indicate at the end of the first year of BBT what your exit pathway will be and by no later **than November of the second year of training.**

## THE BBT CURRICULUM

There is a detailed curriculum to support your BBT training. To support the development of a broader based practitioner and the coherence of the training in this programme, the primary learning objectives have been grouped around common themes, important for all specialties. The themes have been expressed as generic learning outcomes:

- Communication
- Integrated Clinical Practice
- Standards of Care and Education
- Personal Behaviour
- Management & Leadership

The curriculum contains a range of descriptors for each of these core themes with expectations of the level of competency to be achieved in the first year of the programme (Level 1) and the second year (Level 2)

The common theme competences are supplemented by the specialty specific competences that are defined in the curriculum. Acquisition of competences has to be formally assessed but it not anticipated that every competence that is defined should have to be 'signed off'; rather it is recommended that sampling of the competences by workplace-based assessments supplemented by reports from the clinical and educational supervisors should be used to monitor trainee progress.

To help guide you through the specialty specific part of the BBT curriculum HEKSS has developed a key learning outcomes document for each of the four specialities. These can be found on the KSS website at <http://kssdeanery.org/broad-based-training>. We recommend you download these and discuss them with your Clinical Supervisor in each placement.

We hope the guides will help when establishing your learning needs in each of your hospital and GP placements. It will be very helpful to discuss your specific learning

needs as a BBT trainee with your Clinical Supervisor as they will be supervising other trainees, with different curricula. Help your Clinical Supervisors mould your teaching to the curriculum and your learning needs. Most teachers like a curious learner!

As a BBT trainee you will need to be mindful of the relevant professional examinations required by your exit speciality. Each trainee should consider, with advice from the TPD, Careers Advisors and specialty specific guidance which specialty examinations should be prepared for and when these might be undertaken.

**Full details of the curriculum can be found on the HEKSS website at <http://kssdeanery.org/sites/kssdeanery/files/BBT%20Curriculum%20v3%20Dec%2012.pdf>**

## **OUT OF HOURS in GENERAL PRACTICE**

Out of Hours experience is an important and necessary educational component of the GP placement. Although your GP Supervisor may not personally do sessions with you, he or she will still be responsible for monitoring your learning and experience in this area.

Your GP Trainer will discuss with you your learning needs for OOH care, and will plan with you your sessions.

You will be expected to do a minimum of 6 sessions of 6 hours in OOH over the course of your 6 months' post in General Practice.

In most cases, this will be with the OOH provider that covers the area in which you are working. Although you will be eligible to see patients, a nominated Clinical Supervisor will ensure that you are working safely and provide clinical support. This means that you will be able to work at the pace your skills and experience permit, which is likely to increase during your six month post in General Practice.

You will get written feedback from the Clinical Supervisor and you should record your learning, which should be shared with your GP Supervisor.

## BBT ASSESSMENT STRATEGY

The Curriculum document contains details of the assessment strategy for each six month placement.

Whilst each specialty uses slightly differing tools, all assessment methodologies are based on observation of clinical practice, professional discussion and feedback. As these processes are carried out by your Clinical Supervisor and team in your placement, they are described as workplace-based assessments (WPBA). WPBA is important as it assesses what you do rather than what you know.

These assessments are based around competencies derived from the BBT curriculum. All WPBA should be recorded in your ePortfolio. It is expected in each post that you undertake reflective entries in your ePortfolio.

**There MUST be a reflection on at least one anonymised case of a patient who has required care between two of the four BBT specialities (Medicine, Paediatrics, Psychiatry, General Practice) in each 6 months:** so if you are based in medicine and this is coupled with paediatrics a case of how care of conditions such as diabetes / epilepsy is transferred from the paediatric to adult services might be an appropriate example.

A BBT trainee should show engagement in audit / project work in each placement. This should be recorded in your learning log and is reviewed as part of the evidence to support your progression through the programme.

The specific number and types of assessment associated with each post are detailed below and also in the BBT curriculum. Please note this is the current guidance and the ePortfolio will contain the latest guidance on numbers of assessments.

### GP placement Workplace-Based Assessments:

- Case Based Discussion (CBD), a minimum of 3 in a six-month placement
- Consultation Observation Tool (COT) or Mini Clinical Examination (Mini-CEx), a minimum of 3 in a six-month placement
- Multi Source Feedback (MSF) 1 Cycle during the GP placement (*using the usual MSF used in GP Specialty training*)

- Patient Satisfaction Questionnaire (PSQ) one in the GP placement
- Trainees should make regular learning log entries

For trainees who exit into GP Specialty Training there are 8 mandatory Direct Observation of Skills (DOPs) that a GP has to demonstrate before completion of GP Specialty training.

### **Medicine placement Workplace-Based Assessments:**

- Six WPBA are required in a six-month placement of which 3 should be Acute Care Assessment Tool (ACAT) assessments
  - For guidance 1-2 CBD and 1-2 Mini cex
- Multi Source Feedback (MSF) 1 Cycle during the Medicine placement (*using the usual MSF tool used in Core Medical training*)
- Four DOPS

The assessment tools which may be used to complete the six mandatory assessments include: Mini Clinical Examination (Mini-CEx), Direct Observation of Procedural Skills (DOPS), Case Based Discussion (CBD), Audit Assessment (AA) and Teaching Observation tool (TO).

### **Paediatric placement Workplace-based Assessments:**

- Minicex, a minimum of 3 in a six-month placement
- Case based Discussion (CBD), a minimum of two in a six-month placement
- ePaedMSF, one to be undertaken during the placement
- DOPS, competence in practical procedures is critical in paediatrics and demonstration of these is mandatory a minimum of FOUR required

### **Psychiatry placement Workplace-based Assessments:**

- Assessment of Clinical Expertise (ACE), a minimum of one in a six-month placement
- Mini-Assessed Clinical Encounter (mini-ACE), a minimum of two in a six-month placement
- CBD, at least two to be performed during the psychiatry attachment
- MSF, using the Mini Peer Assessment Tool (mini-PAT), one to be performed during the placement
- Case Based Discussion Group Assessment (CBDGA), a minimum of one to be

performed during the placement

- Case Presentation (CP), a minimum of one to be performed during the Psychiatry attachment
- Journal Club Presentation (JCP), a minimum of one to be performed during the placement

Other Psychiatry Assessment tools include: the Structured Assessment of Psychotherapy Expertise (SAPE), Assessment of Teaching (AoT), Direct Observation of non-Clinical Skills (DONCS) and DOPS (as in Foundation). Whilst there is no requirement for a trainee in the Broad Based Training programme to undertake these assessments, they may be of interest for those wishing to pursue a career in Psychiatry.

Trainees working at less than full time will need to complete the same total number of assessments – albeit they will be in the programme for a longer period of time.

### **Additional Requirements for ALL BBT trainees**

Safeguarding Children training – Level 1 and 2 is required and this should be updated annually. Trainees working in General Practice and Paediatrics need to have Level 2 training and for this to be valid at the time of exit from BBT if you are planning to pursue one of these specialities.

Please refer to the KSS policy document on the resources section of the web site. <http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies>.

Equality & Diversity training – trainees must be trained at the beginning of BBT Year 1 – the training is provided through the Trust.

BBT trainees in KSS are required to undertake audit / project work and this should be reflected in your ePortfolio. BBT trainees are not however required to undertake the HEKSS-specific Leadership Assessment.

All of the above should be detailed in your ePortfolio

GMC Survey – all trainees in each training year are expected to take part in the National

GMC Training Survey and respond to questions relating to the post they are in on a given census date. It is a professional duty for all trainees to feedback about the quality of their training in this way, as is stated in the *Gold Guide* Para 7.32 “[doctors] must take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey)” <http://specialtytraining.hee.nhs.uk/the-gold-guide/>

## ePORTFOLIO

BBT has a specifically designed ePortfolio called PRISM developed by North Western Deanery. As with other electric portfolios used in medical training it is your opportunity to show your learning experiences, both formal and informal. There will be a happy medium to be struck between over-inclusiveness and under-recording. The ePortfolio will log records of the assessments you have undertaken, your learning log and PDP. Remember if you do not record the evidence of learning you cannot be credited with it. It will form an important part of the evidence available on which to base decisions about your progression through the programme.

Although access to your portfolio is only available to those assessing it, remember that if anything did go wrong, this is a potentially public document forming part of your certification (Freedom of Information Act). Your supervisors will also have access to your portfolio as will the BBT TPD and Heads of School who comprise the BBT Local Faculty Group (LFG) and HEKSS administrators.

The GP Department will be responsible for issues regarding your ePortfolio so please contact Elena Gonzalez or David Buckle at the HEKSS office for these to be changed. In particular, it is very important that your details are correct and that any periods of extended leave are documented on your ePortfolio. If these details are incorrect it can affect your certificate of completion of training. Do not wait until the last minute to tell us of any inaccuracies please inform: Elena Gonzalez [egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk) or David Buckle [dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk)

At the completion of your training, it is understood the contents of your ePortfolio can be transported to the electronic portfolio used by your exit speciality.

## APPRAISAL / REVIEW

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in your portfolio and there is a facility for this to be done. Appraisals take place at the beginning, in the middle, and end of each six-month placement. There is also a process called an Interim Review which takes place once a year ahead of your Annual Review of Competency Progression (ARCP) - this process is detailed later.

In every post you will have an initial meeting, a mid-point meeting, and an end of placement appraisal. In some instances this will be done by your ES at other times by the CS for that placement. Remember that in your first placement your ES and CS is the same person.

### Schedule of Reviews:

	Initial Review	Mid-point	Interim for ARCP	End Placement
BBT Post 1	ES	ES		ES
BBT Post 2	CS	CS	ES	CS completes review PLUS Discussion with ES
BBT Post 3	CS	CS		CS completes review PLUS Discussion with ES
BBT Post 4	CS	CS	ES	CS completes review PLUS Discussion with ES

At each review, the purpose of the meeting is to consider learning objectives and develop and review your Personal Development Plan (PDP). This PDP should be agreed during the Induction Appraisal. The Educational Supervisor will also look forward to the whole year and help you to consider how you will maximise the

exposure in the secondary specialty and what planning may be needed ahead of the second BBT placement.

At the mid-point review, there is an opportunity to review progress. This would normally be with your CS in that placement BUT ahead of the ARCP it is important to make a formal review of your progress: the Interim Review, which will be conducted with your ES. At this meeting you should review the PDP with your supervisor using evidence from the ePortfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure you are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

At the final review with your CS, you will review progress within that placement but also meet to discuss with your ES overall progress in BBT. If there are significant concerns following the end of attachment appraisal then the TPD and Local Faculty Group will be informed.

The reviews should provide you with sufficient information to appreciate your progress. Where there are concerns about progress these will be made clear to you. An action plan will be developed to help you address outstanding competency areas.

For each of these reviews there is a document to complete in the ePortfolio and a record of the meetings needs to be signed off.

## **THE ANNUAL REVIEW OF COMPETENCY PROGRESSION**

Trainees must demonstrate satisfactory progress within each year. You will not have been deemed as successfully completing Broad Based Training unless you have satisfied the ARCP panel at the end of the second year of the programme. Without this you will not be able to progress into the specialty of your choice without a further extension of training period. This further training cannot be guaranteed within the Broad Based Training Programme but each trainee will be governed by the regulations that were in force when their training began.

In preparation for ARCP you will have had an interim review and should have a clear understanding of what is expected to give a likely satisfactory outcome.

The panel consists of the BBT Programme Director and includes representation from each of the four specialities involved in the BBT programme. There is also lay and external representation on the panel. The purpose of the Panel is to make a decision on whether the evidence you have presented in your ePortfolio along with the ES appraisals is adequate for you to pass to the next level of training. If the information is inadequate you will be invited to the Panel for feedback and plans for how these areas can be corrected will be discussed. If it is deemed you are likely to have provided sufficient evidence you would not be called before the panel. Trainees successfully completing BBT will be issued an Outcome 1 at the ARCP panel.

A HEKSS- based appeals mechanism is in place for the investigation of complaints in relation to the management and outcome of the ARCP.

HEKSS **ARCP Quality Management Guidelines** can be downloaded from the following web page: <http://kssdeanery.org/arcp-and-revalidation>

## **What Happens If a Trainee Does Not Make the Expected Educational Progress?**

For a small number of BBT trainees, educational problems may be identified at any stage. Although these may have a number of causes, it is likely that problems will be picked up through the formative workplace-based assessments. If progress for any BBT trainee is not as satisfactory as expected, then this may mean that the ARCP panel is not able to recommend an outcome that indicates satisfactory progress. This may mean that further targeted learning development needs to take place within a specified time.

HEKSS provides support to Trainees in Difficulty and guidance can be found on the web link: <http://kssdeanery.org/specialty/resources-and-downloads>

The Educational Supervisors and Training Programme Director will actively seek to be aware of any educational difficulties for any BBT in order that appropriate and specific support can be given.

However, the ultimate responsibility for the educational progress of any BBT rests with the individual, and should appropriate progress ultimately fail to be demonstrated by any BBT, then they will be released from training as per the guidance given in the Gold Guide.

## REVALIDATION FOR DOCTORS IN TRAINING

From 3<sup>rd</sup> December 2012, the GMC require all doctors in training to be revalidated at CCT or after five years in training. For BBT trainees exiting into General Practice this is likely to occur when you obtain your CCT. For other BBT trainees this is likely to occur at five years into your training.

The ARCP process is the vehicle for obtaining evidence for Fitness to Practice from which the Responsible Officer will make a recommendation to the GMC for revalidation.

This national process requires HEKSS to collect data in three parts - information from you, your supervisor and from your employer(s). The employer(s) will be supplying information to HEKSS in order to inform the revalidation process through the ARCP.

This information will be provided under three headings:-

- Conduct/Capability Investigation
- Serious Untoward Incident
- Complaints

The HEKSS GP School will be liaising directly with employing Trusts, to seek this information and Educational Supervisors will also complete similar information in a specific section of the ES Review.

### **BBT trainees will need to complete:**

**The Enhanced Form R** - All Doctors in Training are required to complete the Enhanced Form R and HEKSS are required to have this available in advance of each ARCP. The Form R is the document that all Specialty trainees sign annually, and again prior to CCT. This enhanced version requires you to answer questions about whether you have been involved in any complaints or investigated incidents over the last year.

HEKSS has created a web page with further information, including some Frequently Asked Questions (FAQs). <http://kssdeanery.org/arcp-and-revalidation>

The GMC state that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where

the event should have been prevented, which is significant enough to be investigated by your employing organisation.

It is an educational requirement that all doctors as part of the evidence they will submit for revalidation, are required to record and reflect on significant events in their work with the focus on what they have learnt as a result of the event/s.

Professor Abdol Tavabie, Interim Dean Director is the Responsible Officer (RO) for all HEKSS managed trainees.

## **Completing the Enhanced Form R**

All Specialty trainees need to complete the Registering for Postgraduate Specialty Training (Enhanced Form R), and this is a requirement for entering training and again prior to each Annual Review of Competency Progression, (so at least every year and also for any additional reviews that may need to be held). This form must be completed and returned with a passport size photo to the GP Training Manager.

For BBT Trainees, your HEKSS Deanery Reference Number will be issued from HEKSS when your form is received in the office (at the start of year 1). It is a requirement for HEKSS to collect Form R's and also to inform a revalidation recommendation by the Responsible Officer (RO) to the GMC, to complete a Form R for each Annual Review of Competency Progression. An email reminder will be sent to you each year before this is due.

The Enhanced Form R now collects information required to support the revalidation process and doctors in training are required to complete the self-declarations and provide further information on any unresolved significant untoward incidents or serious unresolved complaints (see earlier section on revalidation).

## **IMPORTANT INFORMATION BEFORE YOU START BBT**

- Register on GMC Connect with the designated body of HEKSS (Professor Abdol Tavabie will be your Responsible Officer)
- Ensure your GMC Registration is current
- Contact your Educational Supervisor
- Complete an Enhanced Form R - See guidance above

- Contact the HR Department at your Single Employer Acute Trust -See guidance below
- Two months before starting the GP placement
  - Contact the GP Training Recruitment Manager as you will need to complete an SEGPR1 form which relates to the release of your salary in the GP placement. Forms are obtainable from [sparvez@kss.hee.nhs.uk](mailto:sparvez@kss.hee.nhs.uk).
  - Ensure you have appropriate Medical Indemnity - See guidance below
- Hepatitis B vaccination must be up to date and immunity checked (Occupational health assessment is required for all trainees). This will be done by the Acute Trust.

### Single Employer Contract

In 2011, HEKSS piloted a Single Lead Employer Acute Trust (SEAT) process for GP Trainees to have one employer (the Acute Trust) throughout their GP Training Programme. The outcome of this pilot was successful and beneficial to GP trainees, Acute Trusts and GP Training Practices. As a result of this successful pilot this process has been adopted for BBT. You will therefore be employed for the duration of your BBT programme with a host Acute Trust. During BBT you will rotate through General Practice placements and a Psychiatry Trust but your employer remains the Acute Trust.

### Honorary Contract

Whilst your employer for the duration of BBT is the Acute Trust you would be required to sign an honorary contract in your General Practice placement and for the Psychiatry placement.

### Medical Indemnity

Different arrangements have applied to working in hospital and in General Practice. If you are working in the Hospital Trust they will organise your indemnity under the Crown Indemnity (CNST) for NHS Hospital Trusts. If you are entering a GP placement, you **must** have current cover from a medical indemnity organisation.

**For SEAT Employed BBT trainees** HEKSS has made arrangements to pre-purchase discretionary medical indemnity for the benefit of all SEAT BBT trainees through individual membership of The Medical Defence Union Limited (MDU) (the HEKSS/MDU Indemnity Arrangement).

The arrangement started on 7th August 2013 and provides trainees annually (within their BBT programme) with:

- Medical indemnity support during your General Practice placement. You can request assistance with indemnifying for claims that arise from the normal practice of clinical medicine for HEKSS as a BBT trainee during this period, on an unlimited basis.
- Medico-legal advisory support during your Secondary Care\* and General Practice placements. You can request advice from the UK's largest team of in-house medico-legal advisors, 24 hours a day and 365 days a year, for both your Secondary Care and General Practice placement activities during this period.  
*\*outside this arrangement trainees would normally fund this additional support for secondary care placements themselves.*
- Education support during your training. You can receive tailored face-to-face and on- line educational support from the MDU for your professional developmental needs in addition to that provided by your training programme.

Details of the benefits available to you through membership of the MDU under this arrangement are shown in the member guide at <http://www.themdu.com/my-membership/uk-member-guide-2014>

Your payment for the MDU Indemnity Arrangement will be paid on your behalf by HEKSS once you have completed the on-line form <http://kssdeanery.org/form/medical-indemnity>. You may, however, decide to take out appropriate medical indemnity with an alternative provider, or elect to continue with your current indemnity provider (that is, not with the MDU). **You MUST organise this before you commence your General Practice placement.** If you choose to opt out of the pre-purchase agreement with the MDU, HEKSS may consider reimbursing a nominal amount towards this alternative medical indemnity; you will be responsible for any additional cost.

**It is YOUR responsibility to ensure that you have the appropriate medical indemnity for your GP placement. Details of how to subscribe to the SEAT KSS/MDU special indemnity package will be available on the web site:** <http://kssdeanery.org/form/medical-indemnity> .

## Induction to Training

You must contact the Human Resources, or Medical Staffing Department of the Hospital Trust ahead of starting your BBT training. They will then organise the appropriate documentation that you need to complete.

The Acute Hospital Trust employing you will organise an Induction Day. If your first placement is in General Practice or Psychiatry you will still need to attend this Induction. You can also expect a Departmental Induction in each of the specialities you rotate through.

Your BBT Programme Director will arrange a further Induction Day specific for BBT trainees. The BBT Induction Day is to help familiarise you with the aims of BBT, the curriculum and ePortfolio.

## **BBT EDUCATIONAL PROGRAMME**

In BBT Year 1, there will be a bi-monthly teaching programme for all BBT trainees. The topics covered will be linked to the common theme competencies. In your hospital placements you should attend the regular teaching for the junior doctors in that speciality, for which there will be some local variation amongst Trusts. In addition to this teaching, there are further educational opportunities that you need to attend.

In General Practice, you will have a weekly tutorial with your GP trainer or other delegated member of the Primary Care Team. You will also attend the regular GP programme teaching events with other GP trainees in the area. Ensure you have details of this programme, the GP Programme Director will expect your attendance. In GP placements, you would also have a session for private study.

In Medicine, you should attend 2-3 regional training days. Dates of all the regional training days can be found at:

<http://kssdeanery.org/http%3A/%252Fkssdeanery.org/cmt/cmt-teaching-and-learning/Regional-training-days>

In Paediatrics, you should attend 2 Paediatric Learning and Training Programme (PLEAT) days. You also need to complete the Advanced Paediatric Life Support (APLS) and Neonatal Life Support (NLS) courses. Dates of the PLEAT days can be found at <http://kssdeanery.org/paediatrics/teaching-and-learning/core-training-days>

In Psychiatry, you should participate regularly in a Balint group and if possible attend the MRC Psych course. Trainees exiting into Psychiatry may discuss how to continue to gain exposure to Balint Groups in other placements, as one year of Balint group

attendance is recommended in core Psychiatry training. Please contact [psychiatry@kss.hee.nhs.uk](mailto:psychiatry@kss.hee.nhs.uk) for more information.

## **SUPPORT FOR BBT TRAINEES**

BBT training can bring to light different kinds of personal and professional stresses which can be difficult to cope with. Should this happen then there are a number of routes of support. Maybe your first port of call could be your colleagues in your peer group, many of whom may have had similar experiences.

Remember, you are not on your own; there will always be someone to turn to for advice.

Your Clinical and Educational Supervisors are an important source of support throughout your BBT programme. If you have specific concerns about the placement you are in this should be addressed, in the first instance, with your Clinical Supervisor for that post and, if you wish, extra support from your Educational Supervisor.

In addition, BBT has a Training Programme Director (TPD) who is employed by HEKSS to support and facilitate the running and delivery of the training for the whole BBT Programme of HEKSS. The TPD will co-ordinate your training programme throughout your two-year Programme.

In HEKSS there is a well-established system for trainees to be engaged in discussing their training. This is the Local Faculty Group (LFG).

## **LOCAL FACULY GROUP (LFG)**

The LFG meets three times a year and trainee representation is invited. Because the BBT programme is a pilot the LFG will include the three pilot sites and may use telephone conferencing facilities. Membership of the LFG also includes the Heads of the Four Schools involved in BBT, the BBT TPD, Supervisors, Medical Education Managers from participating Trusts, LFG administrators and the Careers Support Team. In the first part of the meeting, general issues relating to posts, the educational programme, support and supervision are discussed. Trainee feedback is really valued.

There is a second confidential part to the meeting where trainee progress is discussed

and trainees are asked to leave at this point.

A **Local Academic Board (LAB)** is also operational in each of the BBT sites. The LAB oversees and monitors the quality of education in the Trust. There is trainee representation on the LAB and minutes of the BBT LFG are also reviewed at the LAB.

## CAREERS GUIDANCE

All BBT trainees in HEKSS will have regular meetings with a designated careers adviser. Careers support will be available in order to guide BBT trainees through the process of choosing their exit specialty. One to one guidance sessions will be offered to trainees towards the beginning of each rotation. In this way, the careers adviser can help the trainee assess how to make the rotation work best for them in terms of their career choices. The careers advisers can also help the trainees make decisions about their careers beyond BBT, looking at their strengths and interests, in relation to the many choices which exist within GP, Psychiatry, Paediatrics and Medicine. BBT trainees should also discuss their career plans with their Educational Supervisor.

The BBT specialty leads available for careers advice are:

Ms Lisa Stone, HEKSS Careers Team: [lstone@kss.hee.nhs.uk](mailto:lstone@kss.hee.nhs.uk)

Ms Margaret Holbrough, HEKSS Careers Team: [mholbrough@kss.hee.nhs.uk](mailto:mholbrough@kss.hee.nhs.uk)

## EXITING TO YOUR CHOSEN SPECIALITY

It is expected BBT trainees will have made a decision about their speciality they would like to pursue after BBT, at their ARCP at the end of BBT Year 1.

Trainees exiting into GP and Psychiatry will be issued with a National Training Number (NTN) by their respective School and will need to register with the appropriate college. Specific guidance on this will be available from your Supervisors and the Specialty Medical Workforce Teams.

The Heads of School at HEKSS recommend the following qualifications before exiting BBT, if your plans are to pursue their speciality.

- Medicine - MRCP Part 1
- Psychiatry - 1 written exam. Participation in Balint Groups.

- Paediatrics and General Practice – no exams necessary at exit stage.

Throughout the programme there is provision for study leave. See guidance below

The Study Leave support is primarily to ensure that the BBT curriculum is covered and that you are able to exit successfully from BBT into your chosen speciality.

## **GUIDANCE TO STUDY LEAVE FOR BBT TRAINEES**

In the first year of BBT, you will have access to a bi-monthly educational programme primarily designed to ensure that the BBT curriculum is covered and that you are able to exit successfully from BBT into your chosen speciality. In the second year you may wish to focus on activities relevant to your exit career choice.

It is important you plan your study leave at the beginning of each training year with your ES and BBT TPD Programme Director.

All BBT trainees must get Educational Approval from the BBT TPD and follow the Trust study leave application processes before taking study leave. From 1<sup>st</sup> April 2014, claims for reimbursement of study leave expenses will be processed via the Medical Education Manager of the Employing Acute Trust.

The HEKSS Study Leave Guidance containing fuller details can be found on the website. This document is updated annually: <http://kssdeanery.org/policies-and-procedures/study-leave-guidance>

## **LESS THAN FULL-TIME TRAINING (LTFT)**

BBT trainees may, like other doctors in training programmes, seek to work at less than full time. Organising LTFT (part-time or flexible training) is the responsibility of the BBT trainee which will need thought, planning and time to organise.

There is specific guidance available on eligibility criteria and how to apply on HEKSS website: <http://kssdeanery.org/less-than-full-time-training>

All offers made for BBT following the national recruitment and selection process are for

full-time posts. If you want to train LTFT then you should contact the HEKSS LTFT office ([lessthanfulltimetraining@kss.hee.nhs.uk](mailto:lessthanfulltimetraining@kss.hee.nhs.uk)) and the GP Training Recruitment Manager ([recruitmentmanager@kss.hee.uk](mailto:recruitmentmanager@kss.hee.uk)) to seek eligibility and funding approval.

Once you have received eligibility and funding approval you should contact the BBT Programme Director to agree possible placements and sessions to be worked. The form will need to be signed off by your Trust Medical Staffing and Finance representative.

The arrangement is for two LTFT trainees to occupy substantive posts under a slot-share arrangement (which is like a modified job-share) though in some cases (e.g. a slot-share partner leaves employment before the end of the post) reduced sessions in a full-time post may be possible. If you are contemplating training at LTFT you should work towards identifying a slot-share partner.

You will need to provide a copy of your weekly timetable to the LTFT department and the BBT TPD which will need to be agreed for each placement.

LTFT in BBT training must be at least 50% of that of a full time trainee. 50% is usually considered to be 5 sessions per week, equivalent to 2½ days but this is to be negotiated with the BBT TPD. You are still expected to attend educational events and participate in rotas and in GP placements pro-rata Out of Hours.

There is a calculator to allow you to work out the structure and content of your training week to fit the percentage of full-time that you wish to undertake for GP placements. The calculator also allows you to work out how long you will need in the placement to complete your training.

This calculator is printed as part of the LTFT training application document, and to download follow this link: <http://kssdeanery.org/less-full-time-lft-training/trainee-applicant-guide>

Your salary is calculated slightly differently than full-time trainees. The salary is on a pro-rata basis. Your mileage allowance will be claimed as normal.

There is also information on LTFT training on the BMA website <http://www.bma.org.uk>

## CONTRACTUAL AND ADMINISTRATIVE INFORMATION

### Salary

You will be employed throughout your BBT programme by the Acute Trust and your salary will be paid by the employing Trust based on national pay scales.

Appropriate deductions from your salary are made for pension contributions and National Insurance. A trainee in a GP placement will have their salary adjusted to receive the GP Registrar Supplement at the appropriate rate – currently at June 2013, 45% (Pay Circular June 2011 Section 4).

[Refer to NHS Employers' Pay Circular](#) (M&D, latest issue, Specialty Registrar - Core Training)

With your contract you are not encouraged to undertake any other outside medical work receiving payment, as you are considered as working full-time and such work may impinge not only on the time you need for studying but also on the limits set by the working time directive.

### Mileage Claims in GP Placements

The HEKSS Car Mileage Guidance can be found on the website <http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-and-policies>. You will be expected to be able to satisfy the community and domiciliary aspects of delivering GP care whilst in training, such as doing home visits, both acute and planned, and you should make arrangements to ensure that you can do this. The amount of travelling involved varies from Practice to Practice and depends on the locality, with more rural practices often having more need for this. Most BBT trainees will use their own car, and you will need to ensure that you keep a record of your mileage with this travelling in order to reclaim travel expenses. These records must be verified and signed by your GP Supervisor and must subsequently be kept in your files in the training practice for audit purposes and a copy forwarded to your employer: the Acute Trust. Your Employer will reimburse you these costs.

BBT trainees cannot claim for normal daily travel to and from work. Business activities include visiting patients in their home, or other locations such as residential or nursing homes, travelling to out of hours organisations' centres, travelling to other sites for clinics and for educational purposes are claimable. You are required to ensure your car is covered by insurance for business use.

Claims for mileage in GP Placements require you to complete the documentation of your Lead Single Employer and get this countersigned by your GP Trainer (the HEKSS Guidance will be a useful resource).

If you do not have a car to use, you must ensure that your other transport arrangements are satisfactory and approved by the BBT TPD in discussion with your GP Supervisor. You may be able to claim travelling expenses for employing other means commensurate with the mileage allowable for the use of a motor car, in accordance with the Directions to Strategic Health Authorities, provided this is appropriate, reasonable and commensurate with your training needs.

## **Relocation Expenses**

Doctors relocating to another area in order to undertake a programme of specialty training may be eligible for relocation expenses. For BBTs in their hospital placements or employed by the Single Employer Acute Trust, this process is administered by the Health Education London (as is the case for all specialty trainees in HEKSS). Guidance to this is available at <http://www.londondeanery.ac.uk/var/relocation>

## **Family / Parental Leave**

Trainees are entitled to take up to 52 weeks maternity leave.

You should ideally inform your Trust and HEKSS by the end of the 15<sup>th</sup> week of your expected week of childbirth (EWC), of your pregnancy, EWC and date you wish your maternity leave to start. You will also be required to provide a MatB1 from your midwife or doctor. HR/Medical will be able to inform you of any entitlements.

To qualify for maternity pay you must have had 12 months of continuous service with the NHS by the beginning of the 11<sup>th</sup> week before your expected week of childbirth. Under the Single Employer Acute Trust (SEAT) arrangement, any move between posts on the BBT rotation will not break the 26-week continuity of employment requirement for Statutory Maternity Pay (SMP). Occupational Maternity Pay (OMP) is currently 8 weeks at full pay and 18 weeks at half pay. SMP is paid at 90% of full pay for 6 weeks and at £136.78 (2013 rates) for the remainder of the 39 weeks. SMP is liable for tax and NI contributions. If OMP is payable, SMP/SMA are included in the 8 weeks of full pay; SMP/SMA is payable in addition to the 18 weeks of half pay. There is a useful guide

including a flowchart explaining these allowances available at <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars/maternity-guidance>

HEKSS has developed a useful Family/ Parent Leave Guide which can be found on the website. **Note:** trainees taking family leave should liaise with the BBT TPD and complete the notification form which forms part of this document.

When returning from maternity leave your employer, the BBT TPD and HEKSS will need to be informed no later than 28 days before you intend starting back at work . A **Maternity Leave Notification form (which forms part of the Parent Leave Guide <http://kssdeanery.org/ParentLeave>)** should be completed to enable HEKSS to organise an ARCP panel before you take your maternity leave, and to ensure that a training programme and funding is reserved for your return to training.

When returning to BBT following maternity leave, the employer will however, organise to place you on return in an appropriate placement, and will seek to take your wishes into account. Your training will be extended to take into account the time missed..

The NHS guidance to maternity leave regulations is covered in the following directions:-

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4066307.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4066307.pdf)

[http://www.nhsemployers.org/SiteCollectionDocuments/GP%20Registrar%20Directions%20July%202009%20\(3\).pdf](http://www.nhsemployers.org/SiteCollectionDocuments/GP%20Registrar%20Directions%20July%202009%20(3).pdf)

BBT trainees are eligible for paid paternity leave up to two weeks provided that they have 12 months continuous service with the NHS 11 weeks prior to the EWC. Longer periods unpaid are at the discretion of their employer.

Should you wish to take maternity leave late towards the end of your two-year training programme, this will have implications for your final ARCP and signing off. In this case you should contact the GP Training Team: [egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk) or [dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk) who will be able to give you further advice.

## Sickness Absence

If you are off sick, then you should immediately inform your employer: the ACUTE TRUST and also your placement lead (in General Practice, your GP Supervisor and Practice Manager and in Psychiatry, your Psychiatry Supervisor and MEM).

Periods of sickness for up to 8 days should be covered by the production of a self-certificate to be given to your employer. Sickness lasting longer than that period will require a formal Medical Certificate to be obtained from your own GP, to be given to your employer (the Acute Trust) and a copy, for those in a General Practice placement, to your GP Supervisor /Practice Manager and, in a Psychiatry placement, to your Psychiatry Supervisor / Medical Education Manager of the Psychiatry Trust.

The GMC has provided guidance on the implications of sickness for doctors in training. Sickness of a duration of more than 2 weeks in any one year will require you to make up time. If you are ill for a total of less than 2 weeks in your training year, your training and expected completion date is not affected and your salary continues as normal, with allowance made for sick pay.

If you are sick for more than 2 weeks, your training will need to be extended by the relevant time period. You are responsible for keeping your employer, Educational Supervisor, BBT TPD and placements informed about your progress during this time.

**Sickness exceeding 2 weeks MUST also be reported to** the GP Training Team: [egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk) and [dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk)

Most episodes of sickness are fortunately for short periods, and do not generally interrupt the progress of the training. For longer periods of sickness, the employer may request you attend Occupational Health prior to a return to work to ensure that you are fit to return to working and training.

It is important to say that all BBT trainees should themselves be registered with a GP, but you should not be registered as a patient where your GP placement is based (although if this is unavoidable due to specific geographical factors, you should definitely not be a registered patient of your GP Supervisor)

It is extremely important just before you go on maternity leave / extended leave/ planned sick leave that your Educational Supervisor completes a review through your ePortfolio, putting you out of programme. This effectively suspends your ePortfolio until your return.

It is extremely important that Elena Gonzalez ([egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk)) or David

Buckle ([dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk)) is contacted at HEKSS for any trainees who need to be signed off outside of the 6-month and 10-month review periods.

## Changes to your Circumstances

It is very important for HEKSS to know how to contact you during your training. You must inform the GP Training Team ([egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk) / [dbuckle@kss.hee.nhs.uk](mailto:dbuckle@kss.hee.nhs.uk)) if there are any changes in your circumstances, and complete and return the 'Changes in Circumstances' form which you can obtain from the GP Training Team and the website.

## Out of Programme Experience (OOP)

BBT trainees in HEKSS School may be eligible to undertake negotiated OOP provided this satisfies the guidance and the criteria.

Further information on this is available on the HEKSS website.

## Resignation from the BBT Programme

This will hopefully be a rare event. However, there may be a number of reasons, that a BBT trainee feels that they need to resign their training post. Should this be the case it is very important that the BBT trainee discusses their decision with the BBT Programme Director. If you do leave the BBT Programme, you must give at least three months' notice. You will need to send a letter of resignation to the Head of the GP School, the BBT TPD and your employer. The BBT Programme Director will need to complete a 'Confirmation of Withdrawal from Training' form and return this to the Interim GP Training Manager, notifying the reasons for this on [egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk).

There will also need to be a final ARCP panel, which will normally give an outcome appropriate for the level of progress achieved at that point.

Where a BBT trainee resigns ahead of the expected completion date of BBT it is NOT PERMISSIBLE to exit straight into one of the four BBT specialities. A trainee would have to re-apply in open competition for selection to that chosen speciality and would be required to undertake the full training programme for that speciality.

## THE TRAINEE VOICE

HEKSS considers the giving of feedback a necessary professional obligation for all doctors in training.

HEKSS places very great importance on the feedback it receives from our trainees about the placements that they have experienced. As BBT is a pilot programme there will be on-going evaluation of the process and it will be important to contribute to this. There will be a process of national evaluation and HEKSS evaluation.

There is an opportunity to feedback on placements online and this does not take long to do, and we would like every doctor in BBT training in the HEKSS to feedback at the end of each of their placements in BBT Year 1 and BBT Year 2, both in hospital and in General Practice.

In addition, your GP Trainer will have an Exit Interview with you at the end of your GP placement to undertake a final reflection on the placement.

The Local Faculty Group, as mentioned earlier, also has trainee representation and it is anticipated there will be one representative per pilot programme.

## **GMC SURVEY**

As described earlier, participation in the GMC National Trainee Survey is a requirement of doctors in training.

There is also a process of regular visiting of Acute Trusts. During your time in training you may be involved in one of these visits and asked to give feedback on your placement to a team of visitors. The visits will be looking at specialties specifically but feedback from BBT trainees will be an important contribution to exploring the educational provision for all trainees working in a department.

## **UK TRAINING FOR OVERSEAS DOCTORS**

- Overseas doctors are those who, regardless of where they obtained their primary medical qualification, are not nationals of the European Economic Area (EEA). It will normally not be possible to be employed in the UK unless the doctor has a right of residence, is covered by a visa status tier, or has an extant work permit.
- Normally, these appropriate checks will be made at the recruitment stage or when any offer of employment is made. Any doctor who is uncertain as to his/her status under immigration and nationality law is advised to check with the Border and

Immigration Agency.

- Successful applicants who need to apply for a work permit should contact Elena Gonzalez at HEKSS ([egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk)).
- The application requires an overseas doctor to produce evidence in the form of a formal document from the Postgraduate Dean to show their appointment and progress as a BBT trainee. The FLR(O) form is found at <http://www.ind.homeoffice.gov.uk/>
- You should remember that you cannot undertake BBT training unless you have full GMC registration. Refer to the GMC for registration <http://www.gmc-uk.org> and to the National Advice Centre for Postgraduate Medical Education [NACPME] of the British Council, these provide useful information sheets <http://www.britcoun.org/health> and the Home Office.
- The visa and work eligibility guidance is subject to constant change. For further advice and support please contact Elena Gonzalez at [egonzalez@kss.hee.nhs.uk](mailto:egonzalez@kss.hee.nhs.uk)

## LIBRARY & e-Learning RESOURCES

NHS library and knowledge centres provide professional support to BBTs through the provision of evidence, advice and e-learning resources. A network of NHS libraries exists across Kent, Surrey and Sussex, all of which are open to all General Practice staff and can be accessed remotely via telephone, email or the web.

All libraries in the region have access to the internet and many can be visited 24-hours-a-day. They have a superb range of educational resources for you to access, including a wide range of books, journals and exam texts, and will often be able to send these out to you via the internal post. Electronic journals, electronic books, e-learning resources, and databases of evidence-based material (such as Map of Medicine), can be accessed from your desk or from home. Many of these online resources are accessible with an NHS Athens password, which is provided by NHS libraries and can be registered for at [www.athens.nhs.uk](http://www.athens.nhs.uk).

The staff in the libraries are extremely knowledgeable and will help you access reading material which, if not readily available, can be obtained from other libraries in the region. The library services offer training programmes to improve your skills in finding and appraising research for evidence-based practice, and will carry out expert literature searches on your behalf. Library staff will be happy to visit you in your practice to discuss your individual needs and provide training.

Contact details and opening times for your local NHS library can be found at [www.hlisd.org](http://www.hlisd.org), and the regional library catalogue is available at [www.southeastlibrarysearch.nhs.uk](http://www.southeastlibrarysearch.nhs.uk)