

# TARGETED GP TRAINING (TGPT) - HEE / NES GUIDANCE ON PROGRESSION IN TRAINING

Please note that the GMC / RCGP signed off mandatory elements are not negotiable and are highlighted in grey. Other elements have been agreed by a working party that included RCGP, NES, HEE and the proposed employers for England and have been agreed by the GP Specialty Advisory Committee. These are highlighted in blue. The programme is awaiting final confirmation from the GMC over their requirements with regard to readiness to sit assessments.

## GMC/RCGP Mandatory elements

### Background

The programme length is 18 months, whole time equivalent, with a further six months exceptional training. Any further extensions will not be permitted. (This does not include extensions for statutory reasons such as sickness or maternity leave).

By definition, trainees on this programme need targeted bespoke support. They also need to present to ARCP panels sufficient evidence to confirm both engagement and progression. The minimum requirement for trainees accepted onto the TGPT programme is to follow the WPBA requirements for a trainee in their ST3 year of training for each year that they are on the programme.

This guidance on how to implement the above, and how to best support the decision making at ARCP has been developed in conjunction with the RCGP WPBA group.

### Mandatory Assessments

The minimum requirement for trainees accepted onto the TGPT programme is to follow the WPBA requirements for a trainee in their ST3 year of training for each year that they are on the programme.

This currently includes as a minimum:

#### *Learning Logs*

A sufficient number of learning log entries to demonstrate the trainee's experiences of consulting with patients from a wide range of population groups. These entries need to be written to demonstrate reflection, future-learning needs and to enable the supervisor to map them against one or more of the capabilities. Going forward the proposal in the revised curriculum will be that trainees need to document 3 clinical encounters monthly, and this is the recommended *minimum* number for TGPTs.

In addition, other log entries are required to demonstrate the trainee's involvement in quality improvement activity, leadership and any out of hours or acute unscheduled care placements attended.

The trainee needs to document in their log any mandatory requirements for revalidation, for example basic life support (to include AED) and child safeguarding at level 3.

#### *Reviews*

2 Educational Supervisors Reviews (ESR) per annum with one occurring at the mid way point of the training year and one prior to the trainees Annual Review of Competence Progression (ARCP). If at any time the Educational Supervisor is concerned about their progress, the trainee may be referred to an ARCP panel, but the norm should be an ARCP after twelve months and six-monthly thereafter.

### *Personal Development Plan*

Trainees are expected to generate a PDP. These entries can be linked back to learning log entries and need to be SMART. The PDP entries need to be achieved at the end of each training year, with the generation of new entries to carry forward.

*Assessments to be completed as evidence to support the first, 12-month ARCP (for WTE trainees - LTFT pro-rata)*

- 12 Consultation Observation Tools (COT)
- 12 Case Based Discussions (CbD)
- 2 Multisource feedbacks each with 10 replies (MSF)
- 1 Patient Satisfaction Questionnaire (PSQ)
- Clinical Examination and Procedural Skills, (CEPS), which include a range of skills
- Educational Supervisors Review covering all competence areas

Nb, the above dataset is the *minimum* required. The RCGP, HEE and NES **strongly recommend** that the available evidence is increased to support both the ES and the ARCP panel in making their recommendation about readiness to sit, particularly in the case of CSA where COTs and a Clinical Supervisor's Report are an invaluable source of evidence (see below), as are audio-COTs of telephone consultations.

*Assessments to be completed to support subsequent ARCPs*

- 1 Consultation Observation Tool (COT) per month in programme
- 1 Case Based Discussion (CbD) per month in programme

*Assessments to be completed prior to final signoff*

- Clinical Examination and Procedural Skills, (CEPS), which include 5 mandatory and a range of other skills.as applicable *These will need to be demonstrated even if demonstrated during previous training, to ensure maintenance of skills.*
- 1 MSF with 10 replies
- 1 Patient Satisfaction Questionnaire
- In date BLS/AED certificate
- In date level 3 Safeguarding certificate

**Please note that the above list is the current mandatory evidence required. Once the new GP curriculum has been approved by the GMC, there will be a transition period for all trainees, and trainees undertaking Targeted GP Training will be subject to whatever the transition arrangements are for ST3 trainees.**

## **Additional Mandatory Requirements for GP Trainees on the TGPT Readiness to sit process**

It is a GMC requirement that Trainees on the TGPT programme need to be assessed as to their readiness to sit the exam not previously passed (CSA or AKT), and their readiness to sit any exam whose currency has elapsed due to time. **Please note:** The GMC have not as yet confirmed their precise requirements over the evidence that is expected to be submitted to a panel to inform their making this assessment. The following is what we would advise until such time as details of their requirements is received.

### *For the exam that had not been passed during previous ST3 training*

Readiness to sit the outstanding exam will not be granted before 12 months of the programme have elapsed, and will be decided upon at the trainees first 12-month ARCP. It will be decided through the ARCP process from the evidence available in the trainees' e-Portfolio and on a positive recommendation from the Educational Supervisor, confirmed in the ESR.

Where the decision of the panel is that the trainee is not ready to sit the exam, this should be made clear in the ARCP form, and the trainee should meet with a TPD to discuss the next steps.

Please note that it is a GMC stipulation that trainees **must not** take the failed exam until an ARCP panel has agreed that they are ready to sit the exam. Trainees will be expected to self-declare on application that their latest ARCP panel has confirmed their readiness to sit, and false declarations will be regarded as a probity issue.

### *Readiness to sit the expired exam*

This can be decided by the trainee and ES in conversation no earlier than the first ESR. (6 months into the Targeted GP Training programme). This readiness to sit should be confirmed in the ESR

### *Second exam attempts*

The regulations only allow two attempts for each of the exams, however many attempts the trainee had when previously in standard GP training, and no attempts out of programme.

Where a TGPT trainee fails a previously passed but time expired exam the decision on readiness to re-sit should be reviewed through the ARCP process rather than an individual decision between the ES and the trainee.

Where readiness to sit has already been established, HEE / NES **strongly recommend** a conversation with the ES and/or their support TPD before they apply for the exam again.

NOTE: HEE and NES accept no responsibility for an unsuccessful result, having based their assessment of readiness to sit on the evidence provided by the trainee.

## **Less than Full-Time Training**

The programme length is 18 months whole time equivalent. LTFT trainees can be accommodated for statutory reasons only, in which case all of the above assessments and advice should be considered pro-rata with the sole exception of ARCPs which can be held no less frequently than annually.