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OXFORD DEANERY

SENIOR REGISTRAR TRAINING GUIDELINES

July 2006

Summary

- GP Registrars may apply for an additional 6 months on completion of summative assessment
- The posts offer the opportunity to develop a special interest as well as enhancing GP skills and developing leadership skills
- Appointments are competitive, applicants should link project proposals to NHS and local workforce priorities
- Although the practice fulfils the role of employer for legal reasons, the posts are exclusively educational and senior registrars are supernumerary
- The training practice receives a full 6 months training grant
- The typical timetable will be 2.5 days in practice, 2 days on secondment and half day private study
- Senior Registrars will attend a monthly learning set, and will develop an individual learning plan for the 6 months
- The GP trainer and Senior Registrar will agree a learning contract
- The Senior Registrar will usually have a separate educational supervisor for the project
- The Senior Registrar will write a report for the Deanery on completion of the 6 months
- Senior Registrars should be appraised by their GP Trainer before completion of training

Introduction

GP registrars, who have successfully completed Summative Assessment (SA), have an opportunity to apply for an additional six months training as a Senior Registrar (SR). These training posts are designed for high flyers who wish to develop a particular skill or expertise and may be aiming for a career where general practice is combined with a special interest (GPwSI). It is expected that these posts will become increasingly competitive and it is likely in the future that trainers will be asked for a detailed reference to support an application. Typically time is spent equally between general practice and their area of interest where they may either undertake a project or work towards a diploma or other qualification.

The six months provides appropriate experience for what is essentially a leadership training programme. The regular learning set helps the SRs to reflect on their experiences with their peer group and identify their learning needs as they explore the qualities needed for their planned leadership roles in general practice. The development and use of a sophisticated personal learning plan happens at an early stage in their six months and this provides a focus for a huge range of activities, both at practice and PCT level. By the end of their six months, SRs should have not only developed expertise in an area of interest but also become motivated life-long learners with particular skills in practice development, leadership and understanding of the NHS at PCT level.

Curriculum

The curriculum should be considered under three headings.

- Leadership skills
- Knowledge and skills for general practice
• Knowledge and skills for the development of a special interest

The curriculum for the six months is essentially based on the individual personal learning plan. This learning plan develops quickly into a sophisticated document as the SRs have time to reflect on the knowledge, skills and personal qualities they will need for their future career roles. Their GP trainer has an essential role here in facilitating this process. At the same time, they are encouraged to seek feedback on their performance which, together with reflection and self-appraisal, will give them further information about their strengths and areas for improvement. By the end of the six months, reflection, self-appraisal and identification of learning needs should be automatic.

It is important that SRs spend time planning their time in the surgery as well as their secondment. Typically, most full-time SRs do five sessions in the practice but not all of these are necessarily surgeries. They may use one for a practice based project or area of practice management. However most SRs are just beginning to experience the joys and problems of long-term relationships with patients and their learning plans often reflect their needs in this area. It might involve exploring some patients in depth by case study or trying out new techniques such as psychosexual counselling or CBT.

A common learning need for SRs involves understanding the issues and strategic priorities in the NHS both at PCT and national level. SRs often benefit from a wider view of primary care and the current political and financial climate.

Senior Registrars regularly take part in training accreditation visits to practices, attend conferences, meetings and courses and may wish to travel to the other end of the country to visit a beacon practice. SRs need to be given opportunities to stretch themselves – running a workshop, leading a change management project or speaking at a national conference. The learning from these experiences is greatly enhanced if the SR keeps a reflective diary. The above activities have all been undertaken by Senior Registrars in the last two years – and many have also been working for a diploma or developing a particular skill such as endoscopy.

The Timetable
A typical weekly timetable for a Senior Registrar would be
• five sessions in the practice
• four sessions on secondment
• one session private study

To include:
• fortnightly tutorial with their GP trainer (2 hours)
• teaching sessions from secondment supervisor

Most SRs do not do out-of-hours as few have learning needs related to this area of practice but we have had one SR particularly interested in issues around co-operatives, so it was incorporated into his programme. Most SRs use a considerable amount of personal time in order to complete their projects or do distance-learning courses and this replaces their out of hours commitment.

These six months for SRs is probably the only time that they are able to have real flexibility to develop their learning and understanding. They are unlikely to have the opportunity in the future to visit other practices, follow their patients to an out-patient department or shadow key personnel

All Senior Registrars are expected to
• attend the learning set for a day once a month,
• attend the residential two day Practice Development Skills workshop
• attend the presentation evening where they write up and present their reflections on the six months.
The Learning Set
This provides an opportunity for the SRs to meet each other and reflect on their learning experiences, using the resources of the group. The learning set is facilitated by Marion Lynch but is primarily an opportunity for reflection, development of personal learning plans and generation of ideas for learning opportunities. Occasionally the learning set decides that they would like to address common learning needs and residential courses have been organised for the learning set on Advanced Consulting Skills and Practice Development skills.

At the end of the six months there is an opportunity for the SRs to present their reflections on their six months and usually they invite their trainers, supervisors and future applicants.

The Report for the Deanery
Every SR is asked to write a report for the Deanery on completion of their six months and they are asked to provide this on disc so that, with permission, some can be displayed on the Deanery website. This should include a write up of any project or change management activity, a report on progress with any diploma or acquisition of a particular clinical skill, a review of the their personal learning plan and an assessment of how the NHS has benefited from giving them this additional six months training.

Contractual Issues
The SR six months is an extension of GP registrar training and should usually start within 3 months of finishing GP registrar training. If successful applicants subsequently discover that they have not passed an element of Summative Assessment then they cannot continue as an SR and the Deanery will help with the normal arrangements for remedial training instead. Some SRs like to take some unpaid leave between the schemes. The VTR1 cannot be completed until the end of the SR six months so it is important for applicants to realise that they cannot work as a GP locum until after their six months as a SR.

SRs may stay in their original training practice or change to another training practice for their six months.
- The training practice employs them under the same salary, contract and conditions as previously employed as a GP Registrar. The arrangements for study leave are different and are covered in the learning contract. The training practice will claim full reimbursement in the usual way for the SR’s salary and expenses and can also receive a trainer’s grant. There may be some flexibility for a practice to train both a SR and an ordinary GP registrar but it should be understood that a trainer can only receive one grant even if they are training two doctors.
- In the last six weeks of training, a VTR1 should be completed for either the whole of the 18 months in practice, or if a VTR1 has already been submitted for the GPR year, for the final 6 months of practice (plus any outstanding VTR2s for hospital jobs) and sent to the Deanery. The Directors signature is required before sending the whole lot to the RCGP to obtain the CCT.
- The arrangements for salary, allowances, holiday, sickness and maternity are the same as for GP registrars.
- SRs have the option to train flexibly (part-time). The lowest percentage of time allowed is now 50% but all percentages above that are permissible. Those registrars doing flexible training should negotiate their timetable with their training practice and send it to Barbara Gow at Oxford PGMDE who will work out the salary and time on the scheme pro rata. (bgow@oxford-pgmde.co.uk)
- The Senior Registrars are entitled to travel and subsistence under Section 63 as during their GP registrar year (guarantee is pro rata).

The Learning Contract
Senior Registrars are encouraged to be innovative when considering how they are going to learn within the six months and early tutorials with their trainer are likely to focus on their timetable and plans for learning. An essential part of being a SR is the relative freedom from NHS service commitment. Currently Senior Registrars are employed under the normal GP Registrar contract. While this ensures continuity in terms of pay it does not reflect the expectations of a Senior Registrar in terms of a job description.
It may be helpful to remember that the key difference between the two job descriptions is the balance between service commitment and learning activities. The focus of the Senior Registrar 6 months is learning and while most SRs are naturally keen to contribute to the training practice and the primary health care team, it is understood that the practice should not automatically expect a service commitment from the Senior Registrars, if that conflicts with their learning priorities. To provide clarity and prevent misunderstanding, it is recommended that the trainer and each Senior Registrar negotiate a learning contract where the expectations on both sides are clear. The Senior Registrar group has already identified one code of practice which could be included. This relates to the forward planning of work which involves seeing patients. This aspect of their work should be planned well in advance and surgeries in practice or clinics in hospital should not be changed or cancelled with less than 1 month’s notice, other than in exceptional circumstances.

**The project or area of interest**

A key part of the SR six months is the opportunity to develop a special interest. It is generally accepted that the GP registrar year is dominated by an overcrowded curriculum and assessments – both SA and the MRCGP. Many GP registrars need to recapture that motivation and enthusiasm for medicine and general practice in particular. It is therefore important that the area of special interest provides this but SRs when choosing, should also be aware that they are more likely to be successful in their application and receive support and future employment from their PCT if the area of interest supports an NSF or enhanced services under the New Contract. Not all Senior Registrars are training to be GPwSIs. Many seek to enhance their clinical skills in particular areas with the purpose of improving the services they can offer to patients in their own practice.

Most SRs are keen to develop skills of practice development and clinical leadership which will improve their effectiveness as a GP. However many SRs are keen to train as a GPwSI and develop the role not only in terms of clinical expertise but by contributing to PCT strategy and education for both patients and the primary care teams. Training to become a GPwSI requires credentials. Information for SRs in this area is only gradually being made available but can be obtained through the appropriate Royal Colleges. The RCGP has a working group looking at the issues around GPwSIs, including assessment and accreditation of expertise.

Further information at (http://www.rcgp.org.uk/GPwSI)

Increasingly there is an expectation that a GPwSI will have diplomas or an MSc and these are available as distance learning courses in common specialties such as dermatology, rheumatology, ENT, diabetes, palliative care and sports medicine. SRs are encouraged to start these during their six months. Funding for these diplomas is sometimes a problem – Senior Registrars have access to £225 study leave allowance but this does not go very far. Some PCTs, particularly when the Senior Registrar is committed to the area, have helped fund diplomas as part of their workforce development so SRs are encouraged to discuss their position with the Primary Care Development Officer or the Chief Executive at their PCT.

In addition to distance learning diplomas, most Senior Registrars spend time in specialist clinics both in primary and secondary care. Usually a consultant or a GPwSI is happy to be their supervisor and the SR sees patients in their department under their supervision. In practice this means the department gets a free pair of hands in return for teaching and supervision. Many of the Senior Registrars have been greatly helped and even inspired by the help, support and teaching they have received from hospital consultants and for many this has formed the basis of an ongoing relationship, either as a GPwSI or a clinical assistant post. Some SRs set up other secondments – with medical educationalists, the LMC, or shadowing the PCT Chief Executive as the secondment does not have to be clinical. Occasionally SRs are seconded to two places – for example, one SR learnt to do endoscopies and also did sessions in family therapy.

Senior Registrars are advised when setting up these arrangements with consultants to consider the following:

- Learning needs change and the role is strictly supernumerary so arrangements should be flexible and formally reviewed after 1 month. If possible there should be some flexibility about the days of the week involved as conferences, courses and the learning set may conflict. SRs like to feel they
can contribute to a team – there is a balance between commitment to the department and their own learning needs which may need discussion. Senior Registrars are advised not to be formally included in any duty rota as it reduces flexibility.

- The SR will need an honorary contract with the Trust so that they are covered by hospital indemnity. This should be arranged well before the job starts with medical staffing.
- The expectations should be clear on both sides – e.g. a learning contract
  - attendance at clinics
  - tutorial arrangements
- Occasionally consultants/trainers/PCTs are keen that the SR completes a project or audit for the department. Occasionally this can work well but often does not sufficiently reflect the SR’s learning needs or enthusiasms. SRs are advised to think hard about any such proposal and resist the pressure if necessary. However many SRs have learnt a great deal from designing and carrying out projects such as patient surveys. SRs have received specific help with these projects from local research networks. It should be remembered that the need for ethical approval has sometimes delayed these projects so much that they have not been completed so it might be wise to design the project so that ethical approval is not required. If the project is not going to be published then it may be worth asking the Chairman of the local ethics committee for informal and quick advice.
- SRs learning particular skills such as endoscopy or ultrasound may find that they need to do a particular number to satisfy the criteria for training. This needs to be taken into account in planning sessions.

**What is expected from Senior Registrars**

A high level of self-motivation and personal organisation is required from SRs who wish to make the most of their six months. It is up to them to use imagination, energy and drive to stretch their abilities and create learning opportunities. They will need to be persuasive, assertive and tactful to organise good teaching and will need to prove reliability by good personal organisation and diary management. A key part of this is the negotiation of a learning contract, both with the training practice and their place of secondment. At the end of the six months SRs are expected to ask for feedback from their supervisor and GP trainer, not only about their clinical performance but also about fulfilling the expectations set out in the original learning contract.

It is also expected that SRs will take time to work on their personal learning plans which will be constantly reviewed and updated as a result of reflection on their learning needs. SRs are encouraged to keep a reflective diary.

SRs should find themselves in situations which are unfamiliar – e.g. facilitating a workshop, learning a new clinical skill or attending a national meeting or conference. A key element of SR training is the willingness of the SR to stretch themselves with the aim of unlocking their potential.

Finally, we expect SRs to focus on their future career and take time to plan the ideal package for them.

The SRs who benefit most from the six months are those who learn to develop habits of professional development and life-long learning that will enable them to develop their future career within a constantly changing environment.

**What is expected from Training Practices**

Training practices see themselves as fortunate to have a SR and the Deanery gets regular requests from practices anxious for the opportunity. An SR is a valuable asset to a practice – many have already done a year in the practice, have integrated into the team and are familiar with the practice systems. Patients value their care and are developing long term relationships with them. They have successfully completed most of their assessment hurdles and have the potential to give a substantial clinical contribution to the practice.

However, training practices need to be aware that the relationship between a Senior Registrar and the practice is very different to a normal GP Registrar. SRs will spend 50% of their time away from the
practice and their commitment to the practice and patient care is necessarily secondary to their educational programme which is based on their personal learning plan. Practices need to see themselves as a learning resource for the SR. If SRs use their time in the practice to see patients, do an audit or run a workshop then the practice benefits. However the SR may feel the priority for his learning is outside the practice and the practice may be disappointed not to see much of them.

The practice should be cautious about including the SR in a duty rota as this reduces flexibility but at the same time it is reasonable to ask the SR not to change surgeries with insufficient notice. In practice, SRs usually wish to be helpful and pull their weight as part of the team and it is important that a balance is found. Issues about continuity of care, messages and responsibilities need to be clearly addressed as with any other part-time clinician. The negotiation of a learning contract as described above is an important learning experience for the Senior Registrar. Many SRs are planning a portfolio career and need to learn about how to balance their responsibilities to their primary health care team and continuity of care of patients.

It is strongly recommended that when a SR starts their six months that the purpose and arrangements are carefully explained to the whole team, particularly the receptionists. SRs should remember that absence from the practice normally indicates time off and they may wish to inform the team what they are doing in the rest of their week!

What is expected from Trainers

It is an exciting opportunity for a trainer to train a Senior Registrar and many see it as a privilege. The GP Registrar year is very crowded with a packed curriculum and many assessments. It can be a great relief to think of six months relatively uncluttered.

Most SRs have also completed their MRCGP but some may have a module still to do. The key to being a successful SR trainer is the development of a mentoring relationship. This may be difficult initially, particularly if this is a continuation of a GP registrar year. The SR may still look to the trainer for guidance and expect them to lead tutorials and if the trainer normally prides himself in preparing material for tutorials it may feel unprofessional, even lazy, to come to a tutorial with no specific preparation. Yet it is essential that the SR takes the lead in tutorials, sets the direction and uses the trainer in a mentoring role. It is likely that early tutorials may focus on reflections on their performance so far, plans for their future career and the gradual development of a learning plan to meet their needs. Aspects of their planned weekly timetable may need to be discussed to more accurately reflect their learning needs and a learning contract clearly setting out expectations on both sides is essential.

The trainer has a key role in these discussions. It is likely that they will have invaluable information about the SRs strengths and weaknesses, particularly if they have already been training them. The key here is to facilitate the SRs reflections so that they identify key issues for themselves. When the discussion moves on to how they plan to learn, the trainer’s role is to help the SR to be imaginative about potential learning opportunities. The trainer’s encouragement and confidence in their ability will help SRs agree to plans that will really stretch them. The SR six months is about taking risks – risks with projects and risks with new clinical techniques. Trainers should help SRs to see that learning can be about mistakes as well as success. Trainers should help SRs to develop confidence and self-belief, essential in any leadership training programme. The trainer, and other members of the practice, should use their network of contacts in and out of the health service to enable the SR to develop a broad perspective of health issues.

As the weeks go by, the trainer’s role is increasingly to aid effective reflective practice for the SR. Within a mature mentoring relationship, the trainer needs to facilitate this by developing an appropriate balance of support and challenge which promotes self-direction and self-appraisal.

Towards the end of the six months, trainers should expect SRs to prepare their revalidation folders. This is a good opportunity for the trainer to feedback to the Senior Registrar and encourage them to recognise for themselves both their strengths and areas for improvement. It is also a good moment to finally sign off the trainers report. SRs should also be actively seeking feedback from staff, colleagues.
and patients and reflecting on the answers. Common pitfalls that trainers and SRs should be aware of are:

- Fragmentation – between clinical and project work, practice and secondment, trainer and supervisor.
- Taking on too much – projects may need to be focused and reduced in scope.
- Isolation – the SR may not feel he "belongs" in either setting.
- Perceived lack of progress – change management takes time. Frustrations about progress can lead to insights about resistance to change and failures can provide real learning.
- Undervalued/unsupported – some SRs find being totally supernumerary and self-directed difficult to adjust to at first.

**Evaluation of the scheme**

Prof Noel Boaden has completed an external evaluation of the scheme in 2003, together with the Mersey Deanery. Senior Registrars from both schemes were interviewed.

**General response from SRs;**

"Uniformly positive with many SRs regarding it as the best educational experience of their medical education."

Most SRs reported greater enthusiasm and commitment to general practice as a result of the scheme although most were planning a portfolio career based in primary care rather than full-time general practice.

Many past SRs are now in leadership roles within primary care including a Course Organiser and several PCT NSF leads. Most past SRs have entered general practice within the Deanery as principals and are continuing to gain experience in their area of specialist interest.

**Further Information and Advice**

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