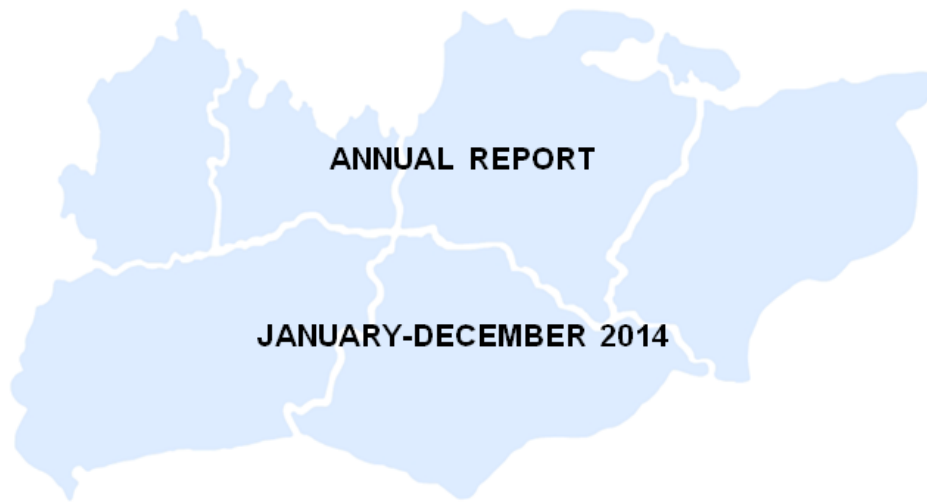




Health Education Kent  
Surrey and Sussex

Health Education Kent, Surrey and Sussex  
Department of Postgraduate Primary Care 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 Primary Care Education for Health Education Kent, Surrey & Sussex.

Since 2013, Health Education Kent, Surrey and Sussex has been one of thirteen Local and Education and Training Boards in England which together form Health Education England (HEE). HEE is the national organisation responsible for ensuring that education, training and workforce development are driving the highest quality public health and patient outcomes.

In the last twelve months there has been considerable change for the organisation. Nationally HEE has been preparing for a new organisational form as a Non-Departmental Public Body (NDPB) from April 2015. It has also been reviewing its structures and processes to ensure it is delivering its tasks in the most efficient, consistent and effective way possible. This review has considered what might be done once through central processes, what might best be done in each LETB and proposed a regional structure based on four geographic areas. Through this process called "Beyond Transition" HEKSS has been grouped with the three London LETBs to form a London and South East geographic area. We were delighted that Professor Liz Hughes was appointed as the Director of Education and Quality (DEQ) for London and HEKSS: Professor Hughes, as a Dean Director and Secondary Care representative on COGPED, has a great depth of understanding of primary care. Julie Screatton, formerly Managing Director of Health Education South London, is our new geographic Managing Director and Philippa Spicer is continuing her role as Managing Director of HEKSS.

Key priorities for HEKSS include:

- Improving the Quality of Patient Care through:
  - Future workforce planning to ensure security of supply of the professionally qualified clinical workforce
  - Current workforce development
  - Educational support to ensure education and training takes place in high quality clinical learning environments
- Ensuring that investments made in education and training are transparent, fair and efficient and achieve good value for money.
- Develop a multi-professional ethos team-based care

We are pleased that HEKSS has continued to recognise that the primary care workforce is the bedrock of NHS care provision, offering entry into the system for all new needs and problems. Primary care provides person focused (not disease oriented) care over time, provides for all but very uncommon or unusual conditions and coordinates or integrates care provided by others. Like other areas of the NHS it is subject to rising demand as the population ages, with a plethora of complex co-morbidities making the role of preparing and training the current and future workforce ever more pertinent and pressing.

Our Governing Body is provider-led and over the past year we have worked increasingly closely with Trusts and with NHS Commissioners and CCGs in assisting these organisations in predicting the workforce needed to fulfil functions rather than focusing on “role titles”. This has opened up thinking as to what the NHS workforce of the future will look like and how this can be achieved through for example participation in HEKSS Workforce Summits.

We have continued to explore placements in CCGs for GP trainees so they develop a better understanding of this new core role of General Practitioners and have worked closely with CCGs as they undertake service redesigns: reviewing the impact on education and training on these plans. In this joint work we have considered how these shifts of service can provide new and stimulating experiences for trainees - not just GP specialty trainees but across the medical specialties.

The activities of HEE are directed by a Mandate which was revised in 2014. Key priorities include:

- Developing maternity and children services
- Delivering integrated care
- Mental health including a specific focus on dementia
- Public health
- Recruiting a workforce with the right values for the NHS

For general practice specialty training this has led to a focus on the opportunities afforded to trainees to gain experience in Paediatrics and Psychiatry and we are pleased that the GP education network has also embraced promoting inter-professional working and learning and high quality team-based care for our patients.

HEKSS has also promoted the use of innovation and technology enhanced learning to help develop the workforce and you will find in this report a number of examples of our

innovative approaches to education and training and working arrangements of which we are particularly proud.

Although the Primary Care Department is a small part of the wider national organisation, we are pleased with our achievements in transformational leadership for modernising the concept of primary care workforce development in the delivering of high quality care to our patients and will share these in our report.

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 and 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 Primary Care Department, our achievements and some of the year's highlights. I hope you find the report interesting and informative and we welcome your feedback.

**Dr Hilary Diack**  
**Interim Dean of Postgraduate GP Education**  
**March 2015**



## REFLECTION ON THE YEAR (2014)

The past twelve months have been very busy, enjoyable and stimulating, yet challenging. We have continued to experience growth in our agenda and continue to strive to achieve our aims within a tight fiscal envelope.

One of our key aims has been to continue to review, as an organisation, how we influence the development of primary care and improve healthcare for patients through the education and training of doctors wishing to be GPs and, increasingly, other health professionals. We have continued in our work to support the current and future GP workforce both in training and beyond in understanding and preparing for revalidation.

As an organisation we have continued to reflect on our processes to ensure that our internal organisation remains fit for purpose. This has presented challenges this year as the future location of our operational bases has been in debate. The Department of Primary Care has worked hard to mitigate against staff losses and provide business continuity as well as continuing to review its efficiency and productivity without diminishing standards.

The Department of Primary Care is structured in such a way as to support the recruitment and training of doctors wishing to become General Practitioners and the existing GP workforce through two virtual schools: the Pre-Certification and Post-Certification GP Schools. With respect to the development of the primary care workforce this has been led by Professor Tavabie through the HEKSS Primary Care Programme Board. The three work-streams work closely together to support activities across the continuum of the primary care workforce.

### **Pre-Certification GP Specialty School:**

The School has continued to develop and consolidate its educational processes. Professor Abdol Tavabie was appointed as Interim Dean Director from April 2014 following Professor David Black's resignation from post. Dr Hilary Diack was appointed as Interim GP Dean until end of March 2015. Achievements of note in 2014 include:

- 100% recruitment to declared posts for GP Specialty Training for August 2014 entry.
- The Single Employer arrangement is now in its fourth year – providing continuity of employment to trainees and supporting GP practices who now host rather than directly employ trainees (except those connected to the Epsom programme).
- Extension of the Enhanced GP Scheme – providing opportunities for “high-flying” trainees. Trainees now have an additional three months in training to develop their skills beyond those required for a Certificate of Completion of Training.



- Our third cohort of educators (47) successfully completed a Postgraduate Certificate in Strategic Leadership and Medical Education through the University of Kent.
- The first eight students successfully completed the Diploma in Strategic Leadership and Medical Education course at the end of 2014.
- 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 second graduation celebration for the ST3 trainees who completed their specialty training and we plan to continue this event annually.

### **Post-Certification GP School**

The School has continued to work 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.

Achievements in 2014 include:

- Support for the annual NHS appraisal process through providing opportunities for all NHS appraisers in HEKSS to continue to develop their skills by attendance at the Appraiser Development Centre (ADC6).
- Enhanced close working between General Practice Tutors, Area Team Appraiser Leads and the HEKSS CPD team to support peer learning sets for Appraisers.
- Development of a Service Level Agreement for Induction and Refresher Doctors and extending the support that is available to the Scheme.
- Development of Post Certification Transition Support Groups (PCTSGs) to support newly qualified GPs and Practice Nurses.

Dr Hurrell's report forms part of this Annual Report (page 27).

### **Primary Care Programme Board**

Professor Abdol Tavabie is the Clinical Lead for HEKSS Primary and Community Workforce, supported by the Programme Manager Mr Nick Barry-Tait. The Board is one of the top priorities of HEKSS's Skills Development Strategy and huge progress has been made within this programme over the past year:

- All 20 CCGs in HEKSS have signed a Memorandum of Agreement with HEKSS to enable them to bring 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, Paramedic Practitioner students and Health Care Assistants through a system of Community Educator Provider Networks

(CEPNs). The Memorandum of Agreement encourages the development of sustainable robust processes and the first CEPN built on a social enterprise model has been realised.

- Primary Care Tutors have been appointed to all CCGs to support and facilitate the first phase of CEPN activity: undergraduate nurse placements in primary care.
- Training for 240 Practice Nurses as Nurse Mentors has been commissioned to support undergraduate placements through four universities (Canterbury Christ Church, Greenwich, Brighton and Surrey)
- In January 2014 there were 25 Practice Nurse Mentors who were updated and ready to assist training; as of January 2015 there are 220.
- Traditionally less than 1% of nurses received placements in primary care during their training: since September 2014 2% of pre-registration nurses can attend training in HEKSS with this number expected to grow substantially as practices are included within this programme.
- An 'Introduction to Practice Nursing' course has been developed and is being delivered by the four previously mentioned KSS Universities as part of the Common Education Pathway for Practice Nursing. Of the 60 places available, 35 nurses new to general practice have signed up with the remainder expected to be filled as part of the next rolling entry point.
- Promotion of a workforce tool for use by GP practices which will help to more effectively gather intelligence on workforce trends and thus take proactive steps to commission training for primary care personnel.

The Pre-Certification and Post-Certification GP Schools are working increasingly closely with the Primary Care Programme Board and the first CEPN conference was held in October 2014, where members of the educational network including GP Training Programme Directors, General Practice Tutors and Primary Care Workforce Tutors met together to explore how the training infrastructure could best co-ordinate placement activity for learners and better develop multi-professional education and training.

In addition to the specific work streams detailed above the Primary Care Department has continued to develop and promote a number of other strategies to support recruitment, retention and development of the workforce:

- The Primary Care Academic Unit in the University of Kent with a Professorial Chair is working closely on validation of an Intercollegiate BSc for medical students in Management in Primary Care, with the aim of attracting medical students to the county of Kent. Our aim is to work with the 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 Specialty training programmes, with a taster of research working towards additional academic qualifications.

- We have continued our work with the South East Coast Ambulance NHS Foundation Trust (SECAMB) to place Paramedic Practitioner students in GP Training Practices, supported by a Steering Group comprising representatives from stakeholders including HEIs, LMC, SECAMB and the Primary Care Department. 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.
- We have begun work with the Pharmacy Department to provide opportunities for pre-registration pharmacists to learn in GP practices, with a plan to extend this to offer GP Specialty trainees opportunities to learn from Community Pharmacists.
- Supported by HEKSS, the GP and Medical Specialty Schools and Acute Trusts have been working to explore the development of the role of Physician Associate. Physician Associates are recruited from those with an existing science degree following a further two year programme of study. A Programme Board has been established to take this work forward.

There have been other significant achievements during 2014, 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, Primary Care Workforce Tutors, Programme Managers and the members of the GP Dean Team, together with the core administrative staff, for their contribution to making the HEKSS health economy a first-class place in which to be trained.

During a period of tremendous change in the NHS, the Department of Primary Care 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 Department's commitment to the development of primary care education.

### **GP Dean Team**

The GP Dean Team has seen a significant change with the appointment of Professor Abdol Tavabie to the role of Interim Dean Director, with responsibility for all specialty training. Whilst Abdol has retained his role as Lead for Primary Care Development and his vision and strategic thinking continues to drive activities, the team has had to adjust to the loss of his presence on a day to day basis. His input to the Pre- and Post-Certification GP Schools has been sorely missed.

We have, however, continued to review the GP Dean Team 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.

Working as part of HEKSS we have continued 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. As part of our geographical alignment with London & South East, we have started to review systems and processes to explore how we might work more closely in the future. The NHS re-organisation has led us through 2014 to develop new working relationships with Local Area Teams, Out of Hours providers and Clinical Commissioning Groups.

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

Probably the greatest asset of the Department is its committed workforce of Associate GP Deans, General Practice 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: HEKSS was one of only a small number of LETBs which fully recruited for August 2014 entry during the first round of recruitment.

The Primary Care Department has also continued to contribute to funding some 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 and GP Local Faculty Group Administrators in the Trusts to deliver support to trainees and local Programme Directors and Supervisors.

## **Professional Development of Educators**

GP Educational Supervisors are required to be registered with the GMC and HEKSS has worked closely with the GMC to ensure efficient and accurate data transfer so this list may be maintained. We have also mapped the GMC Educator Framework to our GP Educator programme to ensure Educators are able to demonstrate their competencies and skills against this framework.

We are fortunate to have several universities in close proximity to us (Kent, Surrey, Brighton, Greenwich, Canterbury Christ Church, and London South Bank). We have a well established GP Education Pathway programme for GP Trainers which has been accredited by the University of Kent. This enhances the ability for our GP Trainers to follow their academic aspirations in the form of further degrees, such as an MSc in Strategic Leadership and Medical Education. It remains a requirement for all new GP Trainers in HEKSS to achieve the Postgraduate Certificate in Strategic Leadership and Medical Education. The Department has continued to work with the University of Kent to quality control academic processes through the Board of Study. We have received positive feedback from both new Trainers and existing Trainers on the PG Certificate. Our third Exam Board was held in 2014 and we were gratified at the very positive comments received from our External Examiner about both the PG Certificate and the PG Diploma, and the quality of the work submitted.

We are delighted that a total of 157 Trainers have now successfully passed the Postgraduate Certificate in Strategic Leadership and Medical Education (PG Cert) and a fourth cohort of students have started the PG Cert. Eight of our network successfully completed the PG Diploma and will hopefully complete the MSc in 2015. The second cohort of students has also registered their intention to undertake the PG Diploma.

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.

Nationally, HEKSS Head of GP School has been working as part of a steering group to review GP educator approval processes to ensure congruity across LETBs and the devolved nations in how educators present their evidence to support their application. This should lead to a clearer process for GP educators when moving areas to be approved in their new location.

Looking forward the Postgraduate Certificate is being developed into a multi-professional programme.

# 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.

The GP Curriculum continues to be reviewed to reflect the skills and competencies required of the GP in the NHS in 2014. Revisions have included more emphasis on skills for managing patients with drug and alcohol problems, osteoporosis and dermatological conditions. A significant change is being introduced with approval from the GMC from November 2014. The RCGP is reviewing how trainees are assessed on their physical examination skills and the current mandatory Direct Observation of Procedural Skills (DOPS) is to be replaced by Clinical Examination and Procedural Skills (CEPS). Rather than a tick box list of eight mandatory skills trainees will be assessed on their abilities across the spectrum of clinical examination, including intimate examinations and how they incorporate these examinations into the consultation. It is intended to introduce the formal change in August 2015.

## 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 of up to two days a week in another secondary care specialty, thus providing access to the breadth of clinical medicine. We have reviewed the provision of these placements in 2014 specifically with respect to psychiatry and paediatric placements to support the HEE Mandate.

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. Comments from trainees suggest these placements have been a reason trainees sought to be appointed to HEKSS.

## Single Employment Contract for GP Trainees (SEAT)

The pilot is now in its fourth year. From August 2014 the majority of GP Specialty Trainees are employed by the Acute Trusts: an exception being those doctors who entered training before August 2011 and doctors on the Epsom Scheme whose Acute Trust is in Health Education South 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.

As a result of the contract set up in 2013, we continue to commission medical indemnity cover for GP trainees employed by the single employer (SEAT) contract in their GP placements. 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 working relationships between the GP School and Out of Hours Providers are robust. There is excellent dialogue between the School and the providers, supported by twice yearly meetings which now also include representation from the GPStR sub-committee. There are also firm local arrangements in place with lead Programme Directors liaising with their local Provider. There has been a round of Quality Management visits to Providers from the School which included trainee representation.

Guidance documents for Trainees, Supervisors, PDs and the OOH Providers have been reviewed with enhanced information on the use of the national RAG rating and how this is applied.

### **School structure**

The Pre-Certification GP School structure remains unchanged in 2014. 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. However, some of the GP Training Programmes have either merged formally or begun a process of merger to reflect the Trust structure.

#### **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, is supported by the Patch Associate GP Dean for East Kent.

##### *West Kent Patch*

Maidstone and Tunbridge Wells are working towards a shared training programme as they share a common NHS Trust. They have been advertised as a single unit for recruitment purposes for entry in August 2015.

The 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 working towards a shared training programme as they share a common NHS Trust: Western Sussex NHS Hospitals Trust. They have been advertised as a single unit for recruitment purposes for entry in August 2015.

### *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 South 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 Primary Care.

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 250 locations.



## Team members supporting the GP Specialty School through 2014

Title	Forename	Surname	Role	Contracted Sessions
Dr	Hilary	Diack	Interim GP Dean & Head of School (HOS)	10
Dr	Susan	Bodgener	Associate GP Dean for Assessment	4
Dr	Bob	Ward	Associate GP Dean (West Surrey)	3
Dr	Mohan	Kanagasundaram	Associate GP Dean (Simulation)	3
Dr	Mary-Rose	Shears	Associate GP Dean (East Sussex) & BBT Programme Director	4
Dr	Kim	Stillman	Associate GP Dean (East Kent & Medway)	4
Dr	Debbie	Taylor	Associate GP Dean (West Kent)	4
Dr	Chris	Warwick	Interim Deputy Head of GP School & Associate GP Dean (East Surrey & Crawley)	6
Dr	Glyn	Williams	Associate GP Dean (West Sussex) Lead on GP Educator Pathway	5
Mr	Steve	Scudder	Lifelong Learning Adviser	Full time

Changes to the central Team in 2014 included Professor Abdol Tavabie moving into the Interim Dean Director role following the resignation of Professor David Black. In addition, Associate GP Dean, Dr Mary Davis retired. The GP Dean role has been undertaken as an interim post by Dr Hilary Diack and Dr Chris Warwick has taken on additional sessions to help support her as Interim Deputy Head of GP School.

Office staff supporting the GP Specialty School in 2014:-

Forename	Surname	Role	WTE
David	Buckle	GP Training Officer	Full
Sarah	Cadlock	GP Education Pathway Manager (to July 2014)	Full
Daniel	Dennis	GP Training Placements Administrator (from July 2014)	Full
Sandra	Forster	Primary Care Business Manager	Full
Adelaide	Gbadamosi	GP Training Administrator (to October 2014)	Full
Elena	Gonzalez	GP Training Recruitment Manager & Interim GP Training Manager	Full
Shekeh	Golde	PA to GP Deans' Office	Full
Lizzie	Hall (née Allen)	CPD Administrator (to August 2014) GP Educator Pathway Manager (from August 2014)	Full
Julie	Malvermi	Kent Patch Manager	Full
Sonne	Novakovic	Interim GP School Officer (secondment covering long term absence)	Full
Sharon	Norton	GP Patch Management Administrator	28 hrs pw
Dawn	O'Grady	CPD Manager (from August 2014)	Full
Sultana	Parvez	GP Training Recruitment Officer	Full
Louie	Rallo	CPD Manager (to July 2014)	Full
Shirelee	Rebeiro	GP Payments & Office Administrator	Full
Sue	Smith	GP Office Manager & Sussex Patch Manager	Full
Sarah	Swan	Interim Surrey Patch Manager	Full
Nina	Tafa	GP Training Manager (long term absence)	Full

The administration team has seen some changes this year. The HEE “Beyond Transition” consultation phases have resulted in some turnover of staff and restrictions to the recruitment processes during the year, therefore an interim team restructure and fixed term interim posts have been in place. The admin team have remained as dedicated, cohesive and efficient as possible during this time.

The following team members have left the department during this year: Sarah Cadlock, Adelaide Gbadamosi, Louie Rallo and Pauline Smith.

Lizzie Hall (née Allen) has taken up an interim secondment opportunity to the GP Educator Pathway Manager post. Sonne Novakovic (from the Quality Department) has taken a secondment to the Interim GP Schools Officer post and Elena Gonzalez has taken on additional responsibility as Interim GP Training Manager alongside her current role. We have welcomed the following new members to the team: Daniel Dennis, Dawn O’Grady and Shekeh Golde. In addition we have received support from temporary staff Evette Duncan and Anna 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 School Board with 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 have experience as a GP Trainer and hold a higher postgraduate academic award (at least a PG Cert). We have also continued to reflect a multi-professional approach through the continued input of PDs from other educational backgrounds. 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 2014 were:

<b>Programme Directors</b>		
	<b>Resigned 2014</b>	<b>Appointments 2014</b>
East Kent & Medway	<b>1</b>	<b>0</b>
West Kent	<b>2</b>	<b>1</b>
East Surrey	<b>1</b>	<b>0</b>
West Surrey	<b>2</b>	<b>2</b>
East Sussex	<b>3</b>	<b>2</b>
West Sussex	<b>1</b>	<b>1</b>

During this year the School has been sorry to say goodbye to Christine Candy, Catharine Humphrys, Robert Cameron-Wood, Asmara Goodwin, Michael Strachan, Ben Sturgess, Stephanie de Giorgio, Michael Morris and Mark Halloran. The Worthing programme was also supported by Tanya Lawson, an Interim Programme Director during absences.

We are also pleased to welcome new GP Programme Directors: Fiona Groom, Nicola Beck, Caroline Smith, Isla Cox, Catherine O'Leary and Khalid Wyne.

### GP Specialty Programme Directors' sessions

Kent	No. of Sessions	Surrey	No. Sessions	Sussex	No. Sessions
Eastern & Coastal Kent (Ashford & Dover, Canterbury & Thanet)	12	Crawley	4	Brighton	6
Medway	6	East Surrey	6	Mid Sussex	6
Dartford	5	Epsom	6	East Sussex (Eastbourne, Hastings)	10
Maidstone	6	Chertsey	6	Chichester	6
Tunbridge Wells	6	Frimley	6	Worthing	6
		Guildford	6		

### Number of Approved GP Training Practices in HEKSS

Approved GP Training Practices in HEKSS as at December 2014					
East Kent	42	East Surrey	32	East Sussex	41
West Kent	40	West Surrey	48	West Sussex	45
<b>TOTAL</b>	<b>82</b>		<b>80</b>		<b>86</b>
<b>OVERALL TOTAL</b>			<b>248</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 Healthcare 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 Foundation Trust
10	GP	ST1/ST2	Surrey and Sussex Healthcare NHS Trust
11	GP	ST1/ST2	Royal Surrey County Hospital NHS Trust

13	GP	ST1/ST2	Western Sussex Hospitals Foundation 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 Luke Yanhanpath and Dr Hannah Marshall who succeeded him in August 2014, 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 GPStR sub-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 supporting our 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 2014 allowed us to consolidate and enhance our delivery of the national processes. We were able to recruit to 236 posts (100% of available posts at the time) and we are pleased that we will be able to offer slightly increased numbers for programmes commencing in August 2015 (up to 247).

We have again produced the updated on-line GP School Prospectus and HEE provided a presence at the BMJ Careers Fair in London held in October 2014. In addition, KSS held the first

HEKSS Showcase in 2014 for doctors to have a chance to see first-hand the excellent training opportunities, initiatives and support offered in the region through the eyes of the leading NHS Consultants and trainee doctors in the South East and there was a talk from best selling author of 'Bad Science and Bad Pharma', Ben Goldacre. We would particularly like to thank those GP trainees who came along to the stand to provide their services at these events. 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 incorporates 75% clinical training and 25% research and educational training. Three GP ACF trainees completed their training and gained their CCT in August 2014. The GP School appointed two new trainees to ACF programmes which started in August 2014.

### Recruitment to GP specialty training programmes commencing in August 2014

	Round 1
Applications 1 <sup>st</sup> choice deanery	387
Shortlisted for Selection centre	486
<b>Offers</b>	<b>236</b>

**Snapshot numbers of trainees in HEKSS managed by the GP School** - The table below shows the number of trainees in post in October 2014:

Trainees	ST1	ST2	ST3	BBT	TOTAL
Trainees in post	251	236	269	8	764
Trainees not in post (maternity/long term sick, etc)					81
<b>Overall total</b>					<b>845</b>

### Trainee Progression and Outcomes of GP Training

With the support of the Associate GP Dean for Curriculum and Assessment, the trainees' understanding of workplace 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 2014 the GP School has continued to commission and facilitate these resources.

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

Through 2014, 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. Opportunities for ST1 and ST2 trainees to be involved in GP-oriented learning through their hospital years is highly valued and the GPStR Sub-Committee have been surveying trainees in January 2014 about their experience. We hope their results, when available, will help us to continue to develop this aspect of the programme. 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 School provides access to simulators and CSA examiners for use in locally delivered CSA preparation. The GP School also facilitates courses for the CSA at the RCGP venue in Euston, London for all ST3 trainees and provides targeted 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 were run in 2014. We continue to commission an English Language Course from the University of Kent for doctors whose first language is not English. This course has received excellent feedback and further courses are to be commissioned.

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 LETBs.

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 KSS GP Specialty Trainees 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. The School was particularly pleased that success in the CSA examination for trainees reaching the end of their three years of training showed further improvement in 2014 with a reduction in the number of extensions required to support trainees who were unsuccessful.

### **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

	March 2014	May 2014	Oct-Dec 2014
<b>Total number of trainees who took the CSA</b>	<b>208</b>	<b>74</b>	<b>68</b>
Passes	151	38	34
Fails	57	36	34

### APPLIED KNOWLEDGE TEST

	JAN 2014	APRIL 2014	OCT 2014
<b>Total number of trainees who took the AKT</b>	<b>99</b>	<b>127</b>	<b>116</b>
Passes	67	83	87
Fails	32	44	29

### ARCP Outcomes (1<sup>st</sup> August 2013 to 31<sup>st</sup> July 2014)

OUTCOMES	1	2	3	4	5	6	8
Total number of outcomes	499	8	60	29	2	230	63

#### 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 second Graduation Celebration on 23 July 2014. 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. Over 100 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, improvement in patient care through educational activities, patient safety initiatives and quality improvement projects. There were also three GP Dean Awards for the trainees with the overall highest performance in the AKT and CSA examinations and the most improved performance in MRCGP. The School was immensely grateful for the support received for this from the local RCGP faculties, the LMCs of Surrey and Sussex together with Kent LMC and the MDU.

Up to two bursaries were available to support trainees who had submitted work for presentation at national or international meetings. We were able to award one of these bursaries.

The Graduation event was preceded by a series of workshops on the morning of the Graduation Day. Workshops on careers post-CCT, finance, CV preparation and interview skills and preparing for NHS appraisal and revalidation post-CCT were held. Feedback was universally positive. There was also an opportunity for HEKSS to share details of its support structures such as sessional doctor learning sets, post-CCT, LMCs, the RCGP, Area Teams and MDU were also in attendance to advise of their roles for post-CCT GPs.

A celebration is planned for 2015 to again recognise those trainees who have successfully completed their training up to August 2015.

## **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 (or after 5 years). In 2014, the GP School made 284 recommendations for GP Trainees, (153 positive recommendations and 130 deferrals, 1 transfer of information) and these recommendations have been submitted to the GMC by 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 School and support has been necessary to ensure GP Trainees are aware of their responsibilities in this process.

We have noted the diligence of trainees in reporting significant events through their Form Rs.

## **Enhanced ST3 Programme**

The GP School has developed further the Enhanced ST3 programme which commenced as a pilot in 2013. This included 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. Eleven trainees completed the Scheme in 2014. For 2014-5 we have developed this programme to include an additional 3 months to the training programme based on feedback from the outgoing enhanced ST3s. We envisage the increased length of time will allow for greater personal and professional development. Fourteen trainees have applied for the 2014-15 scheme and will be enrolled pending their CSA results.

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

HEKSS recruited 11 trainees to the national Broad Based Training Programme Pilot in August 2013 with placements based in Brighton, Dartford and Frimley. Trainees experience six-month rotations in general practice, paediatrics, core medicine and psychiatry before exiting into their preferred



specialty from the list above. No programmes were recruited to in 2014, however for 2015 we are delighted to offer 16 training programmes at our existing 3 programme areas and we are pleased that an East Surrey scheme is now available based at Surrey & Sussex NHS Trust.

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 focused care.

Evaluation of BBT has been positive, particularly with respect to trainees feeling more enabled to managing patients with complex problems.

The exit specialty chosen by trainees reflects their choice from across the four specialties: each trainee emerging with an enhanced understanding of the scope of practice of other professionals and a holistic generalist approach.

## **Broadening Foundation Training Programme**

The HEE Mandate aspires to 50% of doctors emerging from the Foundation programme to enter GP Specialty Training to help meet proposed targets for GP numbers. From August 2015, 80% of Foundation doctors are expected to have a community placement for one of their four-month rotations, rising to 100% by 2017. The GP School has been working with the South Thames Foundation School to help support more placements in GP and 10 new rotations have been added to the Foundation programme to support this.

## **Quality Management of GP Training**

Quality management of the clinical learning environment continues to be a key responsibility for HEKSS and encompasses the processes through which we ensure that the training our learners are receiving from Local Education Providers (LEPs) and Higher Education Providers (HEIs) meets regulatory and local standards.

Overall governance is directed through the Quality Management Group (previously Quality Management Steering Group), led by the Dean Director. Over the past year this group has become multi-professional and we have been exploring how to quality manage the clinical learning. A pattern of routine and exception visits is decided on, informed by sources of information such as CQC visits, the NHS Staff Survey and the GMC National Training Trainee Survey data.

The process for visiting GP Local Education Providers (LEPs) has continued in 2014 with a comprehensive visit to VTS Training Programmes. For visits to GP, the GP School co-ordinates the visit with Programme Directors supported by Patch Associate GP Deans, Practice Managers and GP Trainees and the visit is 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.

The GP School 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.

HEKSS has visited all LEPs to review the national Learning Development Agreement (LDA) which reviews the educational processes within a Trust and developed a Quality Information Tool to again provide more information on how Trusts are performing.

LEPs undertake a process of quality control to help ensure they are delivering education to meet the regulatory framework. This is managed through Local Faculty Groups (LFGs). GP LFGs meet three times a year to review delivery of the curriculum and also monitor the progress of trainees. This monitoring allows the local networks to decide what further help and support may be needed by some trainees. GPs locally also sit on the LFGs of other medical specialties.

The GMC again carried out the National Training Survey 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 importance of the survey is to provide feedback on areas where development could take place and HEKSS working through the Dean Director has made available extra resources to support improvement activity.

## **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 Schools 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 for all LETBs to move to a single data system.

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.

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. We are required to provide an annual report to the GMC on the outcomes of all ARCPs for GP and BBT trainees which this year totalled 920. The GP School has continued to use the INSITE database through 2014 which LFG administrators update regularly with the trainees' progress.

HEE nationally will be commissioning new IT systems and is keen in the interim for Intrepid version 10, to be used by all LETBs, Mrs Sandra Forster, Primary Care Business Manager, has been part of a team to develop the system for general practice training.

## **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. 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. The GP School has joined social media communication networks and has embraced Twitter. Follow us on <http://twitter.com/hekssgp>. The Twitter feed includes details on events and most recently has been tweeting details about each VTS area to support our recruitment campaign.

## **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. HEE will be moving all LETB websites to a new domain and therefore the GP team are working towards redesigning the web content and will be transferring this to the HEE domain site in 2015.

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 sub-committee of the GP Specialty School Board. The HEKSS GP Specialty 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 is 248.

Approved GP Trainers in KSS as of December 2014					
East Kent	50	Hastings	9	CRESH	52
Maidstone	19	Eastbourne	17	Epsom	23
Medway	16	Brighton & Mid-Sussex	46	Frimley	22
Tunbridge Wells	29	Worthing	26	Guildford	28
Dartford	21	Chichester	30	Chertsey	22
<b>TOTAL</b>	<b>135</b>		<b>128</b>		<b>147</b>
<b>OVERALL TOTAL</b>			<b>410</b>		

The process for approving and re-approving GP Trainers has become embedded, with all Trainers having now experienced undertaking a Self-Evaluation Questionnaire (SEQ) and provided a portfolio of evidence of their development as an educator. The portfolio is congruent with the requirements for GP revalidation including patient satisfaction data, evidence of clinical audit etc. 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 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 and 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 2014, Trainers and potential new Trainers enrolled on the PG Certificate Programme have received support from our team of Academic Mentors.

The 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 second cohort of students (GPs) (64 Trainers/Programme Directors) passed the PG Certificate in 2013 and had their graduation ceremony in July 2014 at Rochester Cathedral. A small number attended the graduation ceremony but were justifiably proud of their achievement. 47 GPs in Cohort 3 submitted their PG Cert in 2014 and the results included 4

distinctions, 22 merits, and 21 passes. We are also pleased to confirm that 26 GPs have enrolled into Cohort 4 to undertake the PG Cert in 2015.

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 important to recognise the work undertaken by the Primary Care Business Manager in leading this project.

### **GP Trainer Approval and Re-approvals in 2014**

<b>HEKSS GP Trainer Selection</b>	<b>New appointments</b>	<b>Re-approvals</b>	<b>Resignations</b>
East Kent	4	4	4
West Kent	4	13	4
East Sussex	8	5	4
West Sussex	3	10	7
East Surrey	8	10	3
West Surrey	8	19	5
<b>TOTAL</b>	<b>35</b>	<b>61</b>	<b>27</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 Primary Care 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 2014 through a range of interventions.

**Dr Hilary Diack**

**Head of GP Specialty School**

## Post-Certification GP School Report

### The Post-Certification GP School supports the following activities:

- Support Programme for Appraisal and Revalidation: Working in partnership with our Area Teams, the School has developed a range of Appraiser Development Centres (ADCs) which provide training and updates 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's General Practice Tutor network attends 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 and the General Practice Tutor network assist 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 (referenced in this document). Each CEPN is able to draw on the experience and expertise of General Practice Tutors, Primary Care Workforce Tutors and local GP Programme Directors to form the nucleus of local Primary Care Education faculties. They can share ideas and best practice to provide an organised and well-structured provision of training and CPD for all professionals working in general practice (with planned extension into other areas within primary care).
- 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.
- The School is 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 Refresher Doctors (those returning to general practice after a career break) through the national Induction and Refresher Scheme, and supports GPs and new GP-based nurses through the transition from trainee/learner to skilled practitioner by encouraging learning sets for new GPs and Nurses (Primary Care Transition Support Groups).
- More established sessional doctors are also supported through the financial and organisational support offered to local Sessional Doctor Learning Sets.

The Post-Certification GP 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 and Revalidation**

This support programme is an innovative attempt to integrate training and support for appraisers, PCO officers involved with revalidation and clinical commissioners. It builds on previous 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. This work introduces a '**new paradigm for CPD**'.

GPs will need to consider five Ps 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 General Practice 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 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 6 in May 2014 and expect all Appraisers in Kent, Surrey and Sussex to have attended by March 2015.

ADCs offer 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 GP 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 the 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.

The ADCs support 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

These ideals and the new paradigm for CPD also work through the General Practice 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.

### **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 General Practice Tutors are aware of this need and work closely with Appraisers and Commissioners to ensure these learning needs are recognised and responded to (many are calling these processes 'micro-commissioning').

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.

### **General Practice Tutor Network:**

General Practice education over the past few years has seen a number of changes, with the General Practice Tutors responding to this in a number of different ways. Within HEKSS we have retained the General Practice 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 two years 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 with the development of Community Education Provider Networks.

General Practice Tutors 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. Increasingly the planning of these events will also involve Primary Care Workforce Tutors and will further develop as input from Programme Directors, Pharmacists and Paramedics grows.

General Practice Tutors 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.

All of the General Practice 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 General Practice Tutors put on educational events at lunch time in the local postgraduate centre, those 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. Ensuring learning is in line with the needs of both appraisal for revalidation and local commissioning priorities, and managing the educational needs that emerge, further develops their role and their responsibilities. During 2014, General Practice 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: General Practice 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: General Practice Tutors have been 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: General Practice 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: the Post-Certification School organises regular residential and day conferences and workshops for General Practice 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 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 within the CPD Board 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 General Practice 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

## **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 to 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 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.

**Primary Care Transition Support Groups:** The transition from supervised learner to unsupervised professional can be a difficult time as both doctors and nurses can feel isolated and unsupported when working within a new team. HEKSS is therefore setting up a number of support groups for new GPs and new GP Nurses, two per county, providing peer support and opportunities for CPD and shared reflections.

**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.

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.

### **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 some experienced Trainers to 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 receives 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 and revalidation 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 Area Teams 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 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 20 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 grassroots.

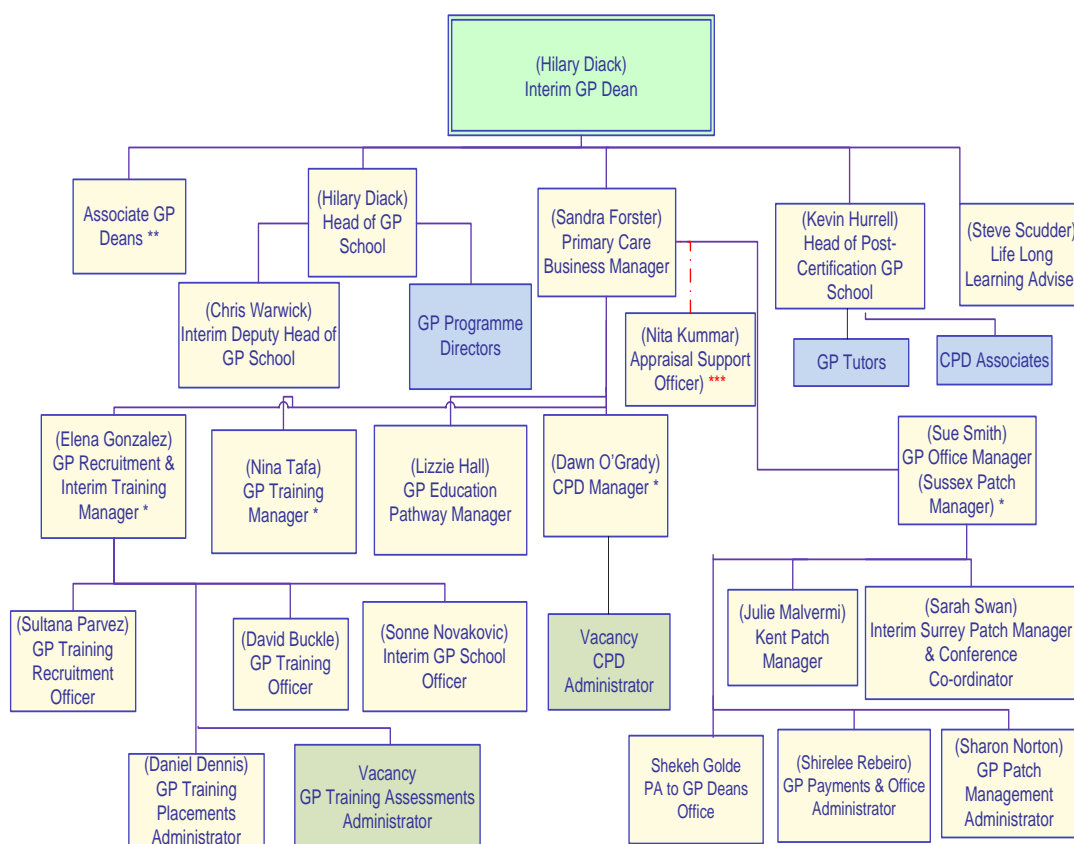
Currently we have more than 40 active Mentors and, at the time of the Annual Conference in October, they were involved with just over 50 mentees. Mentors are themselves supported through their own local learning sets, as well as being able to attend workshops and the annual conference. Our Mentor Group Convenors facilitate the process of peer appraisal of our Mentors in order to maintain the quality of the network and the service offered.

***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 and 2014, we ran a small mentoring project for doctors in training, focussing on those trainees who have had difficulties with assessments, and offered contact with a Mentor trained in simple CBT techniques to help them with confidence, self-belief and motivation. Although it has involved relatively small numbers, the feedback obtained from mentees and Mentors has been 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 2015.

**Dr Kevin Hurrell  
Head of Post-Certification GP School  
HEKSS, Department of Primary Care**

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





## Appendix 2

### HOW TO CONTACT THE DEPARTMENT OF PRIMARY CARE TEAM MEMBERS

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