



Health Education Kent  
Surrey and Sussex

**Health Education Kent, Surrey and Sussex  
Department of Postgraduate General Practice Education**



*“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

*Developing people  
for health and  
healthcare*



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# INTRODUCTION

This document presents the last year's annual report of the Department of Postgraduate General Practice Education for Health Education Kent, Surrey & Sussex.

In the last twelve months there has been considerable change for the organisation. We are now a small part of Health Education England (HEE) based in Health Education Kent, Surrey and Sussex (HEKSS). We are delighted that HEKSS has recognised that the primary care workforce is the bedrock of NHS care provision, offering entry into the system for all new needs and problems. It is also acknowledged that primary care provides person focussed (not disease oriented) care over time, provides for all but very uncommon or unusual conditions, and coordinates or integrates care provided by others.

You will find in this report a number of examples of innovative approaches to education and training and working arrangements of which we are particularly proud. Although the GP Department is a small part of the organisation, we are pleased with our achievements in transformational leadership for modernising the concept of primary care workforce developments in the delivering of high quality care to our patients.

Whilst the main focus of the report is to share our work and achievements over the past year, we are also taking this opportunity to look forward in the light of the reconfiguration taking place within the National Health Service and particularly within the field of primary care and medical education.

In April 2013, Clinical Commissioning Groups (CCGs) were established to take over their role in service commissioning, and be responsible for redesign of services with the emphasis to deliver patient care closer to the patient's home. Health Education England has also been established as a new national leadership organisation responsible for ensuring that education, training, and workforce development are driving the highest quality public health and patient outcomes.

Health Education England (HEE) has commitment to:

- place providers of NHS services firmly in the driving seat to plan and develop the workforce, within a coherent national framework and to consistent standards.
- ensure that staff are available with the right skills and knowledge, at the right time, and that the shape and structure of the workforce evolves to meet changing needs.
- provide a clear focus on the entire healthcare education and training system, and ensure greater accountability against service improvements.

- ensure that investments made in education and training are transparent, fair and efficient, and achieve good value for money.

The underpinning aims for the Health Education England is to:

- Improve Quality of patient Care,
- Develop a whole workforce responsibility,
- Develop a multi-professional ethos- team based care

HEKSS is signed up to the above principles and has made Primary and Community Workforce one of their top five priorities in order:

1. To improve education and training for all workforce.
2. To increase placements in primary care and community for the future generation of clinicians including nurse students, GP trainees paramedic practitioners students and health care assistants.
3. To put in place a robust plan for the future workforce planning in primary care and community.

HEKSS is a subcommittee of the HEE, and has successfully completed the authorisation process. HEKSS is responsible for commissioning multi-professional education in the health economy for ensuring that education & training, and workforce planning drives high quality patient care. The governing body of HEKSS has membership from all NHS providers of services, and is responsible for ensuring quality education and training is provided for all workforce in Kent, Surrey and Sussex. We are pleased that the GP education network has embraced with this function of HEKSS in promoting inter-professional working and learning and high quality team based care for our patients.

I would like to pay tribute to all those working in educational roles in delivering the education that our learners need and the patient would expect. My thanks to all staff centrally, and within our network who support the infrastructure to education and training. I also give my thanks to trainees who work hard, give us feedback and encouragement as well as providing excellent care to our patients.

This report describes the changes in the working arrangements of the GP Department, our achievements, and some of the year's highlights. I hope you find the report interesting and informative, and we welcome your feedback.

**Professor Abdol Tavabie**  
**Dean of Postgraduate GP Education**  
**March 2014**

## REFLECTION ON THE YEAR (2013)

The past twelve months have been very busy, enjoyable and, in many ways, have continued the process of consolidation for the Department of Postgraduate GP Education as we began our integration into Health Education England as part of the HEKSS early in 2013. The staff TUPE transferred from BSUH into HEE in October 2013. We continue to experience growth in our agenda and activity and strive to achieve this within a constrained financial climate and a reducing budget.

One of our key aims has been to continue to review, as an organisation, how we influence the development of primary care and improve health care for patients through the education and training of doctors wishing to be GPs and, increasingly, other health professionals. As the NHS undergoes structural reforms we also recognise the importance of developing new working relationships with emerging organisations and helping to support GPs engaging in the commissioning process. We are now part of the HEKSS structure and working actively in supporting HEKSS in addressing identified priorities. These priorities established through consultation include:

- Dementia
- Primary Care Workforce planning and development
- Managing emergency medicine
- Services for Children and Young Adults
- Compassion to ensure that all workforce put improved patient experience as their priority

A further aim is to support the current and future GP workforce both in training and beyond in understanding and preparing for revalidation. As an organisation we continue to reflect on our processes to ensure that our internal organisation remains fit for purpose. The GP Department has introduced new processes as part of austerity measures to reflect the country's financial downturn in order to improve efficiency and productivity in GP Education and its development without diminishing educational standards.

The Department of Postgraduate General Practice Education is structured to respond positively to the GP Specialty Training Programmes and the forthcoming medical revalidation through two virtual schools.

1. **GP Specialty School:** The School has continued to consolidate its educational processes against the backdrop of NHS upheaval and transition.
  - Of particular note is the success of the Single Employer project, now in its third year – more details can be found later in this report.
  - Our first cohort of students (44) successfully completed a Postgraduate Certificate in Strategic Leadership and Medical Education through the University of Kent in 2012, and these students were invited to a graduation ceremony at Rochester

Cathedral in 2013. The second cohort of students (64) completed the PG Cert in 2013 and we are currently undertaking an evaluation of this process.

- The first eight students started on the Diploma in Strategic Leadership and Medical education course at the end of 2013.
- We have mapped our standards for the accreditation of clinical and educational supervisors against the GMC competency framework for supervisors and are reassured there is good correlation.
- We held our first graduation celebration for the ST3 trainees who completed their specialty training. This was a great success and we intend to repeat the event in July 2014.
- Dr Ian McLean retired from his post as Head of the GP Specialty School, and Dr Hilary Diack was appointed as his successor. Her report forms part of this annual report (page 8).

2. **Post Certification GP School:** The GP Department recognises the importance of working with our Local Area Teams, and with the Clinical Commissioning Groups, to support GPs in providing the high quality patient care through maintaining their continuing professional development (CPD) and preparation for the revalidation process. Dr Kevin Hurrell is continuing to offer leadership as the Head of the Post Certification GP School.

- The Post-Certification GP School is committed to the promotion of Professional Development Plans (PDPs) linked to the annual NHS appraisal process. We believe local clinical governance provides a framework to monitor, review and raise the quality of care delivered by the GPs on their medical performers' list. GP appraisal lies at the educational end of the spectrum of clinical governance processes.
- We have developed Appraiser Development Centres to support the development of GP Appraisers in their role to be able to implement the concept of the appraisal readiness with clear judgement and a leadership role in supporting GPs. We appointed the Work Psychology Partnership Group to evaluate our appraisal development processes in 2011 and we have published our findings which are now available with a very positive feedback from GP Appraisers. In 2013 we developed the ADC Leadership 5 programme.
- In addition, in 2011 the GP Department commissioned the Work Psychology Group to undertake a literature review and carry out independent open-ended interviews with clinicians and managers to define appropriate levels of behavioural competencies for clinical commissioners. This has been validated and as a result we carried out a pilot Clinical Commissioning Development Centre with positive outcomes.

- We also commissioned the London South Bank University to develop a series of online commissioning awareness training, which is available for clinical commissioners to support them in their roles.
  - The GP Department was unable to go ahead with The Four C's Conference (Creating Collaborative Clinical Commissioning) this year, due to early formation of CCGs. However we intend to hold our third conference in the Autumn of 2014.
  - Dr Hurrell's report forms part of this annual report (page 21).
3. We believe that the NHS offers opportunities for our entire GP education network to work together to offer a meaningful experience for all new postgraduate doctors and qualified GPs that enhances both their understanding of the patient journey and of the competences in managing patient care pathways. We can measure quality patient care through the outcome of care, patient experience and patient safety. We look forward to working collaboratively to support educational initiatives across the primary care workforce. As an example of collaboration, the Postgraduate GP Department of Education has continued its work with the South East Coast (SEC) Ambulance NHS Foundation Trust to place Paramedic Practitioner students in GP Training Practices. The former South of England (East) Strategic Health Authority gave a mandate to the GP Postgraduate Dean to review the education strategy and workforce planning for the SEC Ambulance NHS Trust. This was carried out and the report with all recommendations was accepted by the SHA and SEC Ambulance NHS Trust. As a result, we were asked to form a steering group of stakeholders (HEIs, SHA, PCT, SEC Ambulance Trust and the GP Department). The Steering Group has developed frameworks for the continuing development of the SEC Ambulance NHS Trust workforce and their education and training development. We have undertaken a commitment to offer placements for 40 Paramedic Practitioner students in general practice each year and the feedback has been positive from the Paramedic Practitioner students and the GP Training Practices involved. GPST3 trainees are given an opportunity to support and teach the paramedic practitioner as part of the GP curriculum. This project has been evaluated externally and was published in April 2011.
4. The Dean of Postgraduate General Practice was appointed as a Clinical Lead for HEKSS Primary and Community Workforce (one of HEKSS top priorities for Skills Development Strategy). He has visited all 21 CCGs and has met with the CCGs Accountable Officers and Clinical Chairs. In addition, on invitation, has met with groups of Practice Nurses, Practice Managers and GPs to promote the concept of Community Education Providers Network (CEPN). In the last twelve months, 14/21 CCGs have signed Memorandum of Co-operation to enable them to bring all providers in the community together to offer and increase placements in primary care and community for the future generation of clinicians including nurse students, GP trainees and paramedic practitioners students and health care assistants. In addition these MoCs will facilitate putting in place a robust plan for the future workforce planning in primary care and community. Furthermore to set up systems locally to improve education and training for all workforce.

5. The Dean of Postgraduate General Practice Education has also met with all four universities (Canterbury Christ Church, Greenwich, Brighton and Surrey) to train 240 Practice Nurses as Nurse Mentors. The universities are collaborating with each other to produce a Common Education Pathway for Practice Nursing with additional professional development for enhancing Community Nursing.
6. The GP Department has negotiated the establishment of a Primary Care Academic Unit in the University of Kent with a Professorial Chair and is working closely together on validation of an Intercalated BSc for medical students in Management of Primary Care with the aim of attracting medical students to the county of Kent. Our aim is to work with University of Kent to develop community research as well as academic activities for the Foundation trainees while they are in general practice placements and GP Speciality training programmes with a taster of research working towards additional academic qualifications.

There have been some other significant achievements during 2013, for which all members of the GP education network can be justly proud. We are grateful to all the GP Trainers, GP Programme Directors, GP Tutors, and the members of the GP Dean's team, together with the core administrative staff, for their contribution to making the KSS health economy a first-class place in which to be trained. During a period of tremendous change in the NHS, the GP Department has continued, with great success, to modernise its processes and to advance GP education. It is with great pleasure and pride that I am able to describe the following areas that demonstrate the GP Department's commitment to the development of GP education.

### **GP Dean Team**

The GP Dean Team has continued to review its structure such that it remains sensitive to the work undertaken by the Department, responsive to the needs of today's general practice education, and offers the opportunity for all individuals in the team to work towards their aspirations and full potential. With the integration into Health Education Kent Surrey and Sussex there are further opportunities to review our activity both current and proposed and work to develop a structure to support this. The NHS re-organisation has led us through 2013 to develop new working relationships with Local Area Teams and Clinical Commissioning Groups.

Working within the HEKSS has begun to demonstrate how we can jointly bring education, research, innovation and informatics to improve health care delivery and the quality of patient care in KSS through more collaborative working and learning in the future. The Dean Director for Postgraduate Education, Professor David Black, is a member of the LETB Governance Body.

The GP Department is committed to reviewing the role and responsibilities of each individual in the team regularly and supporting them, through their appraisal, in their personal and professional development. I am pleased to report that all team members including GP Programme Directors and GP Tutors have had their appraisal, and this has allowed the GP Department to harness the skills and abilities of the team to enhance the delivery of our goals and agenda. Both the GP Department

and other Departments in KSS are developing e-learning modules, to enhance effective, convenient and accessible learning processes which supplement group learning for our GP education network in a cost-efficient way.

Our core administrative team has also been given protected learning time and has taken the opportunity to develop skills and learning through a team away day and appropriate courses. The GP Dean Team as a whole has had regular protected time for team building activities, and last year we had two team away days.

## Education in the GP Department

Probably the greatest asset of the GP Department is its committed workforce of Associate GP Deans, GP Tutors, GP Programme Directors, Educational Supervisors (GP trainers) and Clinical Supervisors, without whose hard work none of our proposals and initiatives would have been achieved. It is evident that GP Specialty Training Programmes are thriving and HEKSS remains a popular organisation in which to undertake training. The GP Department has contributed to the administrative support at the local level to enable the effective delivery of our GP Specialty training and GP CPD, and we continue to work closely with the Medical Education Managers in the Trusts to deliver this support.

### **The Higher Educational Institutes**

We are fortunate to have several universities in close proximity to us (Kent, Surrey, Brighton, Greenwich, Canterbury Christ Church, and London South Bank). The GP Dean has met with the Postgraduate Medical School Deans, and has commissioned as a result the GP Education Pathway course for GP Trainers which has been accredited by University of Kent. This will enhance the ability for our GP Trainers to follow their academic aspirations in the form of further degrees, such as an MSc degree in Strategic Leadership and Medical Education. It is now a requirement for all new GP Trainers to achieve the Postgraduate Certificate in Medical Education. The GP Department has worked with the University of Kent to quality control academic processes through establishing a Board of Study. We have received positive feedback from both new trainers and existing trainers on the PG Certificate. Our second Exam Board was held in 2013 and we were gratified at the very positive comments received from our External Examiner about the PG Cert and the quality of the work submitted.

We are delighted that the first cohort of students (GP educators) (44 trainers/programme directors) completed and successfully passed the Postgraduate Certificate in Strategic Leadership and Medical Education (PG Cert) and a further, 64 students (GPs, including trainers/PDs/prospective trainers) submitted their work in cohort 2. In addition, 47 GPs have registered to Cohort 3 for the PG Cert and they will complete their PG Certification by December 2014.

Our aim is to offer all members of our education network the opportunity to gain appropriate further academic qualifications as well as enhancing their development as teachers. We are pleased that, the first 8 students commenced on the Diploma in Strategic Leadership & Medical Education.

**Professor Abdol Tavabie**

**Dean of Postgraduate GP Education**

**March 2014**

# GP Specialty School Report

This is the sixth annual report from the KSS GP Specialty School.

## Overview of GP Specialty Training

The GP Curriculum now forms part of the living established experience for both trainees and supervisors and we are now seeing the first cohort of accredited GP Trainers who undertook their own training based in the current system and have thus experienced obtaining the MRCGP first hand.

In 2013 the GP curriculum has undergone some revision with an increased focus on competencies relating to prescribing. This is reflected in both the Applied Knowledge Test (AKT) and the Clinical Skills Assessment (CSA) components of the MRCGP. There have also been changes to reflect the skills needed for caring for patients and their families at the end of life and those with mental health problems. In November 2013 child simulators were introduced into the CSA to assess the skills of GP trainees in consulting with children and teenagers.

## Integrated Training Placements

The GP School has continued to provide a large number of Integrated Training Placements. These provide a base in general practice with the opportunity on up to two days a week in another secondary care specialty: thus providing access to the breadth of clinical medicine. We have also continued with our innovative placements in CCGs and have expanded this such that this opportunity is now available in all three counties. This continues to be successful and doctors who have gone through this consistently report the value of the process.

## Single Employer Pilot for GP Trainees

The pilot is now in its third year. From August 2013 the majority of GP Specialty Trainees are employed by the Acute Trusts: exceptions being those doctors who entered training before August 2011 and doctors on the Epsom Scheme whose Acute Trust is in Health Education London (LETB).

We continue to work closely with the Trusts' Medical Staffing Departments through regular steering group meetings together with meetings with Medical Education Centre Managers and working with GP Programme Directors GP Trainers and GP training Practice Managers to develop and maintain processes.

In early 2013, the GP Department commissioned a senior administrator with significant experience of the Single Employer Pilot to evaluate the process. Questionnaire responses were submitted by all participating Trusts. This has provided a lot of positive feedback and some very useful constructive feedback to enable us to continue to develop the process.

From August 2013 the GP Department has commissioned medical indemnity cover for GP trainees covered by the single employer in their GP placements through a robust tendering process. As part of the package an educational resource has been made available to Programme Directors to support learning on the VTS programme.

## **Out of Hours (OOH) placements for GP trainees**

The School is pleased to report that GP Specialty Trainees continue to get appropriately supported OOH experience in their GP placements despite the significant changes that have occurred to the delivery of these services. The School has maintained regular dialogue with the Medical Directors of the OOH providers through this critical time.

## **School structure**

The HEKSS GP School structure remains unchanged in 2013. There has been no merging of Trusts this year, but it is likely that the continuing process of Acute NHS Trust hospital reorganisations will require us to review some of the GP Training Programme organisation in the future.

### **Programme Areas**

#### *East Kent Patch*

East Kent - includes the main hospital sites of Ashford, Canterbury and Margate, which are all part of the NHS University Trust.

Medway - for organisational purposes, this is supported by the Patch Associate GP Dean for East Kent.

#### *West Kent Patch*

Maidstone and Tunbridge Wells are separate training programmes that share a common NHS Trust and close working.

Dartford training programme is linked to the Darent Valley NHS Acute Trust.

#### *East Sussex Patch*

Hastings and Eastbourne are now a common trust and our Programme Directors have integrated the two programmes into the East Sussex GP Training Programmes.

Brighton and Mid-Sussex training programme area is based on two main hospitals, one in Brighton and the other in Haywards Heath, and both are covered by the same NHS Acute Hospital Trust.

### *West Sussex Patch*

Worthing and Chichester are separate programme areas with close educational links joined in the single Western Sussex NHS Hospitals Trust.

### *East Surrey Patch*

Crawley and East Surrey is one training programme. The CRESH programme links to Surrey and Sussex Healthcare NHS Trust.

Epsom training programme has hospital posts linked to the present Epsom and St. Helier NHS Trust which has formed part of the Health Education London LETB.

### *West Surrey Patch*

Frimley is a training programme linked with the NHS Foundation Trust of the same name.

Guildford VTS is linked to the Royal Surrey County Hospital NHS trust and Chertsey VTS is linked to Ashford and St Peter's Hospitals NHS Trust.

Each Patch is supported by a Patch Associate GP Dean, who is a member of the Department of Postgraduate GP Education.

Each GP Training Programme has its own Local Faculty Group (LFG) which is part of the educational governance structure and links to the Local Academic Board (LAB) within the Trust. This allows representation and input from each of the Specialties that provide training placements for GP trainees, and also the associated Local Education Providers (LEP) which include all the Acute NHS Trusts with their associated hospital sites, NHS Community and Psychiatric Trusts, NHS Clinics (such as Genito Urinary Medicine Clinics), Hospices, GP Out of Hours provider sites, and of course, all the approved GP Training Practices, - nearly 300 locations.

### **Team members supporting the GP Specialty School through 2013**

<b>Title</b>	<b>Forename</b>	<b>Surname</b>	<b>Role</b>	<b>Contracted Sessions</b>
Prof	Abdol	Tavabie	GP Dean	10
Dr	Hilary	Diack	Deputy GP Dean & Head of School (HOS)	10
Dr	Susan	Bodgener	Associate GP Dean for Assessment	4
Dr	Mary	Davis	Associate GP Dean	3
Dr	Bob	Ward	Associate GP Dean (West Surrey)	3
Dr	Mohan	Kangasandarum	Associate GP Dean (Simulation)	3
Dr	Mary-Rose	Shears	Associate GP Dean (East Sussex)	3
Dr	Kim	Stillman	Associate GP Dean (East Kent & Medway)	4
Dr	Debbie	Taylor	Associate GP Dean (West Kent)	4
Dr	Chris	Warwick	Associate GP Dean (East Surrey & Crawley)	4
Dr	Glyn	Williams	Associate GP Dean (West Sussex)	4
Mr	Steve	Scudder	Lifelong Learning Adviser	Full time

Changes to the central GP Department Team in 2013 included the retirement of Dr Ian McLean who left us after many years of dedicated service to GP Education. His retirement was acknowledged at the Annual General Meeting in March 2013. As well as the opportunity to reflect on his contribution, he reminded us of his considerable skills in a tour de force keynote speech. Dr Hilary Diack was appointed Head of GP School from April 2013 and Dr Bob Ward was appointed as Associate GP Dean for West Surrey. Dr Mary Davis has confirmed her intention to retire from her Associate GP Dean post from February 2014.

Office staff supporting the GP Specialty School in 2013:-

Forename	Surname	Role	WTE
Lizzie	Allen	CPD Administrator	Full
David	Buckle	GP Training Officer	Full
Laurainne	Copnall	Surrey Patch Manager	Full
Julie	Malvermi	Kent Patch Manager	Full
Ekuba Sarah	Edjah Cadlock	GP Education Pathway Manager	Full
Sandra	Forster	Primary Care Business Manager	Full
Adelaide	Gbadamosi	GP Training Administrator	Full
Elena	Gonzalez	GP Training Recruitment Manager	Full
Sharon	Norton	GP Patch Management Administrator	28 hrs pw
Sultana	Parvez	GP Training Recruitment Officer	Full
Louie	Rallo	CPD Manager	Full
Randunne	Kitty	PA to GP Deans' Office	Full
Shirelee	Rebeiro	GP Payments & Office Administrator	Full
Pauline	Smith	GP Training Placements Administrator	Full
Sue	Smith	GP Office Manager & Sussex Patch Manager	Full
Nina	Tafa	GP Training Manager	Full

The administration team has seen some changes this year. The following team members have left the department during this year: Aaron Madzime, Kitty Randunne, Ekuba Edjah and Lorraine Copnall. Laurainne has taken up a secondment opportunity in the Leadership team of HEKSS until September 2014) and her role is being supported by Sarah Swan, Interim Surrey Patch Manager. We have welcomed the following new members to the team: Sarah Cadlock, Adelaide Gbadamosi and Pauline Smith.

## **GP Specialty Programme Director appointments**

GP Specialty Programme Director appointments are made through the GP Appointments Panel that is chaired by a lay representative of the GP Department School Board and representation from the GP Dean Team. This is a highly important educator post for GP Education in the HEKSS GP School, and applicants for substantive Programme Director posts must be or have had experience as a GP Trainer, and hold a higher postgraduate academic award (at least a PG Cert). Reports and the decisions of this committee are submitted to the GP School Board for ratification.

The resignations and appointments of GP Programme Directors during 2013 were:

<b>Programme Directors</b>		
	<b>Resigned 2013</b>	<b>Started 2013</b>
East Kent & Medway	<b>1</b>	<b>2</b>
West Kent	<b>1</b>	<b>1</b>
East Surrey	<b>0</b>	<b>1</b>
West Surrey	<b>3</b>	<b>2</b>
East Sussex	<b>2</b>	<b>1</b>
West Sussex	<b>1</b>	<b>1*</b>

During this year the School has been sorry to say goodbye to Layth Delaimy, Simon Dunbar, Christine Habgood, Allan Fox, John Luffingham and Isla Cox. In addition, we would like to thank Bob Ward for his work as a Programme Director for the Crawley and East Surrey Programme who moved into the role of Associate GP Dean for the West Surrey Patch. The programmes were also supported by a number of interim Programme Directors covering during absence, namely Mayur Vibhuti, Joanna Nash and Felicity Smee.

We are also pleased to welcome new GP Programme Directors: Leslie Campbell, Christine Candy, Andy Charley, Asmara Goodwin, Satvinder Lall, Parag Pandya, Mike Waldron and Interim PD, Tanya Lawson.

### **GP Specialty Programme Directors' sessions**

<b>Kent</b>	<b>No. of Sessions</b>	<b>Surrey</b>	<b>No. Sessions</b>	<b>Sussex</b>	<b>No. Sessions</b>
Eastern & Coastal Kent (Ashford & Dover, Canterbury & Thanet)	14	Crawley	4	Brighton	6
Medway	6	East Surrey	6	Mid Sussex	6
Dartford	5	Epsom	6	East Sussex (Eastbourne, Hastings)	9
Maidstone	6	Chertsey	6	Chichester	6
Tunbridge Wells	6	Frimley	6	Worthing	6
		Guildford	6		
		West Surrey	1		

### **Approved GP Training Practices in HEKSS**

<b>Approved GP Training Practices in HEKSS as at December 2013</b>					
East Kent	49	East Surrey	32	East Sussex	37
West Kent	43	West Surrey	49	West Sussex	52
<b>TOTAL</b>	<b>92</b>		<b>81</b>		<b>89</b>
<b>OVERALL TOTAL</b>			<b>262</b>		

## Local Education Providers

No.	Specialty	Programme	Unit
1	GP	ST1/ST2	Ashford and St. Peters Hospitals NHS Trust:
2	GP	ST1/ST2	Brighton & Sussex University Hospitals NHS Trust:
3	GP	ST1/ST2	Dartford and Gravesham NHS Trust:
4	GP	ST1/ST2	East Kent Hospitals University NHS Trust:
5	GP	ST1/ST2	East Sussex Hospitals NHS Trust:
6	GP	ST1/ST2	Epsom & St. Helier University Hospitals NHS Trust:
7	GP	ST1/ST2	Frimley Park Hospital NHS Foundation Trust:
8	GP	ST1/ST2	Maidstone & Tunbridge Wells NHS Trust:
9	GP	ST1/ST2	Medway NHS Trust:
10	GP	ST1/ST2	Surrey and Sussex Healthcare NHS Trust:
11	GP	ST1/ST2	The Royal Surrey County Hospital NHS Trust:
13	GP	ST1/ST2	Western Sussex NHS Trust
14	GP	ST1/ST2	Kent and Medway NHS and Social Care Partnership Trust
15	GP	ST1/ST2	Surrey & Borders Partnership NHS Foundation Trust
16	GP	ST1/ST2	Sussex Partnership NHS Foundation Trust

## GP Specialty School Board

The GP School is supported by a Board which meets every three months to agree strategic and planning functions, make operational decisions and to ensure the smooth running of GP training in HEKSS. The Board has representation from the Postgraduate Dean Director of HEKSS, GP Dean, Head of the GP School, the Patch Associate GP Deans, GP Programme Directors, GP Trainers, GP trainees, Clinical Tutors and Directors of Medical Education, the RCGP, Local Medical Committees and Higher Education Institutes and Universities within the HEKSS area.

The GP School Board has met on four occasions this year, to support both the GP School and GP Dean in providing direction and educational governance for the GP School, and to ensure that the quality of education and training meets the standards set by the GMC, the Royal College of General Practitioners, and HEKSS Quality Management Standards. In addition to this essential governance function, the Board meetings provide an opportunity to debate and clarify the issues affecting the delivery of GP education, both in HEKSS and within the NHS as a whole.

I would also like to thank the GP Specialty Training Registrar Committee, under its former chair Dr Fras Jerew, and Luke Yanhanpath who succeeded him in August 2013, for the vigorous and stimulating support it has given to the GP School. The chairs have worked hard to integrate this demanding role into their training and have demonstrated clear leadership to our large membership of GPStRs from all three training grades. Their committee takes representation from all the GP Training Programme areas, and has provided a large amount of help to our recruitment processes such as attendance at the BMJ Careers Fair and the Specialty networking evenings, as well as providing support at the Selection Assessment Centre. The feedback that the Committee provides on GP School policy and processes has been very valuable.

## Recruitment and selection of doctors for GP training

Recruitment to GP training in 2013 allowed us to consolidate and enhance our delivery of the national processes. We were able to recruit to around 236 posts despite the severe financial constraints and we are pleased that we will be able to offer a similar number in 2014.

We have again produced the updated on-line GP School Prospectus and provided a strong GP presence at the BMJ recruitment fair in London held in October 2013. We would particularly like to thank those GP Trainees who came along to the stand to provide their services. The doctors who came to ask about our training found their input extremely valuable.

The Academic Clinical Fellowship (ACF) in General Practice is a 4 year specialty training post that enables the ACF to achieve a CCT in general practice with, in addition, a significant research and educational training component, particularly in the last year. The GP School appointed two ST2 trainees in August 2012 and now has a total of three trainees who are in their third year of their training. No new posts were recruited to in 2013, however, we are currently recruiting to two ACF programmes to start in August 2014.

### Recruitment to GP specialty training programmes commencing in August 2013

	Round 1
Applications 1 <sup>st</sup> choice deanery	389
Shortlisted for Selection centre	486 plus 19 BBT
<b>Offers</b>	<b>236 plus 11 BBT</b>

## Trainee Progression and Outcomes of GP Training

With the support of the Associate GP Dean for Curriculum and Assessment, the trainees' understanding of work place based assessment, and how this is supported by the e-Portfolio, has increased year on year. The GP School has been pleased to see an improvement in the quality of reflective log entries in the e-Portfolios. The improvements noted above have been underpinned by

a range of support mechanisms for trainees and through 2013 the GP Department has continued to commission and facilitate these resources.

The GP School continues to provide access to standardized Induction for GP specialty Training. The package has been developed for use by Programme Directors to provide consistent guidance for ST1 trainees.

Through 2013, the GP School has promoted the development of ST1 and ST2 learning sets to help engender a better sense of engagement in GP Specialty Training by those doctors working in hospital placements. We have also continued to support the regular access to study days in GP so trainees may develop their relationship with their Educational Supervisor, be supported in developing their reflective skills and gain better appreciation of the learning outcomes needed for working as a GP.

The GP School has continued the Introduction to the MRCGP courses for GP trainees whilst in GP placements. This gives the trainees an overview of how to get the most from work place based assessment, communication skills for consulting and guidance on the Clinical Skills Assessment (CSA).

The GP School also facilitates courses for the CSA at the RCGP venue in Euston, London and courses for those who were unfortunately not successful in the CSA.

In 2013 the School commissioned a new AKT preparation course – this received excellent feedback and a further two courses are being commissioned for 2014.

We continue to commission an English Language Course from the University of Kent for doctors whose first language is not English.

E – Learning Resource - The GP Department has facilitated the development of a number of resources to support trainees which include modules on undertaking audit and communication skills and consultation models. Short video clips of doctors consulting in a range of styles have been developed together with a series of prompts to facilitate discussion between GP Trainers and Trainees. The well regarded “Bill’s Blue Book” on Consultation Models has also been updated as part of this blended learning package.

Services available to all trainees in HEKSS also include: access to experienced Careers Counsellors and the Practitioner Health Programme. The GP School has also commissioned access to GP Mentors for doctors adversely affected by exam failure.

The overall performance of GP Specialty Trainees from the GP School in the AKT (Applied Knowledge Test) and CSA continues to be high, which continues to demonstrate the value of the support processes commissioned for our Programme Directors, GP Trainers, and the GPStRs. However the School remains concerned about the failure rate at the CSA despite extensive

remediation, both educationally and pastorally. The GP School continues to monitor the support it offers and respond flexibly, particularly with the awareness that the RGCP is also continuing to critically evaluate the AKT and the CSA, and the way that they are delivered.

The GP School continues to receive positive feedback on educational resources commissioned and the CSA training days are enormously valued and have also been given high praise by observers from other HEE GP Departments. Similar feedback has been earned for the new AKT courses.

### **Trainee Support Group**

Trainee progression through training is closely monitored with the intention of identifying those trainees who may for a variety of reasons require additional support. Processes include the regular reviews undertaken by Educational Supervisors and review of trainees at the Local Faculty Group. Local interventions may be implemented with the signposting of educational and other resources. Trainees with more complex needs may be referred for discussion between Programme Directors, Patch Associate GP Deans and the Head of the GP School. The HEKSS wide Trainee Support Group also meets monthly as a reference group to advise on educational interventions for trainees with complex needs.

## **MRCGP assessments and Annual Review of Competency Progression outcomes**

### **CLINICAL SKILLS ASSESSMENT**

	<b>Feb –March 2013</b>	<b>MAY 2013</b>	<b>NOV 2013</b>
Total number of trainees who took the CSA	201	133	95
Passes	119	63	55
Fails	82	70	40

### **APPLIED KNOWLEDGE TEST**

	<b>JAN 2013</b>	<b>APRIL 2013</b>	<b>OCT 2013</b>
Total number of trainees who took the AKT	142	155	158
Passes	82	79	110
Fails	60	76	48

### **ARCP Outcomes (August 2012 to July 2013)\***

<b>OUTCOMES</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>8</b>
Total number of outcomes	504	14	98	39	0	192	51

**Key:**

- Outcome 1 (satisfactory – continue to next training year)
- Outcome 2 (unsatisfactory – no additional training time required)
- Outcome 3 (Unsatisfactory - additional training time required)
- Outcome 4 (released from Programme)
- Outcome 5 (Incomplete evidence presented - additional training time may be required)
- Outcome 6 (Proceed to CCT)
- Outcome 8 (Out of Programme)

## **Graduation Celebration**

The GP School held its inaugural Graduation Celebration on 24th July 2013. The GP School recognised the achievements of all GP trainees in completing their training and gave them a Certificate jointly on behalf of the HEKSS GP School and the RCGP Faculties. 75 Trainees attended the celebration event and they were rightly proud and pleased to be completing their training. The GP School was pleased to note that GP Programme Directors and Trainers took the time to come along to celebrate this occasion with our trainees.

In addition, The GP School offered a series of awards to trainees who had submitted projects demonstrating evidence of service improvement through audit activity, leadership projects and two GP Dean Awards for the overall highest performance in the MRCGP and the most improved performance in MRCGP.

A celebration is planned for 2014 to again recognise those trainees who have successfully completed training up to August 2014 and will include an expanded awards ceremony open to all GP Trainees.

## **Revalidation for Doctors in Training**

Revalidation for all doctors commenced in December 2012 with GP Trainees being revalidated at the time of their completion of training. Our first cohort of GP trainees, numbering 158 have been revalidated by Professor David Black, the Dean Director of HEKSS, who is the Responsible Officer for doctors in training in HEKSS.

Administrative processes have continued to develop to support this process within the GP Department and support has been necessary to ensure GP Trainees are aware of their responsibilities in this process.

## **Enhanced ST3 Programme**

In 2013 the GP School developed an enhancement to the existing ST3 year with the aim of increasing the breadth of learning opportunities, particularly aimed at providing an additional 20 days of targeted study leave for trainees to undertake a Quality Improvement Project linked to patient care. The scheme also affords the opportunity for Trainees to develop leadership skills, enhance the sustainability agenda and develop their skills as educators. Sixteen trainees have been enrolled on the Scheme subject to success in the CSA.

## **Broad Based Training (BBT)**

HEKSS recruited 11 trainees to the national Broad Based Training Pilot in August 2013 with placements based in Brighton, Dartford and Frimley.

BBT is a post certificate programme developed to give trainees a broad experience of specialties and specifically to:

- Deliver a broad 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.
- Allow trainees to develop conviction in their choice of career pathway.
- Ensure that trainees have a firm grounding in the provision of patient focussed care.

HEKSS is one of seven pilot sites across England where the new scheme has been piloted. Trainees will experience six month rotations in general practice, paediatrics, core medicine and psychiatry before exiting into their preferred specialty from the list above.

The Broad Based Training Pilot has seen co-operative working between the four specialties to develop placements that deliver generic learning outcomes. A BBT faculty has been developed and trainees supported by a BBT Training Programme Director.

## **Quality Management of GP Training**

The process for visiting GP Local Education Providers (LEPs) has continued in 2013 with a comprehensive visit to VTS Training Programmes.

The process in 2013 has continued the good practice established in 2012 with the GP Department co-ordinating the visit with Programme Directors supported by Patch Associate GP Deans and Practice Managers and the visit being hosted by a GP Training Practice. The GP School has been pleased by the quality of training as evidenced by feedback from GP Trainees, Educational Supervisors and Programme Directors. This feedback is triangulated with information from other sources such as the national GMC Training Survey.

The GP Department also supports visits to Acute Trust LEPS where GP training takes place so that we may gather feedback on the delivery of the GP Curriculum in other specialties and the experience GP Trainees have in these departments.

The GMC again carried out the National Training Surveys for trainee doctors. The School is proud to say that nearly 100% of our trainees completed the survey. The result of this survey is published on the GMC website, and again we are pleased that GP training in KSS delivers high levels of satisfaction.

## The management of the data requirements of the GP School

The GP School works to provide reliable and robust data to the GMC, which is now the competent authority approving postgraduate medical training posts in the UK. The GMC requires trainers accredited by HEE GP Departments to be registered with them as supervisors. To this end the administrative staff have, again, undertaken a significant amount of work to ensure that our databases are accurate, updated quickly and can be easily interrogated. This work will continue to be developed, particularly with the need to synchronise our data collections with the new database that HEKSS is developing.

The process for registering training environments with the GMC has also been strengthened this year; the GP Office Manager, Mrs Sue Smith has been working closely with the GMC to ensure an efficient process is in place to accredit new training practices with the GMC. The link with the GMC data base is also vital for the revalidation of doctors in training.

With each year, there is an increased need to provide robust, comprehensive and rapid data about GP training for workforce planning requirements, and to provide information to appropriate NHS bodies, and also the important process of running the ARCPs for just under nine hundred trainees. The GP Department has continued to use the INSITE database through 2013. HEKSS have been working to develop a new data base, HEMS which will have enhanced reporting facilities. There have been challenges this year with the launch of the new RCGP e-portfolio platform and the need to maintain the e-portfolio data base remains an ongoing task for the GP Training Department.

**Snapshot numbers of trainees** - The table below shows the number of trainees in post during 2013/14:

<b>Trainees</b>	<b>ST1</b>	<b>ST2</b>	<b>ST3</b>	<b>BBT</b>	<b>TOTAL</b>
Trainees in post	245	242	274	11	772
Trainees not in post (maternity/long term sick, etc)	12	19	30		61
Trainees on extension			43		43
<b>Overall total</b>	<b>257</b>	<b>261</b>	<b>347</b>	<b>11</b>	<b>876</b>

## GP School Communication Strategy

The GP School has continued to send regular e-mail bulletins to GP Programme Directors with briefings and information updates related to all aspects of GP training. In 2013, our strategy was reviewed as a result of feedback from the network and the distribution list of this bulletin widened to include GP Trainers and GP Practice Managers. The format has also been revised to enhance the clarity of information by presenting it in themed sections relevant to GP Trainees, the GP Faculty (including Programme Directors, Trainers, Practice Managers, and general information. In addition,

the GP Department sends out an electronic Newsletter quarterly to all those involved with GP education, to inform all stakeholders of changes and updates locally and nationally for GP education. These are very useful sources of information, and archived versions of these are catalogued and available from the GP section of the HEKSS website.

## Website

The HEKSS website is now hosted by Health Education England and continues to be updated and provides a large number of resources for GP trainees, GP Trainers and Programme Directors. Guidance for Practice Managers has been revised in 2013 with guidance specific to the Single Employer Contract.

The GP School welcomes feedback about its content and design as part of our ongoing commitment to improving the website.

## GP Trainers

The GP Trainer Selection Committee (TSC) met five times during the year. The TSC reports to, and is a subcommittee of the GP School Board. The HEKSS GP School is very pleased to continue to report the increased number of GP Trainers and GP Training Practices for this last year.

The number of approved GP Training Practices in HEKSS has maintained at 262.

Approved GP Trainers in KSS as of December 2013					
East Kent	53	Hastings	10	CRESH	49
Maidstone	18	Eastbourne	14	Epsom	23
Medway	18	Brighton & Mid-Sussex	47	Frimley	22
Tunbridge Wells	29	Worthing	29	Guildford	27
Dartford	21	Chichester	31	Chertsey	22
<b>TOTAL</b>	<b>139</b>		<b>131</b>		<b>143</b>
<b>OVERALL TOTAL</b>			<b>413</b>		

The process for approving and reapproving GP Trainers has become embedded, with all trainers having now experienced undertaking a Self evaluation Questionnaire and provided a portfolio of evidence of their development as an educator. The portfolio is congruent with the requirements for GP revalidation including as it does patient satisfaction data, evidence of clinical audit etc.

In 2013 the process of peer appraisal as an educator has also been embedded as part of regular Trainer Group activity. This appraisal also supports GP educators in providing evidence for the revalidation of their scope of practice.

From September 2011, GPs undertaking the educational course to become a GP Trainer are doing this as an integrated process to achieve a Postgraduate Certificate in Strategic Leadership & Medical Education, commissioned by the HEKSS GP School from the University of Kent. The programme of study is also open to established Trainers. Established Trainers present academically validated reflective evidence in the Trainer SEQ as the assessment strategy. Through 2013, Trainers enrolled on the PG certificate Programme have received support from the team of Academic Mentors.

The GP Department has continued to work closely with the University of Kent to ensure that University required processes such as the Board of Studies and Exam Board are delivered.

We were delighted that the first cohort of students (GPs) (44 trainers/programme directors) passed the PG Certificate in 2012 and had their graduation ceremony in June 2013 at Rochester Cathedral. A small number attended the graduation ceremony but were justifiably proud of their achievement. Cohort 2 enrolled for the PG Cert in January 2013, 64 GPs submitted their PG cert in December 2013 and the results included 10 distinctions, 24 merits, 26 passes, two extensions were requested and two resubmissions are to be made. We are also pleased to confirm that 47 GPs have enrolled into Cohort 3 in January 2014 to undertake the PG Cert in 2014.

To further support learners in our Postgraduate programmes, HEKSS has pioneered the use of an IT information management system called PG Cert Sharepoint which enables a secure environment for students (GP Trainers) to upload their documents and submit their PG Cert submissions for marking by examiners and external examiners. The system has been developed so that permission can be given to Trainer Selection Committee members to review the documents for reporting on the Trainer approval to the TSC & GP School Board. It is anticipated that this system will be developed so that all Trainers can submit their application for the TSC via the Sharepoint portal, whether it is for PG Cert submission or not. Feedback from our first cohort has been very positive, and it is important to recognise the work undertaken by the Primary Care Business Manager in leading this project.

### GP Trainer Approval and Re-approvals in 2013

HEKSS GP Trainer Selection	New appointments	Re-approvals	Resignations
East Kent	5	23	7
West Kent	2	21	5
East Sussex	4	12	4
West Sussex	7	25	5
East Surrey	4	24	5
West Surrey	3	16	7
<b>TOTAL</b>	<b>25</b>	<b>121</b>	<b>33</b>

## **Business Management**

The GP School consists of all the GP Trainees in training, all the GP Trainers (GP Educational Supervisors), GP Clinical Supervisors and the GP Programme Directors, the Patch Associate GP Deans, other Associate GP Deans, the Head of the School, the GP Dean, and all those members of the team in the GP Department in HEKSS. In addition, the School values enormously the work done by the Medical Education Managers, Medical Staffing in Acute Trusts and the GP Training Practice Managers. The School has continued to provide support to staff and the network throughout 2013 through a range of interventions.

**Dr Hilary Diack**

**Head of GP Specialty School**

## Post-Certification GP School Report

### The Post-Certification GP School provides the following services:

- Support Programme for Appraisal, Revalidation and Commissioning, SPARC: Working in partnership with our Area Teams, the School has developed a range of Appraiser Development Centres (ADCs) which provide training and updating for new and existing appraisers, Lead Appraisers and Area Team personnel, ensuring levels of competency required for Appraisal and Revalidation.
- Support for appraisers. In addition to the Appraiser Development Centres, the School uses the GP Tutor network to provide learning sets for the appraiser network, and help Lead Appraisers support their colleagues.
- General Practice Tutors also help their Clinical Commissioning Groups (CCGs) organise protected learning time for GPs and practice staff, and ensure GPs in their area are fully informed about NHS Appraisal and the Revalidation process. They continue to act as a focus for educational activity and support in their localities, including support for local commissioning initiatives.
- The School is increasing its involvement with Clinical Commissioners: providing awareness training for local GPs, including e-learning modules on a range of commissioning-associated subjects and further skills training for GP Commissioners through our Commissioning Development Centres, extending to academic qualifications for those interested through collaboration with our HEIs.
- The School and the GP Tutor network assist the GP Dean with the promotion and development of Community Education Provider Networks (CEPNs). This is an innovative development whereby HEKSS supports CCGs with workforce development and training. It encourages CCGs to develop a programme of collaborative workforce training across a network of GP practices. CCGs can appoint a Primary Care Tutor to work with these networks and facilitate GP-based training for nurses, paramedics, pharmacists and other primary care support staff.
- The School is also collaborating with Area Teams and local College Faculties on the development of local support and performance-improvement training for GPs identified through the appraisal system as needing local remediation or rehabilitation. In addition all GPs working in KSS have access to Revalidation Facilitators who can guide GPs through the requirements of clinical audit and/or multi-source feedback as part of their portfolio for Revalidation.
- The School is also responsible for the KSS Mentoring programme which offers additional support for GPs through a one to one, confidential relationship with a respected GP peer. This service is available to all GPs in KSS and can help with career planning and personal development, as well as supporting GPs with individual or practice-based concerns.
- The School supports GP Refreshers (those returning to general practice after a career break) through the national Induction and Refresher Scheme, and supports GPs through

the transition from trainee to independent GP by encouraging learning sets for salaried doctors.

The GP Post-Certification School is responsible to the CPD Board which has representation from a wide range of stakeholders, including Area Teams, Tutors and Mentors, LMCs, RCGP Faculties and Lay Representation. This innovative and unique development helps ensure that GPs in KSS experience high quality appraisals, relevant to their needs, and the needs of their patients and their locality. It will prepare them for Revalidation and will support them if difficulties emerge. The School will increasingly work with Clinical Commissioning Groups to promote an integrated approach to CPD that includes GPs' awareness of commissioning agenda and a multi-professional approach to local CPD provision that recognises the responsibilities of CCGs for workforce training and development.

### **HEKSS Support Programme for GP Appraisal, Revalidation & Commissioning**

**SPARC** is an innovative attempt to integrate training and support for appraisers, PCO officers involved with revalidation and clinical commissioners. SPARC builds on the work undertaken in partnership with PCOs, RCGP, Commissioning Groups, LMCs and constructive feedback from over one hundred and fifty GP Appraisers, Lead Appraisers and Support Staff who have been through our Appraisal Development Centres. SPARC introduces a '**new paradigm for CPD**'.

GPs will need to consider five P's as they carry out their CPD, compile their PDPs and become engaged with commissioning (within their practices and on behalf of their CCG):

#### **THE FIVE P MODEL FOR CPD:**

**Personal needs:** *what do I need to learn to further my career?*

**Practice needs:** *what do I need to learn to help develop my practice?*

**Patient needs:** *what do I need to learn to provide good care to my patients?*

**Population needs:** *what do I need to learn to reflect the needs of my CCG population?*

**Political needs:** *what do I need to learn to reflect the needs of the NHS?*

GPs are used to using reflective tools such as 'PUNS' and 'DENS' to identify their personal learning needs as they consider their patients, but will increasingly need to consider the needs of their practices and their local population (defined by their membership of a Clinical Commissioning Group) as well. Wider decisions, across KSS and nationally will further affect each doctor's learning requirements as improvements in patient care outcomes and difficult decisions about limited resources are made over the next few years.

Our GP Tutors are a common link for CPD and will champion this new model as they meet grassroots GPs, appraisers and commissioners, and our Development Centres will promote

understanding of this model whilst developing the skills required to deliver strengthened appraisal and collaborative clinical commissioning.

## **Appraiser development and preparing for Revalidation**

Our Appraiser Development Centres (ADCs) have provided Kent, Surrey and Sussex Appraisers with knowledge updates, leadership skills training and a consistent value-based message on revalidation and CPD. They have all received detailed feedback on their performance and their learning needs which they are encouraged to share with their Lead Appraisers. We started our ADC Leadership Day 5 in July 2013 and expect all appraisers in Kent, Surrey and Sussex to have attended by March 2014.

SPARC offers CCGs, Area Teams and Commissioners a unique opportunity to ensure all GPs in their localities understand the principles and requirements for appraisal and revalidation, and understand the links between these developments and those required for quality assured commissioning.

The HEKSS Post Certification's School approach to the appraisal process will enhance GPs' performance, and encourage their practices to embrace the concept of QIPP (Quality, Innovation, Productivity and Prevention) in the coming years to achieve the principles of the Healthier People and Excellent Care and the HEKSS agenda.

A small number of appraisers in Surrey have had additional training to enable them to undertake annual appraisal of GPs with a special interest (GPwSIs). This process helps the GPwSI produce a portfolio that will satisfy NHS Appraiser and Responsible Officer that the whole scope of that doctor's work has been appropriately reviewed and will also satisfy the CCGs' requirements with respect to annual re-accreditation.

We believe that quality appraisals can not only provide the essential material for revalidation, but can also encourage GPs to reflect appropriately upon their performance in a way that increasingly supports the ambitions of Clinical Commissioning, with GPs reflecting on their own learning needs, the health and service needs of their patients, the developmental needs of their practices and the wider health and social needs of their communities and the NHS.

SPARC therefore follows the GMC principles for CPD:

- Improving healthcare and promoting a healthier society
- Encouraging individual responsibility for participation and recording of CPD activities
- Improving professional effectiveness and work satisfaction
- Ensuring CPD covers all areas of Good Medical practice and all GPs keep up to date
- Encouraging reflection upon a great range of clinical activities, planned and opportunistic
- Encouraging patient and public involvement
- Ensuring annual appraisal monitors CPD and produces appropriate PDPs

- Providing a continuing measure of assessment of performance where possible

SPARC has also provided Commissioning Awareness Programmes working through its GP Tutor network, encouraging change at a 'deep structure' level amongst clinicians, in effect promoting this new paradigm for CPD and a new mind set whereby GPs reflect the needs of their patients, their practices, their localities and the NHS as a whole in all their day to day activities.

***These developments will be integrated with the continuing Appraiser Development Programme, ensuring that this new paradigm integrates GP Appraisal for Revalidation with the commissioning agenda, and enabling us to demonstrate real changes in clinicians' behaviours.***

SPARC also provides online commissioning e-learning modules for all doctors interested in clinical commissioning and will appeal to trainees, GPs and Commissioners. SPARC also provides opportunities for GP Commissioners to attend Commissioner Development Centres. These provide GP Commissioners with an overview of the competencies required and help them develop their commissioning skills, receiving constructive feedback on the commissioning competencies demonstrated and guiding them to appropriate Masterclasses.

### **Macro-and Micro-Commissioning:**

The new paradigm for CPD requires GPs to develop and demonstrate new skills of enquiry, analysis, collaboration, negotiation and presentation. Our GP Tutors are aware of this need and work closely with appraisers and commissioners to ensure these new learning needs are recognised and responded to, - (many are calling these processes 'micro-commissioning').

*GP Trainees will also need to recognise and acquire these skills; they are part of the RCGP curriculum but not always easily recognised by trainees and supervisors. We are therefore producing guidance for trainees and trainers, in effect mapping leadership and 'micro-commissioning' competencies to the RCGP curriculum, and detailing learning opportunities and appropriate means of assessment.*

As an additional learning resource for trainees and GPs, we have produced ten *e-learning modules*, in collaboration with London South Bank University, which take learners through the background history of commissioning and the NHS, and introduce them to many of the 'macro-commissioning' processes and tools they would need to embrace, were they to pursue an interest in commissioning further.

### **GP Tutor Network:**

General Practice education over the past few years has seen a number of changes, with the GP Tutors responding to this in a number of different ways. Within KSS we have retained the GP Tutor role when many were shedding them, and we have built upon their experience, skills and local knowledge to take education for GPs forward for a new era.

General Practice Tutors are important members of the Post-Certification GP School workforce, and facilitate the Continuing Professional Development (CPD) of all GPs working in their area. They also work closely with their local CCGs to facilitate appropriate learning activity that answers the needs of the local GPs, as identified by the appraisal process and by the collation of clinical governance data. Over the last year they have increased their commitment to the facilitation of multi-professional learning within primary care and no longer see their role as limited to General Practitioner CPD but also to provide learning events for the wider general practice team. This further enhances their relationships with their local CCGs and recognises the work undertaken by HEKSS as it takes on more responsibility for the training and development of the whole primary care workforce.

They have forged strong relationships with local Commissioning Groups, helping them identify the professional learning needs generated by new services arising in their localities and responding to those needs appropriately. They also work in their localities to help GPs' awareness of clinical governance matters, such as analyses of prescribing and referrals, in line with their local commissioning needs. In many areas these needs are currently being answered by events supported Commissioning Groups through Protected Learning Time arrangements, either as local educational meetings or as multi-professional learning events in individual practices.

GP Tutors also have a vital role in preparing GPs for Revalidation. They act as leaders of their local Appraiser Learning Sets, and also help raise awareness of the requirements for revalidation amongst the local GP workforce.

They act as local resource directories for individual GPs looking for primary care knowledge and skills training, and work closely with the staff in local Postgraduate Medical Education Centres.

**The role of the GP Tutor has developed significantly over the last year or two, reflecting changes to GP appraisal and in anticipation of Revalidation. Their present job description includes the following list of roles and responsibilities:**

1. To work with the local CCG and Area Team to lead the development of practice-based, locality-based and CCG-wide educational activities for Primary Care Teams, promoting inter-disciplinary and multi-professional learning and development. This should include locating, co-ordinating and signposting educational resources within the local area to underpin and encourage the development of patient services.
2. To facilitate educational activity for all GPs, enabling them to fulfil the requirements of appraisal and revalidation, promoting the relevance of such activity for individual personal and professional development, and to enhance patient care and service provision. This includes the support of individual GPs who require some intervention to maintain or achieve good performance, directing individuals toward appropriate resources such as mentoring careers advice and remedial services.

3. To promote a federated model for primary care team learning and development, involving doctors, nurses and other clinicians in primary care (Community Education Provider Network, CEPN). This coordinates learning and individual and collective professional development across linked GP practices with identified clinical and educational supervisors for team members undergoing training (e.g. doctors, nurses, paramedics, pharmacists, health care assistants). These federated groups are likely to serve around 50,000 patients and bring together professionals working in several GP surgeries.
4. To accredit such educational activity if required by Area Team, Deanery, Royal College of General Practitioners (RCGP) or other relevant authority to fulfil the requirements of appraisal, re-licensing and re-certification and with a view to improve patient care and health service delivery.
5. To have a key role in working with Area Teams to ensure that Annual Appraisal of all GPs is appropriately managed, including the production of individual Personal Development Plans (PDPs). This includes educational leadership of the local GP Appraiser network, working with Lead Appraisers and in agreement with deanery policy, facilitating locality based learning sets and establishing and promoting the identified learning needs of that group.
6. To contribute to the quality assurance of the appraisal process within their local area, working closely with the relevant Lead Appraisers and Responsible Officers to ensure the appropriate levels of support, supervision, recruitment and on-going education and training of all involved in the GP Appraisal process.
7. To contribute to the training and development of educational and clinical supervisors for doctors, nurses and other members within the local federated primary care teams.
8. To inspect practices as required by the Deanery to ensure appropriate standards are met for education, training and support for established doctors.
9. To collaborate with other colleagues involved locally in Primary Care education, including other Tutors, Programme Directors, Clinical Governance and Education leads, Sessional Doctor Group Facilitators, RCGP Faculty representatives, Practice and Community Nurse Educators, other Primary Care, Hospital-based, and Undergraduate teachers and local Postgraduate Medical Education Centre (PGMEC) staff to lead on the promotion of lifelong learning and continuing professional development of the clinical primary care workforce that focuses on patient care and service delivery.

10. To liaise with the Deanery management team, the Lifelong Learning Adviser, the “Patch” Associate GP Dean, the relevant Deanery Lead for CPD (Post Certification GP School), the Deputy GP Dean and Postgraduate GP Dean, as required and as relevant.
11. To attend and support Deanery educational events organised for Primary Care Tutors, whether Deanery-wide or county based, and other educational or development activities based on individual PDP needs identified through the annual Deanery appraisal system.
12. To contribute to the promotion of HEKSS/Deanery policy and the quality assurance of CPD locally and throughout KSS as a representative of the GP Dean, and to provide written reports on their activities as requested by the GP Dean, conforming to the approved reporting model.

All of the GP Tutors have annual appraisals, produce PDPs as a result, and are working towards achieving their goals. They provide regular reports on activities in their localities which, together with six monthly appraisal review, help maintain focus and check on progress, as well as recognising changes in priorities that may have occurred.

Aside from a common perception that GP Tutors put on educational events at lunch time in the local postgraduate centre, the GP Tutors in KSS are much more involved in CPD for the GPs in their locality. Their role encompasses aspects of managing appraisal and its educational outcomes, in particular the Appraiser Learning Sets. Future links to revalidation, and managing the educational needs that emerge, will further develop their role and their responsibilities. During 2013 GP Tutors have worked on a series of focused educational work streams to promote the new CPD paradigm and better patient care. These include:

- Protected Learning Time initiatives: GP Tutors manage the protected learning time provided by CCGs to help GPs, and their staff, answer their collective developmental needs and so improve patient services.
- Appraiser learning sets: GP Tutors are responsible for the ongoing peer support for appraisers available through the local appraiser learning sets. These bring together all appraisers in one locality to help Area Teams quality manage the appraisal system.
- Clinical Commissioning: GP Tutors are encouraged to raise awareness of commissioning agendas in their localities and help the local healthcare economy recognise and respond to the new learning needs of GPs and GP staff, as new patient services and new care pathways emerges. They promote awareness of responsible prescribing and referral within their localities according to priorities identified by their local commissioners.
- Leadership skills: KSS GP Department organises regular residential and day conferences and workshops for GP Tutors, and this year we have particularly focussed on leadership

skills, including skills required to support their developing relationships with CCGs and Commissioning Groups such as negotiating skills, chairing meetings, providing an understanding of CEPNs and facilitating small groups.

### **The HEKSS Appraiser Development Centres (ADCs):**

Potential new appraisers are able to attend an “Awareness ADC” which provides a structured programme that takes participants through awareness of the appraisal process and the competencies required of an appraiser on to an experiential learning session, with detailed feedback from trained observers and simulators. Participants produce a detailed learning log and subsequent PDP which they can present to their Area Team at the time of their application and selection. They also have an opportunity to explore their own emotional intelligence, and realise how awareness of their own emotional intelligence dimensions can improve their competency as an appraiser.

If these potential new appraisers are appointed by their Area Team, they can return to the ADC for an initial training session before embarking on their first few appraisals (with heightened supervision initially provided by more experienced lead appraisers.).

Existing appraisers are able to attend the “Leadership ADCs” where once again they examine ideas concerning emotional intelligence and receive detailed feedback on their own emotional intelligence dimensions before they participate in experiential workshops that include simulated appraisal scenarios and skilled feedback from trained simulators

At the ADC Leadership Days, appraisers work on their motivational and developmental skills (looking at multi-source feedback and significant events) and abilities to bring judgement to CPD and audit material as well as further developing their PDPs.

Leadership Days stretch appraisers further, with simulated doctors bringing more difficult material to the discussion, and with further work on audit, judgement on CPD credits and problem solving skills.

Lead Appraisers are also able to attend their own ADC, and have an opportunity to further develop their ideas of heightened appraisal and explore the additional responsibilities inherent within the lead appraiser role. We can also organise ADC Days for Area Team Appraisal Staff and Managers.

The Work Psychology Group has helped us develop our ADC programme, and has acted as an external evaluator of the Appraiser Development Centres. Over 200 appraisers have attended the ADC and have provided detailed evaluation of their experience at the ADC. They have also provided the evaluators with continuing feedback on their subsequent performance as appraisers. We are delighted that this feedback has been extremely positive, with appraisers applauding the ADC programme, and reporting upon positive changes to their subsequent activities as an

appraiser. This work has extended to include feedback from appraisees who report positively on the skills development of their NHS appraisers.

## Collaboration with Area Teams:

The work described above of Appraiser Development Centres is an example of the collaborative work undertaken between the Post-Certification School and the Area Teams in preparing GPs and Appraisers for Revalidation. The **Quality Assurance of Appraisal Working Group** (QAWG) meets to share best practice and to develop a robust system of quality management and quality control for the appraisal system in KSS. Representatives from the Area Teams are joined by RCGP Faculty Members, LMC Representatives and GP Tutor Representatives, and work with the Post-Certification School to develop sound processes for appraisal that meet the criteria and standards emerging from our regulatory bodies.

WE ENCOURAGE ALL APPRAISERS TO HELP THEIR APPRAISEES PREPARE FOR REVALIDATION BY EXPLAINING THE ADDITIONAL REQUIREMENTS, THE LINKS TO GOOD MEDICAL PRACTICE AND THE NEW APPRAISAL PROCESSES:

- Doctors are expected to demonstrate 50 CPD credits per year
- Both patient and colleague feedback, with reflection, will be expected within the five year revalidation cycle (and before the first revalidation date for all GPs)
- Review of clinical performance is expected with a data analysis exercise (such as clinical audit) within the five year cycle (and before the first revalidation date for all GPs)
- All NHS roles and all clinical work should be examined at the time of appraisal
- Statements on probity and health are included every year

If uncertain about clinical audit, or unsure how to reflect upon feedback from colleagues, GPs can receive support from a **Revalidation Facilitator**.

## REVALIDATION FACILITATORS

- Are all appointed by the RCGP Faculties in Kent, Surrey and Sussex.
- Are all working GPs that have undergone training in their role through KSS.
- Are all interested in providing confidential, one to one support for fellow GPs.
- Are all trained in clinical audit and multi-source feedback (MSF).
- Are able to spend 1-2 hours with a GP in protected time and at no cost to the individual doctor.
- Are able to help GPs present their reflections on feedback received to their appraiser.
- Are available through the RCGP Faculties, contact Sarah Wright:

[Sarah.Wright@rcgp.org.uk](mailto:Sarah.Wright@rcgp.org.uk)

## **Supporting GPs in Kent, Surrey and Sussex:**

The Post-Certification GP School needs to support the enormously diverse range of GPs in our three counties and ensure that they are all prepared for Revalidation and, if possible, are aware of the support systems in place to help them successfully through their careers in general practice.

The School already hosts a number of support services for our GPs:

**Learning Sets for Sessional GPs:** Sessional GP is the term applied to those general practitioners who work as salaried doctors, clinical assistants, locums, retainer doctors and (previously) Flexible Career Scheme doctors. This includes both full and part-time employment. We are concerned that individual doctors working as Sessional GPs are disadvantaged for several reasons:

- Sessional GPs can work in isolation, particularly those working as locums.
- They may not be part of any established primary health care team, and may work transiently in Practices.
- They may be geographically mobile and thus do not build up a local support network with peers, nor can they easily access the local educational network for general practitioners.
- The nature of their status as an employee may mean that their personal and professional development may be subjugated to the demands, objectives and goals of the employing Practice.
- They may have difficulty in auditing their work or in accessing constructive feedback from patients, GP colleagues or other members of the primary care team.
- This group of GPs may have difficulty in obtaining meaningful information for their annual appraisal.

Learning Sets have run successfully for the last few years, and have been supported by the KSS Post-Certification School. They are local groups that meet regularly to give peer support and guidance to their members, and will help individuals with such matters as career advice, obtaining CPD and preparing for appraisal, and do help answer many of the concerns listed above. Each group has received initial financial support to help in the administration of the group and provide educational resources. Each group is led by one of the membership, and the KSS organises an annual meeting of the group leaders which allows the groups to share expertise and good practice.

To date we have 27 groups across HEKSS supporting around 300 Sessional doctors.

**Support for “Refreshers”:** The Induction and Refresher Scheme (I & R Scheme) has been open to UK-trained GPs who have been absent from general practice for more than two years, and to EU-trained GPs. KSS worked in collaboration with other Deaneries to develop a series of standards for recruitment to the scheme and assessment during the scheme.

Doctors wishing to be considered for the I & R Scheme are required to undertake a test of their clinical knowledge and professional decision-making, and reach a required standard. Doctors then undertake a simulated surgery, and again are required to meet an entry standard. Placements on the scheme are in GP Training Practices for between 3 and 6 months. Assessments during the scheme are co-ordinated using a nationally agreed log book, and evidence is gathered by the trainer from observation of practice, case based discussion, patient satisfaction questionnaires and multi-source feedback. Unfortunately, at the moment, doctors have to self-fund to participate in the scheme or find sponsorship from a willing Trust.

### **Local Procedures for GPs with Performance Concerns:**

The School supports the National Clinical Advisory Service (NCAS) in the assessment of those GPs considered to be in need of help, and facilitates their developmental training in general practice. We have established a robust assessment and training tool kit, and have also trained 10 experienced trainers for this end. With the recognition that doctors who may be underperforming are still a valuable resource to the healthcare economy, we need to support their return to useful working. We realise that there are increasing demands on the time and skills of our GP educators, so this group of Trainers receive a retainer fee in order to allow them to be called upon when needed to support underperforming doctors, as recognition of the commitment this will require.

### **Local remedial work and rehabilitation:**

The enhanced appraisal system may identify more GPs with performance problems. These will often be below the threshold of concern that would involve NCAS or GMC, but would still require some local response. The School is building upon its current experience with underperformance to work in partnership with PCTs to provide support and specific training for such doctors. The School will actively support the Responsible Officer and performance advisory group in each Area Team, and will use its experienced training network to provide this service locally. We are collaborating with our two local RCGP Faculties to develop a “buddy-type” system of support whereby an experienced empathic GP with some educational or support experience can assist GPs with low level performance concerns. We have been able to pilot such a system in 2010, alongside Eastern & Coastal Kent PCT’s Revalidation pilot, and expect to extend the scheme into Surrey and Sussex through the next 12 months. We would also ensure that such GPs were fully aware of the HEKSS GP Mentoring service.

### **Mentoring for GPs:**

The HEKSS GP Mentoring Scheme has run for the last 19 years, and offers non-judgemental confidential peer-led support for all GPs in KSS. Mentors help both established and new GPs to reflect upon their current professional practice, and help them develop professionally. This may help mentees resolve issues within their practice, or help them manage change or take a new career pathway.

The mentoring relationship is a confidential and supportive dialogue between the mentee and the mentor which can last anything between a single meeting and a year or more. HEKSS believes that many more GPs could be supported through mentoring, but fail to come forward due to a lack of knowledge about the service offered. We do have a mentee information pack accessible through the website and indeed also have a mentor pack which may also be of interest. Everyone within the KSS Educational network should be aware of the mentoring scheme and be able to promote it to the wider GP grass roots.

Currently we have more than 46 active Mentors and, at the time of the Annual Conference in October, they were involved with just over 50 Mentees. Mentors are themselves supported through their own local learning sets, as well as being able to attend workshops and the annual conference. Our Mentor Group Convenors facilitate the process of peer appraisal of our mentors in order to maintain the quality of the network and the service offered.

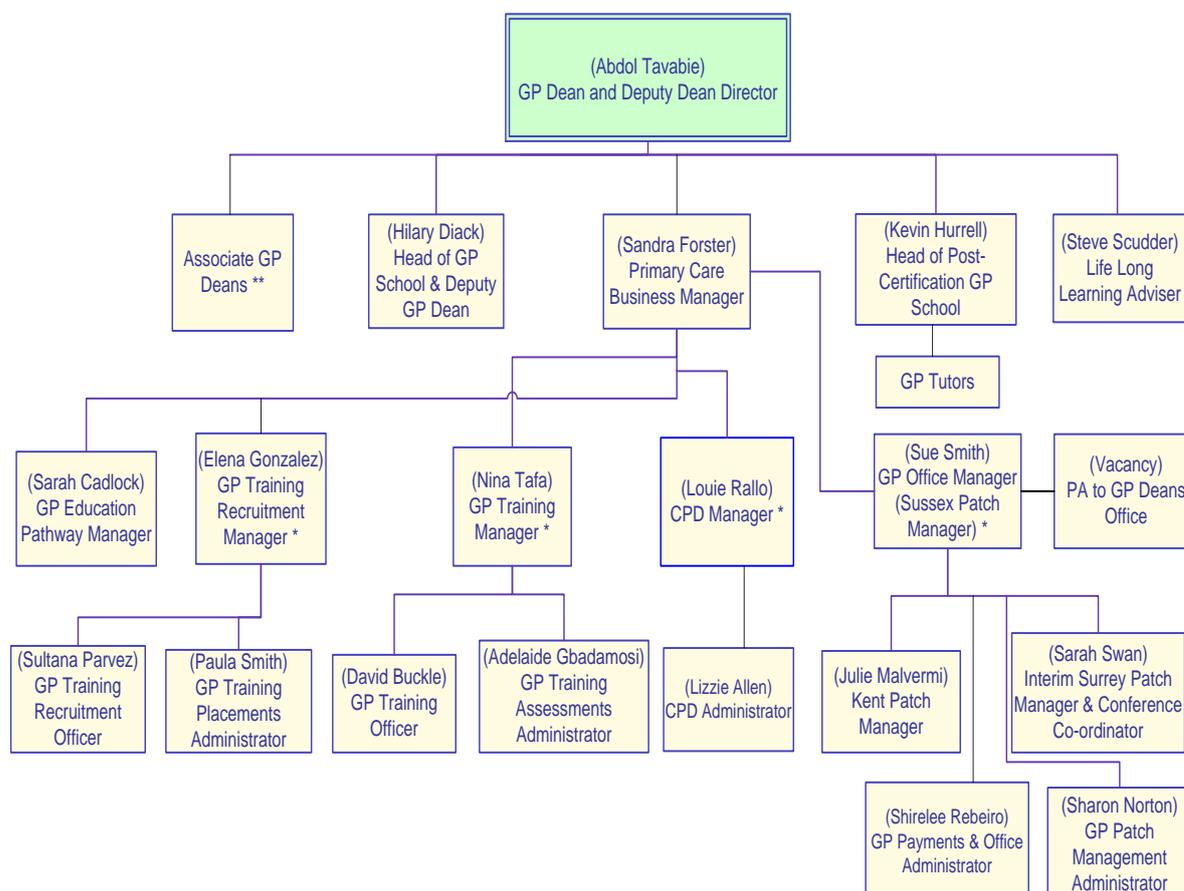
Last year we had five new Mentors completing our New Mentor Training Programme, a three day experiential training course, and have formed a new Learning Set for Mentors based around Tunbridge Wells. This year we included a few GPs from Southern Ireland in our New Mentor Training Course and are delighted to see the spread of GP mentoring to other countries.

***We are exploring how best to promote mentoring amongst newer GPs and believe mentoring should be more closely linked to career support. We continually seek opinions from ST3s on how best to achieve these aims but would be happy to hear views on developing mentoring services from any/all GPs. Contact: [khurrell@kss.hee.nhs.uk](mailto:khurrell@kss.hee.nhs.uk)***

In 2013 we ran a small pilot on mentoring for doctors in training, focussing on those trainees who have had difficulties with assessments, and offered contact with a mentor trained in simple CGT techniques to help them with confidence, self-belief and motivation. Although it involved relatively small numbers the feedback obtained from mentees and mentors was positive and we hope it contributed to the successful completion of training for many of the trainees participating. We therefore expect to continue the pilot into 2014.

**Dr Kevin Hurrell**  
**Head of Post-Certification GP School**

## Postgraduate General Practice Education for Health Education Kent, Surrey and Sussex: Structure of Central GP Team



\*Team leaders

\*\* Associate GP Deans (see Appendix 3)

\*\*\* Dr Hilary Diack has been appointed as Head of GP School from 1st April 2013

## Appendix 2

### HOW TO CONTACT THE GP DEPARTMENT TEAM MEMBERS

Name	Title	Email Address	Telephone
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<b>Dr Kevin Hurrell</b>	<b>Head Post Certification GP School</b>	<a href="mailto:khurrell@kss.hee.nhs.uk">khurrell@kss.hee.nhs.uk</a>	020 7415 3447
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