General Practitioner Assistant Programme

A Guide for Mentors

October 2023

Contents

Introduction 4

History of the Programme 5

Programme Structure 5

Programme Components 6

PORTFOLIO 6

ASSESSMENTS 6

Pearson BTEC Level 4 Award in General Practice Assistant qualification 7

What does successful completion mean? 8

Programme Overarching Objectives 8

Your Role 9

MENTOR 10

A LITTLE BIT OF THEORY 11

STRUCTURING YOUR MEETINGS 13

Teacher 15

ADULT LEARNERS – WHAT YOU NEED TO KNOW 15

PLANNING YOUR SESSION 16

THE LEARNING ENVIRONMENT 16

TEACHING PLAN 17

SETTING LEARNING OUTCOMES 17

WRITING LEARNING OUTCOMES: 18

ASKING QUESTIONS 18

GIVING FEEDBACK 19

Educational Supervisor 20

Clinical Supervisor 20

Pastoral Carer 20

Supporting Your Learner 20

FAQ From Students 21

FAQ From Mentors 22

References 22

Appendix 1- Learning Outcomes and Assessment Criteria 24

UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT 24

UNIT 2 - PROVIDING PERSON-CENTRED CARE 26

UNIT 3 - PROVIDING CLINICAL SUPPORT 28

UNIT 4 - COMMUNICATING WITH PATIENTS 34

UNIT 5 - MANAGING HEALTH RECORDS 37

Appendix 2 GP Assistant/Certificate Supporting Resource 39
UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT 39
UNIT 2 - PROVIDING PERSON CENTRE CARE 41
Section A – Person Centred Care 41
Section B – Care Plans 42
Section C – Infection Control 42
Section D – Mental Health & Wellbeing 42
UNIT 3 - PROVIDING CLINICAL SUPPORT 42
Section A – Background, policies and procedures 42
Section B – Specimens 44
Section C – Blood Samples 45
Section D – Other Clinical Procedures 45
UNIT 4 – COMMUNICATING WITH PATIENTS 46
UNIT 5 – MANAGING HEALTH RECORDS 46
Appendix 3. GP Assistant – Building A Portfolio Of Evidence 48
INTRODUCTION 48
WHAT SHOULD BE INCLUDED IN THE E PORTFOLIO OF EVIDENCE? 48
WHAT TYPES OF EVIDENCE ARE REQUIRED TO DEMONSTRATE LEARNING AND ACHIEVEMENT? 48
Appendix 4. A Guide To Using The Sysco Platform 50
Appendix 5. GPA And GP Mentor Review Templates 54
ACCOUNTABILITY 54
INITIAL REVIEW AND REGULAR UPDATES 54
Appendix 6. Sample Teaching Plan Template 57
Appendix 7. Reflective Model Template Using Gibbs' Reflective Cycle 59
Appendix 8. An Example Of Reflective Writing 60
Appendix 9. Extract From The Learners Guide To "Completing Your Portfolio" 62
WHAT DOES MY EVIDENCE HAVE TO BE? 62
TYPES OF EVIDENCE 62
HOW DO I PRESENT MY EVIDENCE? 63
WHAT IS REFLECTION? 63
Appendix 10. Extract From "Completing Your Portfolio" Showing Sample Answer To Questions In Domain 3, Section B 65

Introduction

Thank you for becoming a mentor to one of your colleagues for the General Practice Assistant (GPA) programme. This was developed by colleagues from NHS England.

As a mentor, the GPA programme will allow you to:

- Support your chosen colleague
- Provide unrivalled 1 to 1 learning and teaching that is work-based and time protected
- Shape their professional development, by building on prior experience
- Provide an opportunity for them to learn and study at work and complete relevant courses
- Develop a safe, effective practitioner who will inform future practice
- Provide a foundation for future health care studies

Each of you will start with differing prior knowledge, experience, skills as a GP, educator, supervisor and also a mentor. Therefore, this guide is designed to embrace these characteristics and provide a unifying understanding, in the context of the GPA programme, of your role, your place in the programme and the wider support network.

Thank you for becoming a mentor; a role you will find stimulating, motivating, refreshing, frustrating, and rewarding. The role will also drive you to reflect on, and enhance your understanding of you as a person, a clinician, a mentor, a teacher and a supervisor.

History of the Programme

The General Practice Assistant was originally developed in the USA to support General Practitioners (GPs) in routine administration tasks and basic clinical duties.

In 2018, a similar programme was piloted in the Northwest of England and supported by Health Education England (HEE). Dr Steve Cox, a GP at the Spinney Medical Centre in St Helens, led the team who investigated why GPs were either retiring early and/or dissatisfied. The main reasons were:

- High administrative burden
- Lack of 'personal assistant' type support
- Lack of quickly accessible core clinical observations or tests on patients due to practice nurses working more with patients who had chronic conditions

Consequently, HEE devised the General Practitioner, or Medical Assistant role which included personal, general and clinical components.

The pilot course was run in the Northwest and in 2019, the programme was rolled out nationally and accredited by the UoC with the first wave of learners completing in 2020.
An evaluation of the course showed that the GPA programme had the potential to:

- Improve patient access and patient flow
- Release higher qualified staff to focus on treating patients with more complex conditions.

Programme Structure

The course lasts for 6 -9 months (depending on clinical pressures for example from Coronavirus etc.) and is designed to regularly assess progress towards becoming a competent GPA.

Learning occurs 1 day/week. This comprises:

- ½ day with mentor/GP/Secretary/HCA/Nurse/Practice manager/other colleagues. These sessions will guide all aspects of learning, and help to build and complete the portfolio
- ½ day uploading evidence into portfolio including reflection to assess competency.

> ⚠**KEYPOINT:**
> Ensure this 1 day per week is protected time for education both for the employee – the learner - and you, the mentor.

Programme Components

PORTFOLIO

An e-based platform built around the 5 component units of:

1. Providing Person-centred Care – 38 assessments
2. Providing Administrative Support – 31 assessments
3. Providing Clinical Support – 113 assessments
4. Communicating with Patients – 45 assessments
5. Managing Health Records – 26 assessments

Each unit has a number of "competency" assessments as shown above. These are completed, with evidence and reflection. All of which are documented in the portfolio to eventually produce a comprehensive educational resource that:

- Motivates the learner
- Records developing knowledge, skills and attitudes
- Guides further study
- Allows independent assessment

A detailed description of each component is provided in Appendix 1.

To provide both you and your learner with help in completing the competencies, an abridged version of the units is included in Appendix 2 along with reading material, relevant websites and suggestions for discussion topics.

ASSESSMENTS

Occur in all aspects of learning. They are used to monitor learners' progress and the effectiveness of teaching. Your learner will be assessed by:

- You as part of "continual assessment"
- Colleagues in your practice who are part of the training team
- Nominated staff at the regional training hub who will review all portfolios

Pearson BTEC Level 4 Award in General Practice Assistant qualification

Pearson are the UK's largest awarding body and are regulated by Ofqual (England) with educational excellence rooted in names like Edexcel, BTEC, EDI and LCCI.

Pearson's Self Regulated Framework (SRF) is for customised qualifications to meet the needs of a particular range of learners and stakeholders. Pearson designs SRF qualifications in collaboration with the centre that wishes to deliver and certificate learners.

These qualifications are not accredited or regulated by any UK regulatory body and are certificated by Pearson. For further information, please see Pearson's Self Regulated Framework policy, on our website, qualifications.pearson.com.

This qualification has been developed with Sysco Business Skills Academy. NHS England, as sector experts, provided the specialist content for this qualification.

The Pearson BTEC Level 4 Award in General Practice Assistant (SRF) is for learners who work in, or want to work in, General Practice environments.

Pearson BTEC Level 4 Award in General Practice Assistant (SRF) is suitable for:

- Supporting the development of knowledge and/or understanding related to the role of a General Practice Assistant
- Developing skills related to the role of a General Practice Assistant
- Developing learners' personal growth and engagement in learning.

A General Practice Assistant will support GPs in the smooth running of the surgery by handling routine administrative tasks and some basic clinical duties, helping to free up the GP's time. They work with the direction of a GP, who has overall responsibility for medical care. Depending on the practice's needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting all information from clinical letters that needs coding
- Dealing with all routine clinical post directly e.g., DNA letters, 2WW etc.
- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy
- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g., ESA113 etc
- Explaining treatment procedures to patients including arranging follow up appointments

- Helping the GP liaise with outside agencies i.e., getting an on call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care

While there is no requirement for the General Practice Assistant to have any practice experience, they would ideally have some experience and already be considered competent in good patient care in a GP practice. They must be DBS enhanced level checked.

The qualification gives learners the opportunity to:

- Develop the fundamental technical skills and underpinning knowledge and understanding required to become competent in the job role. These cover the following areas: administration; care; clinical; communications; and managing health records.
- Develop appropriate professional attitudes and behaviours that will support personal success in their job role and the long-term success of their organisation.
- Develop a range of interpersonal and intrapersonal skills to support progression to, and success in, further study and career advancement.
- Achieve a recognised Level 4 qualification.

What does successful completion mean?

Students are required to complete all 5 units. On successful completion of the portfolio each student will receive a certificate from Pearson and ten credits at level 4.

⚠**KEYPOINT:**
You are responsible, as the primary "GP" mentor, for declaring that your learner has successfully completed the course.

Programme Overarching Objectives

To develop knowledge and skills to practice safely and effectively as a GPA across all units.

This will be evidenced by completing a comprehensive evidenced-based, person-centred, care portfolio supported using research and reflection by:

- Demonstrating a theoretical and practical understanding of person-centred care with particular reference to promoting physical and mental health well-being, and by directing patients to the most appropriate care and monitoring their progress
- Appreciating and showing how to access, manipulate, communicate and investigate patient information in a sensitive, secure, supportive and legal way according to local and national guidelines

- Illustrating how to prepare a relaxed, safe, hygienic, and secure environment for patient assessment ensuring dignity to facilitate clinical examination and sample acquisition using "informed consent"
- Describing and demonstrating the different ways to communicate with patients; the components of a consultation and how this may vary according to patients needs ensuring they receive appropriate encouragement and support
- Documenting medical details from patients, correspondence and local information systems in a safe, effective way especially knowing when to refer to more senior colleagues

Your Role

As a "mentor" you will find your role extremely satisfying as you guide your learner, and see them develop throughout the programme. Their knowledge and skills will be enhanced and attitudes may change as they get exposure to all aspects of primary care.

Although you are referred to as a mentor for the GPA programme, your role is more complex and comprehensive comprising:

- Mentor
- Teacher
- Educational supervisor
- Clinical supervisor
- Pastoral carer

Each of these roles will be considered separately in this guide with particular reference to both mentor and teacher. I will describe some of the similarities and differences to aid clarification, give structure to your role, facilitate your personal development and ensure you provide the most conducive learning environment for your mentee/ learner/ supervisee/ student/ colleague not to mention pupil/ coachee. I am sure you will agree that there are too many terms. To simplify matters I will use "learner" though out this document irrespective of whether they are being mentored, taught, supervised or supported in anyway.

⚠ **KEY POINTS:**

- Ensure the learner is the focus of your practice irrespective of your role.
- As your role changes so does the role of, and response from, your learner.

As a:

- Mentor, your learner drives the agenda

- Teacher, you align your learning outcomes and those of the programme with those of the learner
- Supervisor, you drive the agenda

To support you and your learner, the GPA programme now comprises primary and secondary mentor.

> ⚠ **KEY POINTS:**
>
> - The primary mentor is a GP who has overall responsibility for signing-off all clinical units and the whole GPA programme. **This is a legal requirement.**
> - The secondary mentor for example a practice manager can sign-off ONLY non-clinical units. Any concerns or questions must be referred to the primary "GP" Mentor.
> - Each mentor has access to the Sysco platform to review and sign-off portfolios within their remit. Furthermore, the learner may need support in building their portfolio and could be assigned a colleague with the correct expertise to help them.

Mentor

TIME OUT. Before continuing to read this section take a few minutes to:

1. List your virtues, values and development needs
2. List the attributes of a mentor
3. Review your two lists and note the similarities and differences
4. Are there any areas for your personal development?

Compare your lists with mine below. Are there any areas for your personal development?

As a mentor, supervisor and educator it is important that you understand yourself, the person you bring to this multifaceted role. Remember through your language and actions, your learner will read your virtues, values, attitudes, beliefs and priorities about work. The learner may even adopt some of your traits because you are also a role model. Furthermore, your virtues and values shape you as a professional.

A mentor:

- Is a professional with credibility
- Wants to help
- Nurtures effective development
- Must be able to listen and communicate effectively

- Provides information and knowledge
- Understands, appreciates and offers different perspectives
- Is a critical friend who is empathic and accessible
- Creates a relationship that builds confidence
- Supports the mentee
- Encourages and motivates
- Empowers the learner to control their own development and work
- Asks questions that will challenge and shape development
- Gives feedback to enhance and embed learning
- Encourages self-reflection

Each mentor/learner relationship is unique and dynamic, focusses on and meets the needs of both individuals, and compliments and integrates with other methods and aspects of learning.

Benefits Of Being a Mentor

- Job satisfaction from seeing others develop
- Increased recognition from peers
- Challenge and stimulation
- Having identified future potential of the person they are mentoring
- Learning and developing yourself from the process
- Satisfaction at the success of the mentee
- Recognition of your mentoring skills by the Department
- Motivation from self-development and responsibility

In summary as a GPA mentor, you will provide educational and pastoral advice and support, direct learning, understanding and progress by providing feedback. Although these roles are not mutually exclusive, they will enable you to create a constructive, supportive and educationally beneficial process that will feature:

- Regular feedback sometimes immediately for example when you are observing a skill or a few days after your learner has completed a written component that you need to assess and then discuss
- Ways to direct and enhance learning
- Assessments both formative and summative

A Little Bit Of Theory

There are many ways to maximise the educational benefits of your mentor sessions. Having a plan and structure is fundamentally important for both you and your learner. Although there

are several models to guide you through this process the one I use is the GROW model.

Mentoring Using the GROW Model

The GROW model is a good way to structure a meeting and engage with your learner. Usually you will start at "goal" and work logically round the model. Alternatively, you can navigate around the model starting with "reality" and then the goal, if this works best.

⚠ **KEY POINTS: Remember:**

- This is all about the learner and what they want to achieve
- The learner drives the agenda
- To always finish with the way forward and ensure that this is set and owned by the learner

Goal – get the learner to focus on the future and on what THEY want to achieve as an individual. This will engage and motivate your learner.

Reality – ask questions to help your learner establish where they are now in their development. Sometimes learners find this difficult and you can help by giving feedback as can colleagues in your practice. Establish what qualities/ resources are available.

Options – help the learner to identify the different options available to them; ask questions to help them explore the feasibility of each option. Share your own experiences if the learner is struggling to identify sufficient options and beware of being too directive.

Way Forward (wrap up or will) – get the learner to design an action plan. Encourage them to set outcomes that are S. M. A. R. T i.e.:

- *Specific* – Well defined, clear, unambiguous

- *Measurable* – Within specific criteria to measure progress towards the outcome
- *Achievable* – Attainable and NOT impossible to achieve
- *Realistic* – Within reach, relevant to outcome and overall goal
- *Timely* – Clear timescales with start date and target date; hence creating urgency

Do not forget to schedule the next meeting; so GROWS may be a better acronym.

Structuring Your Meetings

> ⚠ **KEY POINT:** Proper prior preparation and practice prevents poor performance.

Plan your meetings to ensure your learner derives the maximum benefit.

Initial Meeting

Explain:

- The purpose and duration of the mentoring relationship
- Your role and what the learner should expect from you
- Their role and what you expect from them
- The format and rationale of your subsequent meetings

Review Meetings

These are planned to:

- Review progress related to learning outcomes
- Provide feedback
- Identify strengths, achievements and areas for development
- Advise/teach on specific areas
- Discuss professional issues
- Solicit feedback and agree future support
- Explore options and opportunities to gain further experience
- Ensure you are meeting the needs of the learner
- Update e-portfolio system
- Set outcomes for future actions
- Plan next meeting

Time out After each session, allocate time to allow you to reflect on the session and:

- Note what went well
- Consider what you would do differently if you could "turn back time and repeat the session"
- How you will use this information to improve your next session

Final Meeting

This is probably the most important meeting and marks completion of the GPA programme where you will:

- Ensure final learning outcomes have been met and all Sysco documentation completed.
- Revisit the overarching GPA programme objective and associated learning outcomes to enable you both to review and summarise progress, and acknowledge what has been achieved.
- Take time to reflect, explore and evaluate your feelings, especially how you have developed during the relationship and what lessons you have learned.
- Help the learner identify the next stage of their development.

To help structure your meetings, make pertinent comments and aid feedback, a series of templates are provided in Appendix 5.

Unfortunately, not all relationships will go to plan from the perspective of either you, your learner, or both.

What Happens When Things Don't Go To Plan?

- Relationship does not gel and/or fails
- The learner who
    - Struggles and/or fails
    - Has no insight
    - Does not engage
    - Is angry, confrontational
    - Feels trapped as cannot see a way forward
- The mentor who feels trapped

⚠ **KEY POINTS: Remember:**

- As a general practitioner you have honed your verbal and non-verbal communication skills to deal with the spectrum of patients you encounter
- Use these skills, that are transferrable, to explore why things don't go to plan and how to resolve the associated issues.

What are the symptoms/signs?

- Unmet needs
- Frustration and /or anger
- Lack of engagement
- Frequent misunderstandings
- Poor/no preparation for meetings
- Lack of progress
- Missed deadlines
- Late arrival at, or failure to attend, meetings
- Feelings of distress/harm

What are the underlying problems?

- Inappropriate matching
- Defective communication
- Discordance
- Conflicting roles
- Misuse, oppression
- Incompetence
- Personality disorder

Potential strategies/solutions

- Listen, listen and listen to get a full understanding of the issues
- Do not be judgemental
- Reset outcomes if appropriate to ensure the learner can be successful
- Use empathy, analogies and/or create a "straw person" like one of my previous learners experienced …"
- Explain the scenario and ask how would you have dealt with the situation
- Explain to the learner how you feel about the situation; then illicit their response to your comments
- Get the learner to help solve any problems especially if caused by the learner
- If the learner cannot vocalise concerns, ask for written comments/concerns
- Use an impartial person outside your relationship
- Change to another mentor after thanking the learner and closing the session with an explanation of the way forward

Remember to ensure your physical and mental well-being when dealing with such difficult situations that can be exhausting. Develop a critical friend, ideally and experienced mentor to listen to your reflection and provide support and help guide you through the way forward.

Teacher

- Helps learners acquire knowledge, competences and virtues
- Plans experiences to bring about a change in behaviour

Adult Learners – What You Need To Know

Adult learners will bring their own individual ways of learning and working; each learner is unique. They share some characteristics that you should use to your advantage, especially to increase the success of their learning, ensure engagement and keep them motivated:

- Actively involve your learner
- Clearly define their learning outcomes
- Ensure the content of your session is relevant and has meaning and purpose to the learner's everyday issues
- Give constructive feedback

- Encourage reflection on learning experiences

Each learner will have their own learning style. You do not need to know the theory of different learning styles **BUT** you **DO** need to get to know your learner. Work with them, make the learner the focus (rather than the teacher); this will have such a positive impact on their learning experience. Find out their preferred method or methods of learning be it watching, listening, drawing, writing, discussing etc. and tailor your sessions to suit. Send pre-session information to guide their learning. All of this will drive and enhance the learner's engagement.

> ⚠ **KEY POINT:** Ensure your learner is at the heart of your educational practice.

Learning involves:

- An Increase in factual knowledge that can be: remembered and reproduced, understood, applied and used
- Acquisition of skills
- Solving problems and developing an analytical approach
- Developing creativity and extending imagination to change their virtues, values and beliefs by, and as a result of understanding the world in a different way

These characteristics summarise the power of learning experiences and show the stages of knowledge from knowing, understanding, applying and analysing to synthesis and evaluation as described in the learner's portfolio guide. (Based on Bloom's Taxonomy 1956)

Planning Your Session

You **MUST** plan to ensure your learner achieves the related learning outcomes and hence maximise the educational benefit.

The Learning Environment

The learning environment is fundamentally important and must be conducive to the teaching that you have planned. Consider all aspects of the environment to optimise the learning and teaching experience for example:

- Lighting, heating and ventilation
- Type of seating and the arrangement with a desk
- Charging points for laptops
- All resources for the session such as pens/whiteboard/flipchart/PC/projector
- Redirect telephone calls/turn off mobile 'phones
- Signs/instructions preventing interruptions
- Suitable place and time for comfort breaks
- Minimise extraneous noise
- A backup plan should something fail/not go to plan

Your plan will vary, however, according to the setting, for example in a consulting room with you,

your learner and patient ensure the seating arrangement allows you to do your consultation whilst optimising the learners view of both you and the patient without infringing interpersonal distances. Also consider how PPE and social distancing may influence the relative position of chairs and tables. The situation will be totally different if you are giving a 1:1 tutorial. Don't be afraid to experiment with different arrangements when teaching; providing the opportunity is right. What works for one learner may not work for another.

Teaching Plan

Think carefully about your sessions with your learner; prior planning promotes perfect performance, well nearly 😊.

Planning is essential but cannot be achieved in all clinical settings for example when a patient with excellent history and/or physical signs presents a teaching opportunity not to be missed that may not relate to your learning outcomes for that session. Explain to the learner why this is an opportunity not to be missed, how the opportunity fits in with the programme, what you expect the learning outcomes will be and finish the impromptu session with a discussion debriefing the learner who can then be asked to reflect on their experience both verbally and in writing.

What Is A Teaching Plan?

A teaching plan is a document that:

- Describes the structure and details of your session
- Is a comprehensive account of the teaching methods, materials and other resources
- Lists the duration/time for each sessional component
- Contains key questions

Teaching plans are essential for your scheduled sessions and an outline format is:

- Programme title
- Session title
- Duration
- Learning outcomes and how these relate to the programme learning outcomes
- Time for each learning/teaching component
- Planned activities: discussion, skills, feedback
- Home work for learner including reflection and preparation for next session
- Resources/references/recommended reading

There is a template, with ideas for a more comprehensive teaching plan, in **Appendix 6.**

Setting Learning Outcomes

Learning outcomes:

- Define the knowledge and abilities that your learners will learn by successfully completing the components of each domain and hence the programme
- Are the fundamental building blocks of the programme that shape both learning activities and assessments

- Are dynamic and may change according to the learner's progress

Writing Learning Outcomes:

Initially consider the overall programme outcome that your successful learners will achieve, then focus on making learning clear and precise without ambiguity then:

- Create an introduction such as "at the end of today's session you should be able to describe the differences between arteries and veins"
- Write in the future tense with an active verb such as list, name, compare, contrast, describe
- Use clear language the learner will understand
- Identify what: the learner wants to achieve
  you want the learner to achieve
  the programme wants the learner to achieve
- Amalgamate these 3 desires into 1 or more outcomes using the SMART approach described earlier (page 8).

> 💡 **Remember** to structure the outcome so that it can be achieved in the set time.

Learning outcomes are also important for quality assurance and monitoring by "defining what the student can achieve by the end of" in this case the GPA programme or a component there of as listed in Appendix 1.

> ⚠ **KEYPOINT:** Ensure your learning outcomes are synthesised/aligned to meet the needs of the learner, teacher and programme.

Asking Questions

Questions are an integral part of teaching as they:

- Enable learners to be active and participate
- Allow the teacher to relate directly to the learner – to talk with and NOT at!
- Provide both the learner and teacher with immediate feedback
- Can assess any of the 6 stages of knowledge as shown below

Knowing:	List, name, write, define, how many, what, when, where, who?
Understanding:	Show, compare, organize, rearrange, what is the difference?
Application:	Illustrate, give an example of, explore, arrange
Analysis:	What are the consequences of, how could you use, what are the problems?
Synthesis:	Create, devise, design, speculate, how many different ways, what would happen if?

Evaluation: Evaluate these data against standards, is there a better solution, will it work, what are the perspectives of all sides?

Questioning is therefore extremely useful; but be careful and ensure that:

YOU

- Plan time for questions
- Are clear about the purpose of the question
- Respond appropriately to the learner's response

Your question is pertinent to

- A particularsession
- The stage of knowledge you want to assess

Think about your tone of voice and non-verbal communication to ensure a non-threatening, supportive, environment that will encourage your learner to interact. Always check that your learner understands your question!

⚠ **KEY POINT:** Think carefully about your style of questioning and the composition of your question as you do not want to alienate learners by asking questions from too high a level; conversely too low a level may patronise.

GIVING FEEDBACK

This is a core skill for any mentor/teacher/supervisor. Feedback is of crucial importance to help motivate and engage with your learner. The kind and quality of feedback, the way it is given and when it is given should shape and reinforce the learning process as well as motivating the learner and directing their development.

⚠ **KEY POINT:** Feedback is about behaviors/actions and not personality.

Feedback should be

- Honest
- Specific
- Timely
- Meaningful
- Constructive
- Outcome orientated

There are many ways of providing feedback from a smile or a nod of agreement through verbal to written. There are also many suggested ways of providing formal feedback including the Pendleton method which is used frequently in medical education especially in general practice

(Pendleton1984). This has the advantage of learner active participation that will drive/enhance motivation as described earlier.

Always ensure your learner is both happy and ready to receive feedback. The initial phase is to encourage the learner to reflect on their performance and say "what went well" guided and prompted by you. Most of us will immediately press the self-destruct button and say "I should have done this…. or I made a complete mess of …. I'm sure you'll be able to relate to this statement; I know I can. Then ask your learner to describe what they would do differently to enhance their performance, again guided and prompted by you. Finally give your learner a summary of 3-5 things that went well and similarly for things to improve.

Verbal feedback can also be reinforced by written reflection. This is an extremely useful exercise that your learners have been encourage to do using the Gibbs model of reflective practice. This is described in Appendix 7 with an example of reflective writing in Appendix 8.

Another model for providing feedback is the Ask/Tell/Ask method that is aimed at learners in the clinical setting. See https://www.youtube.com/watch?v=sEIvZRwaK7s for details.

Educational Supervisor

- Responsiblefortheoverallsupervisionofthegpaintrainingandtheir progressionduring the programme
- With learner plans training against agreed learning outcomes for each domain

Clinical Supervisor

- Responsible for the work of the learner during the placement

Pastoral Carer

- Ensure the physical and emotional welfare of your learner

Supporting Your Learner

This has been considered, at length, in the sections entitled "mentor" and "teacher. I have deliberately considered this as a separate to reinforce the important points that:

- The learner is the focus of this programme
- Ensure the learner is at the heart of your mentoring activities
- Ensure the learner is at the heart of your teaching

The learner may need support in building their portfolio. Such support can be provided by any colleague with the correct knowledge, expertise and training

FAQ From Students

1. How much do I need to know?
2. How long will it take?
3. Where will I get the necessary information to complete my task?
4. Who will be my mentor?

1. How much do I need to know?

The tasks you have to complete are finite and will be based on information in the literature, your practice, and your experience as a learner. Your depth of knowledge, skill competency and response to each task will be shaped and modified by your learning supervisors and mentor.

2 How long will it take?

You have been allocated a minimum of 6 months to complete the portfolio which is plenty of time. This translates to 4 hours a week for 20 weeks (24 weeks minus leave etc.) equaling 80 hours. Some of my students and I have completed each of your tasks and recorded the time taken. As you will see in Appendix 1, an estimate of the time in minutes taken to do each task has been added to the framework. Obviously, there will be some variation as we will all take different amounts of time to complete the same tasks.

The time taken to complete all tasks was approximately 60 hours, well within the allocated 80 hours for the portfolio. However, this is not a recipe for complacency. There's always room for more facts, and especially, in depth reflection.

3. Where will I get the necessary information to complete my task?

Your mentor and work colleagues will direct you to, for example, relevant books, documents, websites, practice policies and procedures to help you get information to formulate your answers. You may also wish to use your favorite search engine to answer the question. Be aware that some answers may not be all they seem, containing factual inaccuracies, be irrelevant to UK practice, or even be completely wrong. Do not cut and paste answers from reference sources without permission as this could be plagiarism, or be in breach of Copyright.

4 Who will be my mentor

You will have a primary mentor who is a qualified GP. This is a legal requirement. Your primary GP mentor will have overall responsibility for signing off ALL clinical units and your complete portfolio on the Sysco platform.

Some GP practices may also want to include a secondary mentor who can support you with the non-clinical elements of the programme and ONLY sign off non-clinical elements.

FAQ From Mentors

1. Where do I get help and support?

This is predominantly from your regional training hub lead.
Technical, or specialist, support for the e learning platform is from Sysco.

2. What is the role of Sysco?

The team at Sysco provide administrative support for learner registration and certification.

3. What is the volume and content of evidence required from the learner?

This is a frequent question. To help you formulate an answer and provide you with further information please see Appendix 9 and Appendix 10 that contains an extract from the GPA "completing your portfolio guide" and includes an example answer to demonstrate the volume and content of evidence.

References

Bloom, Benjamin S. *Taxonomy of Educational Objectives.* Allyn and Bacon, Boston, MA. 1956

Pendleton D, Schofield T, Tate P, et al *The Consultation: An Approach to Learning and Teaching.* Oxford: Oxford University Press, 1983

Whitmore, J. *Coaching for Performance: A Practical Guide to Growing Your Own Skills*, Nicholas Brealey Publishing, 1992

APPENDICES

Appendix 1- Learning Outcomes and Assessment Criteria

UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT

Unit 1	Assessment Criteria –	
1. Understand requirements for handling information in health and social care settings	1.1	Identify legislation and codes of practice that relate to handling information in health and social care i.e. confidentiality and information governance
	1.2	Summarise the main points of legal requirements and codes of practice for handling information in health and social care
2. Be able to implement good practice in handling information	2.1	Describe features of manual and electronic information storage systems that help ensure security
	2.2	Demonstrate practices that ensure security when storing and accessing information
	2.3	Give an example of where you have maintained records that are up to date, complete, accurate and legible
	2.4	Demonstrate an understanding of given consent by an individual to share information with another person or body.
	2.5	Demonstrate an understanding of consenting where mental capacity is in doubt or not present.
3. Know ways to support individuals to access information on services and facilities	3.1	Identify the types of services and facilities which patients may require access to and give examples where you have actively signposted them. Demonstrate a good knowledge of local service options
	3.2	Identify possible barriers to **accessing** and **understanding** information
	3.3	Describe ways to overcome barriers to **accessing** information
	3.4	Identify a range of formats, translations and technology that could make information more **accessible** for individuals
	3.5	Describe types of support individuals may need to enable them to **understand** information
4. Be able to work with individuals to select and obtain information about services and facilities	4.1	Give an example where you have helped an individual to communicate their needs, wishes, preferences and choices about the information they require to access services and facilities
	4.2	Work with an individual to identify relevant and up to date information on services and facilities that meet assessed needs and wishes
	4.3	Give an example where you have helped a patient to obtain selected information in their preferred format and language
5. Be able to work with individuals to access and use information about services and facilities	5.1	Demonstrate ways to check an individual's understanding of the information (for example if there is illiteracy of foreign language as 1st language)
	5.2	Share an example where you have worked with an individual to access a service or facility using the information, in ways that promote active participation

	5.3	Give an example where you have supported patients to deal with any issues or concerns that may arise from the content of information
	5.4	Understanding when to gain consent from the patient to share information with other services and facilities both in consultation and out of consultation (3rd party requests)
6. Understand hospital, out of hours and other communication s, and key information to be extracted	6.1	Demonstrate an understanding of information sharing through outpatient letters
	6.2	Demonstrate an understanding of the information contained within AED and admission/discharge letters
	6.3	Describe the key information needed within medication requests from patients.
	6.4	Demonstrate an understanding of Out of Hours, extended hours and other GP to GP communication letters.
	6.5	Give examples of care home correspondence
	6.6	Outline other relevant communications that might be received in practices.
7. Be able to support the GP to complete common administrative tasks	7.1	Give examples of forms linked to benefits – IB113, HAAS etc
	7.2	Give examples of mortgage & holiday insurance forms
	7.3	Give examples of private letters and short reports
	7.4	Give examples of referral templates
	7.5	Give examples of investigation forms – x-ray, blood forms, ECG etc
	7.6	Demonstrate an understanding of the need for the GP to “sign off” such requests for individual patients

UNIT 2 - PROVIDING PERSON-CENTRED CARE

Unit 2	**Assessment Criteria**	
Section A – Person Centred Care		
1. Understand the application of person-centred approaches in health and social care but specifically in general practice.	1.1	Explain how and why person-centred values must influence all aspects of health and social care work
	1.2	Evaluate the use of care plans in applying person centred values
2. Be able to work in a person-centred way	2.1	Work with an individual and others to find out the individual's history, preferences, wishes and needs
	2.2	Give examples of ways to put person centred values into practice in a complex or sensitive case
	2.3	Describe how actions and approaches may need to be adapted in response to an individual's changing needs or preferences
3. Be able to promote individual's well-being	3.1	Explain the links between identity, self-image and self-esteem for an individual
	3.2	Analyse factors that contribute to the well-being of individuals
	3.3	Give an example of where you have supported an individual in a way that promotes their sense of identity, self-image and self esteem
	3.4	Describe ways to contribute to an environment that promotes well-being
4. Understand the role of risk assessment in enabling a person-centred approach	4.1	Compare different uses of risk assessment in health and social care
	4.2	Explain how risk-taking and risk assessment relate to rights and responsibilities
	4.3	Explain why risk assessments need to be regularly revised
Section B – Care Plans		
5. Be able to support the **implementation** of care plans	5.1	Carry out assigned aspects of a care plan generated by the practice or wider team
	5.2	Support others to carry out aspects of a care plan for which they are responsible
	5.3	Give an example of where the practice has had to adjust the plan in response to changing needs or circumstances
6. Be able to **monitor** a care plan	6.1	Agree methods for monitoring the way a care plan is delivered
	6.2	Collate monitoring information from agreed sources
	6.3	Record changes that affect the delivery of the care plan
7. Be able to facilitate a **review** of care plans and their implementation	7.1	Seek agreement with the individual and others about: • Who should be involved in the review process • Criteria to judge effectiveness of the care plan

	7.2	Seek feedback from the individual and others about how the plan is working
	7.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives
	7.4	Work with the individual and others to agree any revisions to the plan or an action plan
	7.5	Document the review process and revisions as required
Section C – Infection control		
8. Understand roles and responsibilities in the prevention and control of infections	8.1	Explain employees' roles and responsibilities in relation to the prevention and control of infection
	8.2	Explain employers' responsibilities in relation to the prevention and control of infection
9. Understand legislation and policies relating to prevention and control of infections	9.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection
	9.2	Describe local and organisational policies relevant to the prevention and control of infection including COVID-19
10. Understand systems and procedures relating to the prevention and control of infections	10.1	Describe procedures and systems relevant to the prevention and control of infection
	10.2	Explain the potential impact of an outbreak of infection on the individual and the organisation
11. Understand the importance of risk assessment in relation to the prevention and control of infections	11.1	Define the term risk
	11.2	Outline potential risks of infection within the workplace
	11.3	Describe the process of and importance of carrying out a risk assessment
Section D – Mental Health and Wellbeing		
12. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient's life.	12.1	Evaluate two different views on the nature of mental well-being and mental health
	12.2	Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: • Biological factors • Social factors • Psychological factors
	12.3	Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health: • Risk factors including inequalities, poor quality social relationships, substance misuse • Protective factors including socially valued roles, social support and contact
13. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	13.1	Explain the steps that an individual may take to promote their mental well-being and mental health
	13.2	Explain how to support an individual in promoting their mental well-being and mental health
	13.3	Describe a strategy for supporting a particular patient in promoting their mental well-being and mental health

UNIT 3 - PROVIDING CLINICAL SUPPORT

Unit 3		**Assessment Criteria**
Section A – Background, policies and procedures		
1. Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens	1.1	Explain current legislation, national guidelines, organisational policies and protocols which affect working practice
	1.2	Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples
2. Understand how to prepare and manage environments and resources for use during healthcare activities	2.1	Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity
	2.2	Describe the roles and responsibilities of team members in the preparation and management of the environment and resources
	2.3	Explain how to investigate, make the necessary adjustments to and report problems with the environment
	2.4	Describe the impact of environmental changes on resources including their storage and use
3. Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities	3.1	Apply health and safety measures relevant to the healthcare activity and environment
	3.2	Apply standard precautions for infection prevention and control
	3.3	Ensure conditions within the immediate environment are set at levels which maintain individual comfort
	3.4	Ensure that all essential resources are available in advance of planned healthcare activities
	3.5	Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out
	3.6	Report any problems with medical equipment, devices and resources as required
	3.7	Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use
	3.8	Prepare resources for the activity in line with clinical governance
	3.9	Demonstrate an understanding of the storage of vaccines and other drugs for use by health care professionals and the need to audit compliance with storage guidance e.g. fridge cold chain audit
4. Be able to ensure that environments and resources are ready for their next intended use	4.1	Describe the importance of ensuring that environments are ready for their next use
	4.2	Outline the factors that influence the readiness of environments for use in health care activities
	4.3	Clean and make safe re-useable items prior to storage in accordance with agreed policies
	4.4	Dispose of used, damaged or out of date items safely
	4.5	Return un-opened, unused and surplus resources to the correct location for storage

	4.6	Monitor the available levels of consumable materials used in healthcare activities – such as stock check
	4.7	Replenish consumable materials used in healthcare activities in accordance with protocols
	4.8	Ensure all information is accurately recorded as specified in local policies
5. Be able to prepare individuals to undergo healthcare activities	5.1	Confirm the individual's identity and gain valid consent
	5.2	Describe any concerns and worries that an individual may have in relation to healthcare activities
	5.3	Describe ways of responding to these concerns
	5.4	Explain the procedure to the individual
	5.5	Agree the support needed with the individual in a way that is sensitive to their personal beliefs and preferences
	5.6	Refer any concerns or questions to others if unable to answer
	5.7	Support an individual to prepare and position for the procedure ensuring that privacy and dignity is maintained at all times
	5.8	Understand the practice chaperoning policy, guidance and implementation within the practice, including record keeping where appropriate
	5.9	Give three examples of where you have acted as a chaperone
6. Be able to support individuals undergoing healthcare activities	6.1	Inform and reassure individuals
	6.2	Apply standard precautions for infection prevention and control
	6.3	Apply health and safety measures relevant to the healthcare activity and environment
	6.4	Recognise any ill effects or adverse reactions
	6.5	Take actions in response to any ill effects or adverse reactions
	6.6	Ensure that an individual's privacy and dignity is maintained at all times
7. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19	7.1	Demonstrate correct use of PPE
	7.2	Describe different types of PPE
	7.3	Explain the reasons for use of PPE
	7.4	State current relevant regulations and legislation relating to PPE
	7.5	Describe employees' responsibilities regarding the use of PPE
	7.6	Describe employers' responsibilities regarding the use of PPE
	7.7	Describe the correct practice in the application and removal of PPE

	7.8	Describe the correct procedure for disposal of used PPE
8. Understand the importance of good personal hygiene in the prevention and control of infections	8.1	Describe the key principles of good personal hygiene
	8.2	Demonstrate good hand washing technique
	8.3	Describe the correct sequence for hand washing
	8.4	Explain when and why hand washing should be carried out
	8.5	Describe the types of products that should be used for hand washing
	8.6	Describe correct procedures that relate to skincare
9. Understand the causes of infection	9.1	Identify the differences between bacteria, viruses, fungi and parasites
	9.2	Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
	9.3	Describe what is meant by “infection” and “colonisation”
	9.4	Explain what is meant by “systemic infection” and “localised infection”
	9.5	Identify poor practices that may lead to the spread of infection
	9.6	Describe what is meant by pandemic and relate this to COVID-19 and its impact upon general practice
10. Understand the transmission of infection	10.1	Explain the conditions needed for the growth of micro-organisms
	10.2	Explain the ways an infective agent might enter the body
	10.3	Identify common sources of infection
	10.4	Explain how infective agents can be transmitted to a person
	10.5	Identify the key factors that will make it more likely that infection will occur
11. Be able to establish consent when providing care or support to a patient	11.1	Analyse factors that influence the capacity of an individual to express consent
	11.2	Establish consent for an activity or action
	11.3	Explain what steps to take if consent cannot be readily established
Section B – Specimens		
12. Understand the processes involved in obtaining and testing specimens from individuals	12.1	Identify the different types of specimens that may be obtained
	12.2	Describe the tests and investigations that may be carried out upon the specimens
	12.3	Identify the correct equipment and materials used in the collection and transport of specimens

13. Be able to prepare for obtaining specimens from individuals	13.1	Confirm the individual's identity and obtain valid consent
	13.2	Ensure the individual's privacy and dignity is maintained at all times
	13.3	Identify any aspects of the individual's ethnic and religious background which might affect the procedure
	13.4	Communicate with the individual in a medium appropriate to their needs and preferences
	13.5	Demonstrate that the required preparations have been completed, including materials and equipment
14. Be able to obtain specimens from individuals	14.1	Provide the correct container for the individual to be able to provide the specimen for themselves
	14.2	Collect the specimen where the individual cannot provide the specimen for themselves
	14.3	Describe possible problems in collecting specimens and how and when these should be reported
	14.4	Demonstrate the correct collection, labelling, transport and storage of specimens
	14.5	Complete and attach relevant documentation
	14.6	Identify the potential hazards and other consequences related to incorrect labelling of specimens
15. Be able to test specimens from individuals	15.1	Demonstrate the appropriate tests for a range of specimens obtained
	15.2	Demonstrate appropriate health and safety measures relevant to the procedure and environment to include: • standard precautions for infection prevention and control • use of personal protective equipment
16. Be able to report on the outcomes on the test of specimens to the GP and patient	16.1	Show the correct process for reporting and recording test results
	16.2	Describe the actions to be taken when the results are outside the normal range
	16.3	Communicate test results in accordance with agreed ways of working
	16.4	Describe why it is important to understand the implications the test results may have on the individual
Section C – Blood samples		
17. Understand the anatomy and physiology relating to obtaining venous blood samples	17.1	Describe the structure of venous blood vessels
	17.2	Explain blood clotting processes and the factors that influence blood clotting
	17.3	Describe the position of venous blood vessels in relation to arteries, nerves and other structures
18. Be able to prepare for obtaining venous blood samples	18.1	Confirm the individual's identity and obtain valid consent
	18.2	Communicate with the individual in a manner which: • Provides relevant information • Provides support and reassurance

		• Addresses needs and concerns • Is respectful of personal beliefs and preferences
	18.3	Select and prepare appropriate equipment for obtaining the venous blood sample
19. Be able to obtain venous blood samples	19.1	Apply health and safety measures relevant to the procedure and environment
	19.2	Apply standard precautions for infection prevention and control
	19.3	Use the selected blood collection equipment correctly, in a manner which will cause minimum discomfort to the individual
	19.4	Use the agreed procedure to obtain the venous blood sample, to include: • Utilisation of containers • Required volume of blood • Correct sequence when obtaining multiple samples • Application and use of tourniquets at appropriate stages • Stimulation of blood flow or selection of alternative site where necessary • Utilisation of anti-coagulant with sample when necessary
	19.5	Respond to any indication of adverse reaction, complication or problem during the procedure
	19.6	Explain the correct procedure to deal with an arterial puncture when it occurs, and any escalation to the GP or GPN.
	19.7	Terminate the blood collection procedure following guidelines and/or protocols to include: • Removal of blood collection equipment • Stopping blood flow • Stopping bleeding • Application of suitable dressing • Personal care advice to the individual
20. Be able to prepare venous blood samples for transportation	20.1	Label, package, transport and store blood samples correctly and use appropriate attached documentation ensuring: • Legibility of labelling and documentation • Temperature control of storage • Immediacy of transportation
Section D – Other clinical procedures		
21. Be able to carry out common examination procedures	21.1	Undertake a series of blood pressure tests
	21.2	Complete pulse rate and character tests
	21.3	Measure height, weight & BMI
	21.4	Measure temperature
	21.5	Take peak flow measurements

	21.6	Undertake Oxygen level tests
	21.7	Complete urine dip stick tests and MSU.
	21.8	Undertake ECG tests
	21.9	Complete blood sugar finger prick tests
	21.10	Take 24-hour blood pressure monitor tests or other tests performed by the practice as appropriate
	21.11	Swabs
	21.12	Other tests in your practice
22. Understand significant events and incident reporting	22.1	Demonstrate an understanding of the practice's significant events and incident reporting policies.

UNIT 4 - COMMUNICATING WITH PATIENTS

Unit 4	Assessment Criteria	
1. Understand consultation modalities	1.1	Describe the different types of consultation used in clinical practice • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP
	1.2	Identify which types of patient might benefit from the different modalities.
	1.3	Discuss which clinical scenarios might be optimally delivered by each modality.
	1.4	Provide evidence of use of patient interaction using each modality.
	1.5	Discuss the value of home visiting consultation.
	1.6	Demonstrate awareness of personal safety issues for home visiting.
2. Be able to carry out the basic consultation	2.1	Record identity
	2.2	Provide an introduction of self and role
	2.3	Present complaint
	2.4	Past history, family history and drug history
	2.5	Undertake basic clinical observations
	2.6	Prepare for GP assessment
	2.7	Provide post assessment actions to support GP management
	2.8	Provide signposting services
	2.9	Provide chaperoning services
3. Understand common key lines of enquiry	3.1	Demonstrate an understanding of the history of the presenting complaint

	3.2	Demonstrate an understanding of smoking, alcohol & exercise and other lifestyle factors e.g. Drug misuse
	3.3	Explain the impact of past medical history on the presenting complaint
	3.4	Give an example where family history was relevant
	3.5	Share two cases where a drug/medication history has been of benefit to the case.
	3.6	Explain how social history can impact upon a case.
	3.7	Give examples where open and closed questions help understand the patient history.
4. Be able to implement and promote active participation	4.1	Describe different ways of applying active participation to meet a patient's needs
	4.2	Work with an individual and others to agree how active participation will be implemented
	4.3	Give an example of a patient taking responsibility for their own health after your intervention.
	4.4	Demonstrate ways to promote understanding and use of active participation
5. Be able to support the individual's right to make choices	5.1	Support an individual to make informed choices - give an example where a patient made a positive choice to change, and an example where a patient declined appropriate care.
	5.2	Describe how you can manage risk in a way that maintains the individual's right to make choices
	5.3	Describe how to support an individual to question or challenge decisions concerning them that are made by others – promoting 'with me' not 'about me'.
6. Be able to demonstrate the use of resources to support communication	6.1	Understand the need for appropriate consent to obtain further information from third parties e.g. Carers or families
	6.2	Know how to obtain translation services for patients whose first language is not English or is not able to understand English
	6.3	Demonstrate an understanding of how to record and utilise information provided by a third party.
	6.4	Explain the importance of maintaining confidentiality when dealing with a third party.
	6.5	Describe the additional resources available to patients with hearing and visual impairment in your practice.
	6.6	Describe additional resources needed in patients with speech impairments e.g. stroke patients
	6.7	Demonstrate awareness of mental capacity issues and their impact upon consultations.
	6.8	Understand the value of avoiding use of complex medical terminology and acronyms
	6.9	Demonstrate an awareness of literacy problems in your practice and how the practice supports patients with illiteracy.
7. Be able to carry out consultations with patients	7.1	Provide evidence of carrying out five consultations, from entries on the clinical system, as validated by the GP
	8.1	Describe the importance of communications within the practice team.

8. Understand communication within the practice	8.2	Explain how your practice ensures important information is shared between staff members.
	8.3	Record examples of your practice meetings and their purposes (both clinical and non-clinical meetings).
	8.4	Describe how you work with your educational supervisor/mentor in terms of protected sessions and supervision.
	8.5	Describe how other members of the practice team have supported you through this process.
9. Know how complaints are handled within the practice	9.1	Confirm your familiarisation with your practices complaints policy and system.

UNIT 5 - MANAGING HEALTH RECORDS

Unit 5	Assessment Criteria	
1. Be able to utilise GP clinical records to gain and add appropriate information.	1.1	Reading and understanding key health entries
	1.2	Demonstrate the ability to navigate the practice clinical IT system
	1.3	Make entries for appointments
	1.4	Make clinical entries
	1.5	Adding key information to the summary
2. Be able to summarise patient details	2.1	Detail major, minor, current and past problems
	2.2	Record carer details
	2.3	Record allergies
3. Be able to record patient encounters	3.1	Recording clinical history into the clinical system
	3.2	Recording the clinical examination findings and tests into the clinical system
	3.3	Demonstrate an understanding of practice protocols and when to highlight a clinical examination or test finding that lies outside accepted limits, and who to escalate this to in an appropriately timely fashion.
	3.4	Demonstrate the appropriate recording of chaperoning activity in the records.
4. Be able to harvest information from letters	4.1	Identify actions
	4.2	Understand diagnosis and identifying new diagnoses
	4.3	Understand the requirement for further tests
	4.4	Provide appropriate follow up
	4.5	Escalating important information to the GP
5. Understanding drug history of patients	5.1	Identify current medications lists
	5.2	Recognise allergies and their recording including adverse drug reactions.
6. Be able to obtain results of common tests on behalf of GP	6.1	Blood tests and other laboratory results
	6.2	Radiology tests such as MRI, Xray, CT
	6.3	Test results obtained during consultation examinations such as BP, O2, BM

	6.4	Reporting normal and escalating abnormal results
7. Be able to navigate the population manager facility within the clinical system to support chronic disease management.	7.1	Give an example of 5 patients you have followed up with a long-term condition to support QOF.
	7.2	Describe how you identify patients who have not yet been reviewed with a long-term condition.
	7.3	Demonstrate an understanding of specific QOF codes.

Appendix 2 GP Assistant/Certificate Supporting Resource

This appendix will help you support your learner through the various outcomes of the GPA skills certificate.

Each of the five units within the competency framework are listed below with detailed outcomes for each domain.

As you will see, several of the outcomes are self-explanatory. As such the guidance stipulates "demonstrate and see evidence of 1.1-1.4 etc.". In contrast when further resources are needed, you will find this section contains reading materials, relevant web sites and suggested topics to discuss with your learner.

You may have resources or guidance specific to your practice/region that may also be helpful to use with your learner where appropriate in addition to the resources linked to this document. These may include for instance practice protocols or local guidelines.

The GPA programme is largely experiential and it is appropriate to outsource elements to other colleagues. These colleagues must be competent in such areas. Remember only the GP mentor can complete and "sign off" the learner as competent at their final assessment.

UNIT 1 - PROVIDING ADMINISTRATIVE SUPPORT

1. **Understand requirements for handling information in health and social care settings**
    - Has the learner completed their Information Governance training within the last 12 months?
    - Ask your learner to read and appraise the latest code of practice around confidentiality. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf

2. **Be able to implement good practice in handling information**
    - Has your learner completed their Information Governance training within the last year?
    - Do they understand the need for smartcard security?
    - Do they understand that a good quality password should contain Capitals, numbers, lowercase and characters and also be changed regularly and not written down?
    - Does the practice have the appropriate security policies in place and is the learner familiar with them?
    - Discuss with your learner the repercussions of non-contemporaneous notes. Contact your indemnifier for supporting information on good record keeping.
    - Discuss your practice's policy on consent to share information and ensure your

learner has a good understanding. Suggestion – does your learner grasp the IG issues around taking patient data to home visits or external meetings?

- Discuss capacity to consent with your learner and share latest guidance and practice policy. https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---decision-making-and-consent-english_pdf-84191055.pdf

3. Know ways to support individuals to access information on services and facilities

- Does the practice have an Accessible Information Standard policy? Is the learner familiar with this?
- Is your learner familiar with alternative ways to access information when appropriate, e. g. translated materials, translator services, large print format etc.?
- Does your learner know how to signpost patients to local resources such as charities, voluntary sector services, online services etc.

4. Be able to work with individuals to select and obtain information about services and facilities

Show your learner:

- Basic information from medical notes where clinical opinion is not required
- A template available on a clinical system to complete a medical report

Explain to your learner why it is important to:

- Read a report and remove any information not relevant to the application, including potentially sensitive information, e. g. termination of pregnancy
- Remove reference to third party information which may be in the patient record
- Get the signatory GP to check the document before signing and sending
- Understand the practice policy on fees chargeable and share the practice policy on the same

5. Be able to work with individuals to access and use information about services and facilities

- Can your learner help patients to access information about services and facilities at the practice, e.g. through leaflets, website, sign posting in clinical encounters?
- Does your learner know what clinical services are available to direct patients to appropriately in the locality, e. g. physiotherapy, phlebotomy, alcohol and addiction service, mental health services etc.?
- Does your learner know what third sector services are available in the locality including when and how to direct patients to them, e. g. Carers association, cancer care support organisations, etc.?

6. Understand hospital, out of hours and other communications, and key information to be extracted

- Show your learner how to read through clinical letters and discuss which letters are to be passed to a doctor/nurse/other. Share the practice policy on the same.
- Describe the practice process for AED, admissions and discharge letters both elective and non-elective.
- Feel assured the learner recognises new diagnoses, new medications and medications changes.

- Feel assured the learner understands the reporting pathway for significant new diagnoses.
- Share the practice summarising policy with the learner and feel assured they understand this.
- Demonstrate summarisation of incoming records.
- Demonstrate summarisation of incoming letters via hard copy/document-handling-system.

7. **Be able to support the GP to complete common administrative tasks.**
    - Prioritise which are the main admin/form filling burdens for you and your GP colleagues. Then identify those most suitable to be passed to the GPA. Give practical demonstrations on their completion and the process to be followed.

UNIT 2 - PROVIDING PERSON CENTRE CARE

Has your learner completed the care certificate self-assessment tool?

https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-Certificate/The-Care-Certificate-Self-Assessment-Tool.pdf

https://www.nice.org.uk/guidance/health-and-social-care-delivery/patient-and-service-user-care

https://nursingandmidwiferycareersni.hscni.net/media/1265/nipec_record_keeping_standards_november_2013.pdf

Section A – Person Centred Care

1. **Understand the application of person-centred approaches in health and social care but specifically in general practice.**
    - Use the above resources to provide evidence for assessment criteria 1.1-1.2
    - Discuss with your learner the value of tailored/personal care plans in conditions such as mental health or diabetes.

2. **Be able to work in a person-centred way**
    - Complex cases might include palliative care or multiple co-morbidities.

3. **Be able to promote individual's well-being**
    - Use the above resources to provide evidence for assessment criteria 3.1-3.4
    - Discuss issues such as body image, mental health, race and faith in this context
    - Discuss issues such as isolation and vulnerability

4. **Understand the role of risk assessment in enabling a person-centred approach**
    - Use the above resources to provide evidence for assessment criteria 4.1-4.3
    - Talk about the patient's rights and their responsibility around self-care

Section B – Care Plans

5. **Be able to support the implementation of care plans**
    - Use the above resources to provide evidence for assessment criteria 5.1 onwards.
    - Show your learner how to adjust a care plan where needs change.

6. **Be able to monitor a care plan**
    - Use the above resources to provide evidence for assessment criteria 6.1 onwards.
    - Also consider how compliance might be affecting the delivery of planned care.

7. **Be able to facilitate a review of care plans and their implementation**
    - Use the above resources to provide evidence for assessment criteria 7.1 onwards.
    - Discuss interventions to reduce admissions as an example

Section C – Infection Control

8. **Understand roles and responsibilities in the prevention and control of infections**
    - Complete infection-control mandatory-training.

9. **Understand legislation and policies relating to prevention and control of infections**
10. **Understand systems and procedures relating to the prevention and control of infections**
11. **Understand the importance of risk assessment in relation to the prevention and control of infections**
    - Use the above resources to provide evidence for assessment criteria 9.1 onwards.

Section D – Mental Health & Wellbeing

12. **Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patients life.**

13. **Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups**

    - Use the above resources to provide evidence for assessment criteria 12.1 onwards.

UNIT 3 - PROVIDING CLINICAL SUPPORT

Section A – Background, policies and procedures

1. **Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens**
    - Contact your CCG/Trust for their latest policy
    - Share practice protocols
    - Understand legislation, policy and good practice related to obtaining venous blood samples http://apps.who.int/iris/bitstream/10665/44294/1/9789241599221_eng.pdf

2. **Understand how to prepare and manage environments and resources for use during healthcare activities**
    - Share your practice policies
    - Compare with national policies/guidance

3. **Be able to prepare environments, medical equipment, devices and resources for use during healthcare activities**
    - Share the practices clinical governance policy with the learner and feel assured that they have understood its contents.
    - Share the practices infection control policy with the learner and fee l assured that they have understood its contents.
    - Share the practices cold chain policy, stock/vaccine control protocol and health & safety policy with the learner.
    - Share the practice calibration of equipment policy/process.

4 Be able to ensure that environments and resources are ready for their next intended use

- Observe your learner completing 4.1 – 4.8

5 Be able to prepare individuals to undergo healthcare activities

- Observe your learner completing 5.1 – 5.8
- Discuss chaperoning and the support required for both the patient and the clinician.

6 Be able to support individuals undergoing healthcare activities

- Has your learner completed their BLS training & anaphylactic shock training?
- Does your learner understand the emergency protocol for an unwell patient?
- Do you have panic buttons and does your learner understand what to do in an emergency?

7. **Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections**

    - Learner description/demonstration to meet assessment criteria 7.1-7.8

8 Understand the importance of good personal hygiene in the prevention and control of infections

- Learner demonstration/description to meet assessment criteria 8.1-8.6 https://www.nice.org.uk/guidance/qs61/resources/infection-prevention-and-control-pdf-2098782603205

9. **Understand the causes of infection**

    - Learner demonstration/description to meet assessment criteria 9.1-9.6

10. **Understand the transmission of infection**

    - Ensure your learner demonstrates understanding and meets the assessment criteria 10.1-10.5

https://cdn.cityandguilds.com/ProductDocuments/Health_and_Social_Care/Care/4222/Additional_documents/HandSC_Level_2_Textbook_Sample_Chapters.pdf

11. Be able to establish consent when providing care or support to a patient

- Analyse factors that influence the capacity of an individual to express consent
- Explore areas such as mental health, capacity, learning disabilities and learning difficulties and current health conditions that will affect a patient's capacity.
- Discuss verbal, nonverbal, expressed and implied consent and demonstrate how to properly code on the clinical system.
- Share your practice policy and feel assured your learner understands this.
- Ensure your learner understands the reporting procedure for the refusal of consent where appropriate

https://www.gmc-uk.org/static/documents/content/Consent_-_English_0617.pdf

Section B – Specimens

12. Understand the processes involved in obtaining and testing specimens from individuals

- Discuss the various samples that may be obtained – blood, urine, sputum, sperm, swabs (wound) and faeces and discuss the kinds of tests one would expect on such samples.
  Urine – pregnancy, ACR, Infection.
  Blood – TFT, FBC, LFT, U&E, Hba1c, Lipids (fasting and non) etc.
  Sperm – fertility
  Sputum – infection
  Wound swab – infection
  Faeces – FOB, infection
- Give examples of equipment needed such as gloves, apron, different blood tubes, urine containers, swabs, forms and collection bags etc.
- Discuss PPA and share the practice policy.
- Discuss lab collection times.
- Local CCG and hospital policies/procedures will be a good resource.

13. Be able to prepare to obtain specimens from individuals

- Provide your learner with a protocol. Ensure you cover: confirmation of identity to clinical record including DOB, labelling, correct completion of lab forms and obtaining and recording consent.
- Discuss the need for a secure room and privacy screen where appropriate.
- Share the practices chaperone policy and ensure the learner is familiar with it.
- Discuss the need record chaperone offer and decision and demonstrate this in the clinical record.
- Discuss the practices resources such as language line, deafness resources, interpreters etc. Share the practice policy and ensure your learner knows how to access these services.

14. Be able to obtain specimens from individuals

Venepuncture

- Provide a practice protocol.

- Provide local trust protocol.
- Contact your local trust to enquire re training (this is often provided)
- You can consider an external trainer, these are often costly however.
- If you have a suitably experienced phlebotomist within your team and wish for them to provide the training, please refer to the "Policy and Protocol Obtaining Venous Blood Sample" document provided separately.

Other samples

- Urine, blood, sputum, swab – provide your learner with practical demonstrations of each. Ensure that protocols are provided and you are assured that they are competent.

15. Be able to test specimens from individuals

- Provide urine dip stick and blood sugar protocol and provide practical training. Demonstrate how to record on the clinical system and when to refer to another clinician.
- Provide Infection Control policy including hand washing and glove use. Provide PPA policy and feel assured that the learner understands its contents.

16. Be able to report on the outcomes of the results of specimens to the GP and patient.

- Demonstrate examples of normal and abnormal results in the following scenarios. Include recording in medical records and informing the patient. Ensure that the protocols provided include reporting procedures where appropriate e.g.: Urine dip stick, MSU, Swab, Cholesterol

Section C – Blood Samples

17. Understand the anatomy and physiology relating to obtaining venous blood samples

- Your learner should provide a written document that shows their understanding of assessment criteria 17.1 – 17.3

18. Be able to prepare to obtain venous blood samples

- See demonstration that your learner meets assessment criteria 18.1 – 18.3 competently

19. Be able to obtain venous samples

- See a demonstration and ensure your learner achieves 19.1 – 19.7 competently

20. Be able to prepare venous blood samples for transportation

- See demonstration and ensure your learner achieves assessment criteria 20.1

Section D – Other Clinical Procedures

21. Be able to carry out common examination procedures

- Demonstrate and ensure your learner meets assessment criteria 21.1-21.12

22. Understand significant events and incident reporting

- Show your practice policies and reporting mechanisms including "yellow card" events for drug reactions

UNIT 4 – COMMUNICATING WITH PATIENTS

1. **Understand Consultation modalities**
   - Discuss with your learner the different types of consultation as listed in Unit 4 1.1, give examples of when each type could be used and include the benefits and challenges with each type.

2. **Be able to carry out the basic consultation**
   - Demonstrate and ensure your learner meets the assessment criteria 2.1-2.9

3. **Understand common key lines of enquiry**
   - Demonstrate and ensure your learner meets the assessment criteria 3.1 – 3.6

4. **Be able to implement and promote active participation**
   - Unsure your learner demonstrates understanding and meets assessment criteria 4.1-4.4.
     https://www.nice.org.uk/guidance/cg138/chapter/1-guidance

5. **Be able to support the individual's right to make choices**
   - Demonstrate and ensure your learner meets the assessment criteria 5.1-5.3

6. **Be able to demonstrate the use of resources to support communication**
   - Demonstrate and ensure your learner meets the assessment criteria 6.1 to 6.9

7. **Be able to carry out consultations with patients**
   - Demonstrate and ensure your learner meets the assessment criteria 7.1

8. **Understand communication within the practice**
   - Demonstrate and ensure your learner meets the assessment criteria 8.1 to 8.5

9. Know how complaints are handled within the practice

- Discuss protocols and hierarchy of reporting with in your practice
- Explain your practices escalation policy
- Describe your approach to handling complaints

UNIT 5 – MANAGING HEALTH RECORDS

1. **Be able to use GP clinical records to gain and add appropriate information**
   - Show your learner how records can be used to understand sequential changes in

weight and bloods etc

2. **Be able to summarise patient details**

   https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215680/dh_125350.pdf

   - Demonstrate and see evidence of 2.1-2.3

3. **Be able to record patient encounters**
   - http://www.bradfordvts.co.uk/online-resources/
   - Demonstrate and ensure your learner meets the assessment criteria 3.1-3.4

4. **Be able to harvest information from letters**
5. **Understanding drug history of patients**
6. **Be able to obtain results of common tests on behalf of GP**
7. **Be able to navigate the population manager facilities within the clinical system to support chronic disease management**
   - Demonstrate and ensure your learner meets the assessment criteria 4.1 onwards

Appendix 3. GP Assistant – Building A Portfolio Of Evidence

Introduction

This paper provides some broad guidance on building an e portfolio of evidence, to demonstrate learning against the GP Assistant competency framework. It was produced at the request of lead Primary Care Training Hubs participating in a national programme to introduce the role more widely, supported by Health education England. The guidance is intended for use by GP Assistant learners and their GP mentors .

What Should Be Included In The E Portfolio Of Evidence?

The e-portfolio of evidence is a collection of work demonstrating that a learner has attained, and can apply, the knowledge and skills identified in the competency framework. It provides an opportunity for learners to demonstrate the progress they have made and provide examples of the required competencies. Evidence should be uploaded onto the e-portfolio platform so it collectively demonstrates that the required competencies have been learnt and applied in practice. At regular intervals, the e-portfolio should be assessed by the GP mentor, to confirm competence or recommend further work.

What Types Of Evidence Are Required To Demonstrate Learning And Achievement?

In line with the principles of assessment, learners and their mentors need to consider whether the evidence provided is:

- **Valid** - relevant to the specific competency being claimed
- **Authentic** - has been produced by the learner only
- **Current**- relevant at the time of assessment (usually within twelve months)
- **Sufficient** – meets all of the assessment criteria
- **Reliable** – of a consistent standard over time
- **Compliant** with data protection, to protect the anonymity and confidentiality of patients, staff and organisations

It is not the number of pieces of evidence that matters as such, but their quality and relevance, with different types of evidence demonstrating different competencies. The evidence should give a balanced view of the individual's learning and may include a combination of personal insights/self-assessment, feedback from others and the products of self-directed learning. Whilst not an exhaustive list, some examples of different types of evidence include:

- A short reflective account analysing an experience in practice, typically around 250 words. Various frameworks are available to guide reflective writing (Gibbs 1988, Schon, 1983).
- Other evidence of self-assessment such as self-testing using revision books or quizzes, SWOT analysis and action plans
- Evidence of feedback from others such as witness statements, testimonials or letters from colleagues or patients. These should be accompanied by information about what the learner did well, elements to improve on and how.

- Evidence of a focused discussion or ‘question and answer’ session with the GP mentor
- Reflective notes from working with other health professionals or visits to other services
- Revision notes from previous learning eg as part of a training session or course
- Copies of articles, leaflets or policies accompanied by some explanation of their relevance to practice

Appendix 4. A Guide To Using The Sysco Platform

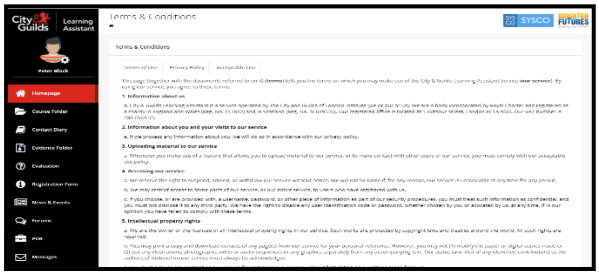
Logging On

Once you have been registered on to the Learning Assistant E-portfolio you will receive an E-mail which contains your username and password information.

By clicking onto the link provided in the E-mail you will be directed to the Learning Assistant Website. This is the page you will be taken to:

I suggest you save this to your Favourites or create a tab on your Favourites Bar.

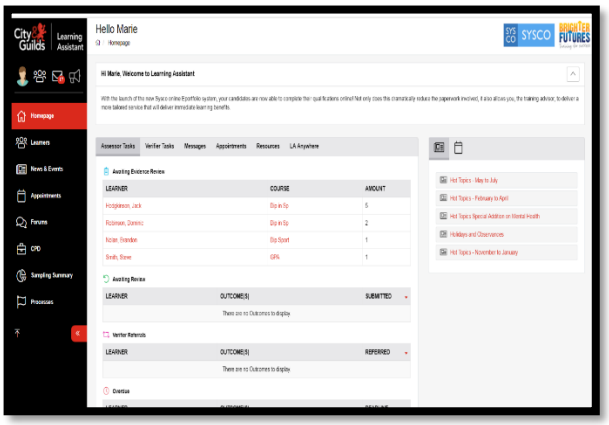
Enter your username and password – ensuring all is correct and this is the next page to appear:



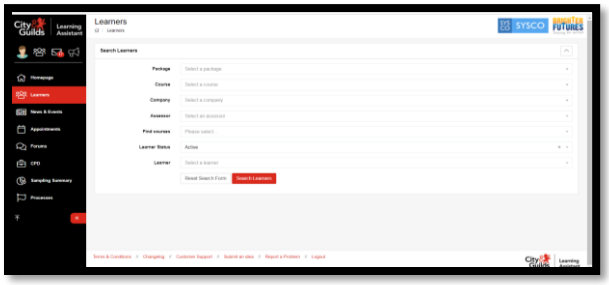
Please scroll to the bottom of this page and accept the terms and conditions.

Home Page And Course Overview

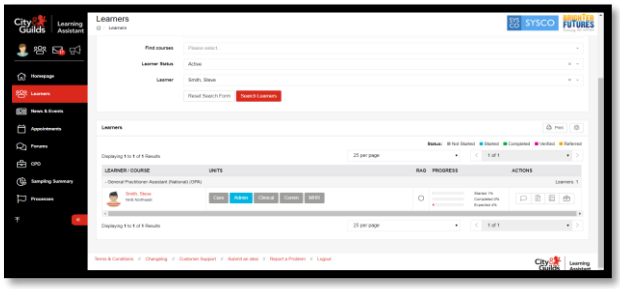
Your home page will alert you to any evidence that has been uploaded by the learner that is awaiting review under the assessor tasks section. You can click directly on this evidence on the home page to take you directly to the learner's evidence page.



Down the left-hand side of the screen will be a list of pages, click the tab "Learners". The below page will load, and you will need to click Search or you can type in your learner's name and Search.

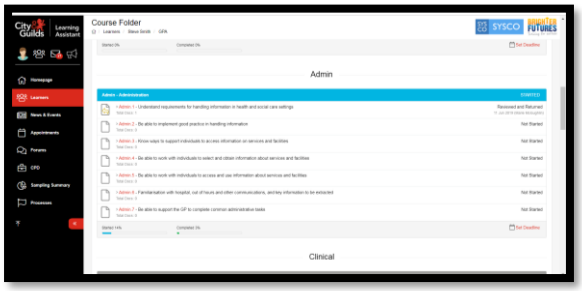


This will then bring up a list of learners who you assess. The information here shows you what units the programme consists of and the colour blue shows you what units have been started. If the unit is coloured in green this means the unit has been fully completed and marked and no further work is required. You can also see % of the programme the learner has started and % of the programme completed against the expected progress.



Click on the learner's name and the course folder will load. The course folder section provides you with a complete breakdown of the programme. Each unit is broken down to show you the

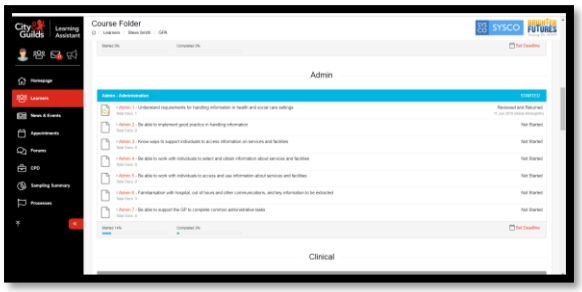
elements within the units and what has been started completed or returned for further work. If you select any of the headings in red font it will take you into that particular outcome (see print screen below).



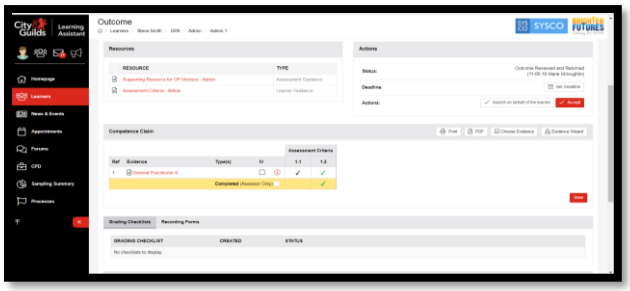
MARKING WORK/ASSESSING COMPETENCE

Any work submitted by the learner for review will appear on your homepage when you log on. Otherwise you can search for the learner and look at any outcomes that state started or submitted for review. If and outcome has started next to it this means that work has been submitted by the learner.

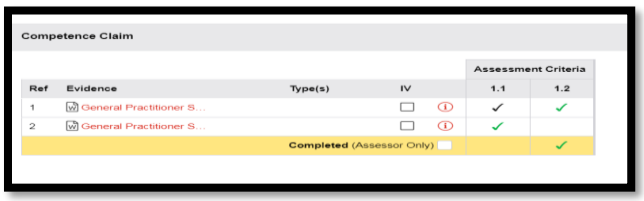
Click on the outcome that you are assessing via the red title.



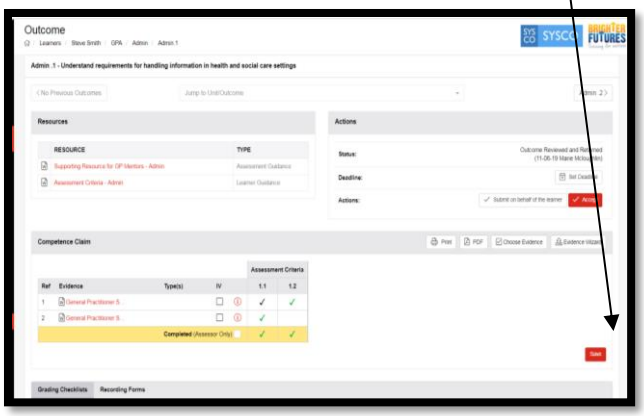
Inside each outcome you will find under the resource section the word document of the assessment criteria and a supporting resource document for the GP mentors. You can also see any evidence that has been uploaded and cross referenced into the section. If you hover over the assessment criteria grid you will also be able to see the criteria for each outcome.



Open any evidence submitted within the outcome and assess the evidence and decide if it meets each assessment criteria, if it does then tick the corresponding assessment criteria in the white grid and if all competence is met tick the yellow box to confirm the competence. In the example below there are two pieces of evidence of which I have agreed the first piece meets 1.2 and ticked the yellow box to confirm competence however I have ticked the second piece to meet 1.1 but not the yellow box to confirm competence so extra evidence must be required to meet 1.1.

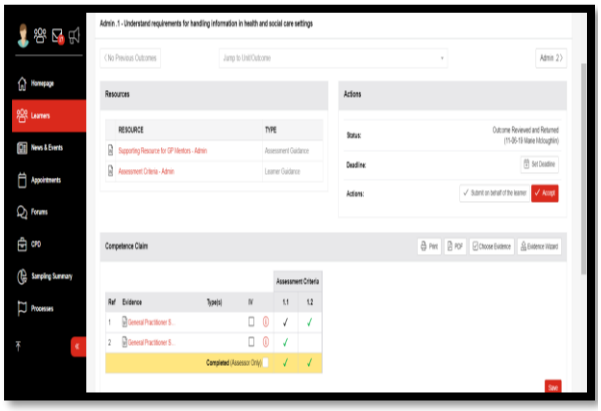


Once you have decided there is enough evidence to meet all the assessment criteria within the outcome and you have ticked all boxes then click save

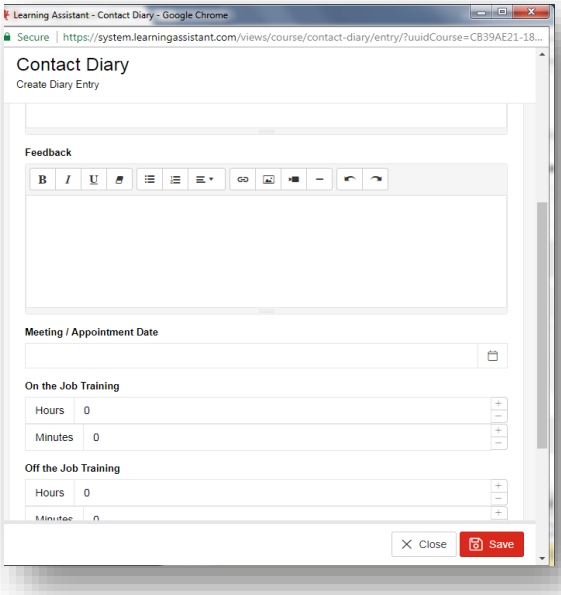


You can then accept the whole outcome as complete by clicking accept (please see further guidance on how to sign off a whole

unit at the end)

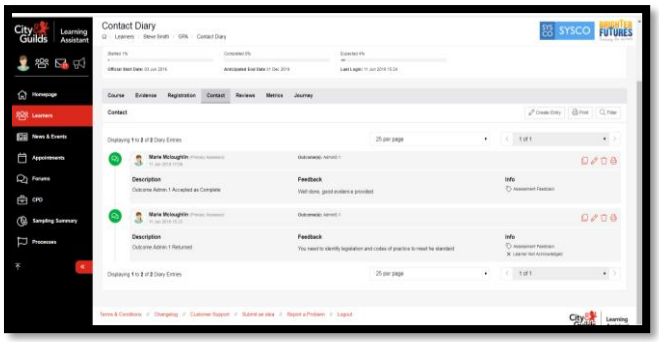


This will then load the following page which will allow you give feedback to the learner on how well they have done on this particular element i.e. what they have done well or what could maybe be improved. This will not save unless you provide some feedback in the feedback section. Press Save and then Close.



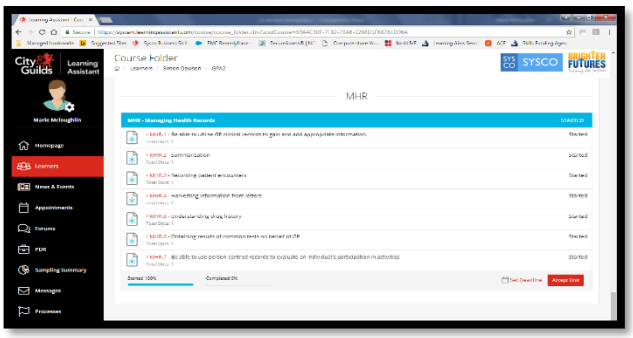
However, if you feel that the evidence provided is not enough to meet the criteria and that more work is needed then you would click return (next to accept button), this will then allow you to give the learner feedback as to why it cannot be accepted and what they need to do in order to meet the criteria.

The feedback will then be displayed in the contact tab and the learner will be able to see this when they log on to their account.

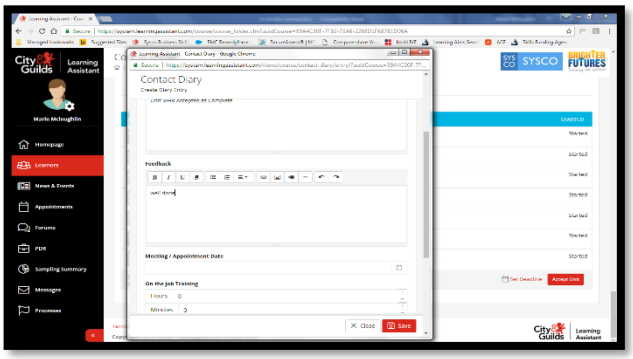


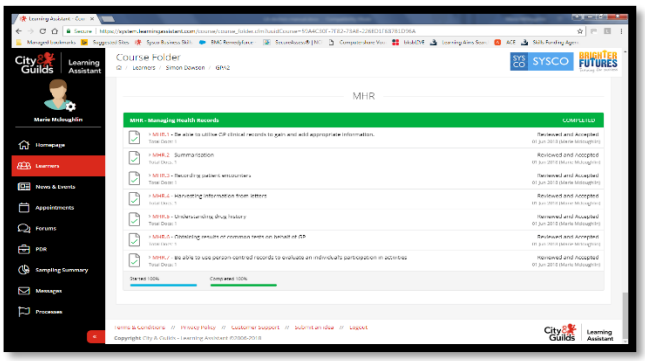
SIGNING OFF A WHOLE UNIT

You can also directly sign off a full unit if all outcomes have evidence uploaded against them as an accept unit button will appear under the unit. If you are happy with the evidence supplied for each outcome you can accept the unit and sign the whole unit off.



Please ensure you put some feedback in the feedback box when accepting the unit.





LEARNING ASSISTANT APP FOR PHONES

There is a learning assistant app that you can download on your phone/tablet. The app allows you to view and assess learner work, complete professional discussions, take pictures for observations and cross reference them straight on to the learner. You can also see any recent contact diary entries for feedback on work using the app.

To log onto the app you need your username and password and the word SYSCO in instance section.

HELP

Any further help needed on using the system please contact Sysco on 0151 556 7901 or via gpatraining@sysco.uk.com

Good luck!

Appendix 5. GPA And GP Mentor Review Templates

The following templates will be useful for both the new General Practice Assistant (GPA) and GP Mentor for the duration of the GPA learning programme.

As a GP mentor, you will be **required to support the GPA for ½ day per week** which can also include support from your colleagues with the necessary skills or knowledge. However, it is your responsibility to 'sign off' the competencies within the Sysco system.

Accountability

The GP Mentor has a duty of care and a legal liability regarding patient care.If you delegate a task to a GPA, you must ensure that the task has been delegated appropriately i.e.:

- The task is necessary and delegation is in the patient's best interest
- The GPA understands the task and how it is to be done
- The GPA has the skills and abilities to do the task competently, and has been assessed by a qualified person (GP/PA/Nurse) as competent
- The GPA accepts the responsibility to perform the task competently

Initial Review And Regular Updates

The GPA learning programme comprises 5 units.

As a GP mentor, you **MUST** have an initial meeting with your GPA during which you need to arrange mutually convenient follow-up meetings to ensure regular contact with your GPA.

The initial meeting is a good starting point for you to support the GPA in making decisions about how they want to approach their learning. Please note, there is no set approach/order in which they need to do/complete the units. A plan is crucial.

The following templates may be used as guidance for the initial meeting and recommended monthly reviews.

Initial Meeting With GPA

1.What previous knowledge/ experience are you bringing to this programme? (placements, clinical experience, administrative experience, courses).
2.What do you consider to be your strengths and weaknesses?
3.Do you have any specific concerns or worries about starting this learning programme?
4.Are you aware of the 'support network and resources available to you? (e.g.: resources via the regional Training Hub, regional forums set up by Sysco systems for peer-peer learning)

Action Plan To Take Forward:

What additional skills/ knowledge do I need to know/ do?	**How will I achieve this? Who can help? What support is available?**	**What evidence will I need to produce? (*ref: GPA guide to completing your portfolio*)**	**Target Date**

Signature of GPA:

Signature of GP Mentor:

Date:

Monthly Record/Review

The monthly review with your GPA should focus on the five competency units (see competency framework appendix 1).

GPA Self-assessment	
Providing Person-centred Care	
Providing Administrative Support	
Providing Clinical Support	
Communicating with Patients	
Managing Health Records	
GP Mentor assessment	
Providing Person-centred Care	
Providing Administrative Support	
Providing Clinical Support	
Communicating with Patients	
Managing Health Records	

Action Plan To Take Forward:

What additional skills/ knowledge do I need to know/ do?	**How will I achieve this? Who can help? What support is available?**	**What evidence will I need to produce? (*ref: GPA guide to completing your portfolio*)**	**Target Date**

Signature of GPA:

Signature of GP Mentor:

Date:

Appendix 6. Sample Teaching Plan Template

Programme title: General Practitioner Assistant Skills

Session title:

Learning Outcomes – Programme. By the end of the course learners should be able to:

- Describe the anatomy of the antecubital fossa, especially the surface anatomy
- Explain the significance and importance of surface anatomy in relation to venepuncture

Learning Outcomes -Session: After this session you will be able to:

- Describe the surface anatomy of the antecubital fossa

Duration of session:

- Check preparation 15 minutes
- Teaching 30 minutes

References: https:/geekymedics.com/cubital-fossa

Time/ Duration	Topic and Details of Content Coverage	Teaching Method/ Learning Task	Resources/ Notes
-00:15 to 00:00	**Check your preparation** The Environment		Suitable environment Diagrams Volunteer to have antecubital fossa examined All resources in place Check lesson plan Questions style
00:00 to 00:10 *(10 minutes)*	**1: Gain Learners' Attention** The Set Welcome to the class. Start with a welcoming smile, and direct to learner's chair Ask how they are feeling. Motivate by explain that you are really looking forward to this session Check hand wash/PPE if needed Ensure all 'phones switched off	Sharing	
	2: Inform learners of objectives Course learning objective Relevance to course Session learning goals Highlight expectations – timely assignment submissions; read cases before class for productive sessions.	To develop knowledge and skills to practice safely and effectively as a GPA across all units. 5 units This session is relevant to unit 3, clinical 17.3 By the end of this session you should be able to: Describe the surface anatomy of the antecubital fossa. Describe the boundaries of the antecubital fossa Describe the course of the median nerve	Laminated card/slide optional Laminated card/slide optional

		Demonstrate the: biceps tendon brachial artery veins suitable for venipuncture Check learner's understanding and ask if any questions	
00:10 to 00:25 *(15 minutes)*	**3: Stimulate learners' recall of prior knowledge** *The Dialogue* a) Explain why this session is so important in the context of venepuncture and why this is so useful for a GPA and wider medical practice b) Describe surface anatomy of ACF using diagram c) Check learner understanding and ask for any questions d) summarise To save space and time in this document repeat the above stages for: Describe the boundaries of the antecubital fossa Describe the course of the median nerve Ask the learner to demonstrate the: biceps tendon brachial artery Veins suitable for venipuncture Feedback when appropriate		Diagram of surface anatomy of ACF Relevant diagrams Volunteers arm Relevant diagram
Closure 00:25 to 00:30 *(5 minutes)*	Ask for any questions Summarise performance with reference to any questions asked and learning outcomes Thank the learner and direct to next session		

Appendix 7. Reflective Model Template Using Gibbs' Reflective Cycle

Gibb's reflective Cycle (Gibbs, 1988) can help you develop your reflective skills. Use this template to reflect on a recent event in which you demonstrate level 4 competencies.

Description: provide a brief description of the event or experience, what happened, who was there and what was the outcome?

Feelings: discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

Evaluation: how did things go? Focus on the positive and negative. Were your contributions positive or negative?

Analysis: why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?

Conclusion: what have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?

Action Plan: how and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

Gibbs Reflective Cycle

Appendix 8. An Example Of Reflective Writing

This reflection will provide evidence of Unit 3 Section A 8 competency.

"Provide a brief description of the event or experience, what happened, who was there and what was the outcome?"

Description: During my placement working as a trainee GPA, I was working with one of the doctors helping to prepare a 76-year-old gentleman for a minor procedure on his foot. I was asked to help the patient onto the couch and remove his shoe and sock ready. I then washed my hands and set about ensuring that all the necessary equipment was available and ready for use.

Before the procedure could begin a nurse entered the room and asked the doctor to attend another patient who was unwell with breathing difficulties.

The doctor returned a short time later and I noticed that he came straight over to the trolley and began opening the packs without washing his hands or using alcohol gel. He was also wearing a long sleeve shirt and I was concerned that this could be a source of contamination.

I wasn't sure what to do or even what to say to the doctor and by the time I had thought of something it was too late and the doctor had started the procedure.

Feelings: Discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

I was surprised and upset at what was happening. Surprised because I thought that the doctor should know better and upset because I did not have the courage to challenge his poor hand hygiene practice. I also didn't want to say anything in front of the patient and alarm them or embarrass the doctor. I am aware of the importance of preventing infection and good hand hygiene is crucial.

I later discussed the incident with my mentor who suggested that we speak with the doctor about it together. I felt panic stricken, I didn't want the doctor to think I was causing trouble. My mentor reassured me that I had done the right thing to bring it to her attention.

We sat down together with the doctor and my mentor explained my concerns regarding his poor hand hygiene practice. The doctor seemed shocked for a few seconds and then said he had not realised his mistake. He had been called to see a patient who was poorly and had called an ambulance to take the patient to hospital. He was still processing what had happened when he came back into the room and had forgotten to wash his hands. My mentor discussed the importance of hand hygiene with him, and the doctor assured her that he would make sure he washed his hands correctly before every patient in the future.

Evaluation: How did things go? Focus on the positive and negative. Were your contributions positive or negative?

This was a really challenging event and I feel that my biggest regret was not challenging the doctor or asking him to wash his hands. I felt that I failed to act in the best interests of the patient and thought more about my own feelings than the patients.

I am glad that I was able to discuss this situation with my mentor and that the doctor responded positively to the feedback. I have worked with the doctor several times since this incident and we both ensure that we adhere to good hand hygiene practice.

The event has taught me to be more assertive but in a sensitive way and to put the patients' safety first above my own concerns.

Analysis: Why did you feel the way you did about the experience? Why did things go well or badly? What

sense do you make of the situation? Could you have responded in a different way?
I knew that hand hygiene is the single most important activity for reducing cross-infection and it is important that health care professionals decontaminate their hands before and after seeing to each patient.

Recent guidelines published by NHS England and NHS Improvement (2019) and Public Health England (2021) following the Covid-19 pandemic, state that handwashing is the single most important way to prevent the spread of infection. It goes on to say that before performing hand hygiene forearms must be exposed (bare below the elbows).Importantly, hand hygiene must be undertaken before and after touching a patient, including before putting on and taking off gloves.

Despite having this knowledge, I failed to address poor practice compliance with the doctor at the point where it mattered. I should have challenged but lacked confidence.

Conclusion: What have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?

Reflecting on this incident has made me realise that I should have acted sooner and challenged the doctor's poor practice. Failing to challenge put the patient at risk. I have spoken with my mentor about developing the confidence to challenge the practice of colleagues. I appreciate the stress colleagues are under and need to be mindful that I am supportive whilst at the same time acting in the best interests of the patient.

Action Plan: How and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

I will work with my mentor and other colleagues to develop my assertive skills. I have identified some reading material around assertiveness and make this a goal for my learning.

Appendix 9. Extract From The Learners Guide To "Completing Your Portfolio"

Building your portfolio and reflective statement for assessment

💡 **Remember** A portfolio is a systematic collection of **EVIDENCE** that will demonstrate your learning.

It is important that you complete each component of each unit when you build your portfolio following the principles of assessment. This will ensure that you demonstrate the required knowledge, skills and behaviours essential to the role of GPA, and promote critical thinking and reflection.

What does my Evidence have to be?

Your evidence must be:

- Valid – an appropriate way of demonstrating your abilities meeting the needs of the learning outcomes.
- Authentic – your own work. Where you are submitting evidence of achievement in the workplace, this should be signed by your mentor as an accurate reflection of events.
- Sufficient – enough of the right type of evidence to meet the level 4 standard.
- Current – up-to-date and relevant.
- Reliable – authentic description of events.
- Compliant with data protection, to protect the anonymity and confidentiality of patients, staff and organisations

It is not the number of pieces of evidence that matters as such, but their quality and relevance, with different types of evidence demonstrating different competencies. The evidence should give a balanced view of the individual's learning and may include a combination of personal insights/self-assessment, feedback from others and the products of self-directed learning.

Types of evidence

Whilst not an exhaustive list, some examples of different types of evidence include:

- A short **reflective account** analysing an experience in practice, typically around 250 words. Various frameworks are available to guide reflective writing (Gibbs 1988, Schon, 1983).

- Evidence of feedback from others such as **witness statements**, **observations**, testimonials or letters from colleagues or patients. These should be accompanied by information about what the learner did well, elements to improve on and how.

- **Work Product Evidence**. This refers to any work that you produce naturally within the workplace i.e., letters to patients, emails, documents, updating patient records etc.

- Evidence of a **professional discussion** or 'question and answer' session with the GP mentor

- Reflective notes from working with other health professionals or visits to other services

- Revision notes from previous learning e.g., as part of a training session or course

- Copies of articles, leaflets or policies accompanied by some explanation of their relevance to practice.

- Other evidence of self-assessment such as self-testing using revision books or quizzes, SWOT analysis and action plans

- Prior certification (APL). Any prior certification of achievement should be used alongside other evidence. For example, the Care Certificate does not exempt you from completing the Providing Person-Centred Care unit but could be used alongside a reflective account to show competency.

How do I present my Evidence?

Evidence must be uploaded for all components and for units to the Sysco on-line platform. When presenting your evidence, you must include more than just indicators of your achievements and demonstration of competencies.

Your portfolio should include **BOTH** evidence and reflection of your learning and skills developmental journey. Ask yourself the following questions:

- Does this piece of evidence help demonstrate my knowledge, skills and understanding?
- Is this the most appropriate and/or best piece of evidence for the learning outcomes?
- Am I including too much information, do I need to include it all? (remember quality not quantity)
- Is my evidence based on fact and/or established professional practice?

What is Reflection?

Reflection is a process:

- that brings a greater understanding of yourself in everyday situations to inform future actions (Sandars, 2009). For health professionals developing knowledge, skills and insight in reflection is extremely important when you deal with the most profound issues of life and death.
- where you think analytically about anything relating to your professional practice to gain insight and use the lessons learned to maintain good practice and make improvements where possible'.

Remember it is not sufficient to have an experience to learn.Without reflecting on this experience, it may quickly be forgotten, or its learning potential lost'.(Gibbs, 1988, p9).

Reflection helps you to:

- Demonstrate insight by identifying actions to help learning and development
- Improve practice, developing greater insight and self-awareness;
- Identify opportunities to improve quality and patient safety in organisations;

There is a strong public interest in health professionals being able to reflect in an open and honest way.

Appendix 10. Extract From "Completing Your Portfolio" Showing Sample Answer To Questions In Domain 3, Section B

17.Understand the anatomy and physiology relating to obtaining venous blood samples

17.1 Describe the structure of venous blood vessels

17.2 Explain blood clotting processes and the factors that influence blood clotting

17.3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures

The stem "17 "describes the desired outcome to "Understand the anatomy and physiology relating to obtaining venous blood samples". Answering the 3 questions correctly will enable you to achieve this outcome. Let's look at each question:

"17. 1 Describe the structure of venous blood vessels".

After collecting all your information as mentioned earlier, write your answer that may look something like:

> Venous blood vessels are tubes that are also known as veins. Veins carry deoxygenated blood from capillaries in organs and tissues to the right side of the heart. The only exception being the pulmonary vein that takes oxygenated blood from the lungs to the left atrium.
>
> Veins often follow the course of arteries though the course of veins is less consistent. The vein wall has 3 layers – like an artery – but less distinct:
>
> 1. Inner layer - or lining - is the intima
> 2. Middle layer - or media – contains elastic and muscular tissue
> 3. Outer layer – or adventitia.
>
> One unique property of veins, especially the peripheral ones, is that they contain valves to allow unidirectional flow of blood and affect pressure.

What do you think to my answer? Would your response have been different?

I like using diagrams so I would have included one as part of my answer as this saves a lot of words provided the labelling is correct and explained in the adjacent text. Be careful if you use images/diagrams from the internet as they may be subject to Copyright. So with this in mind let's look at the next task:

"17. 2 Explain blood clotting processes and the factors that influence blood clotting".

A fascinating subject that occupies huge medical text books. The challenge is to provide an answer that meets your needs and those of your assessors. A different style is:

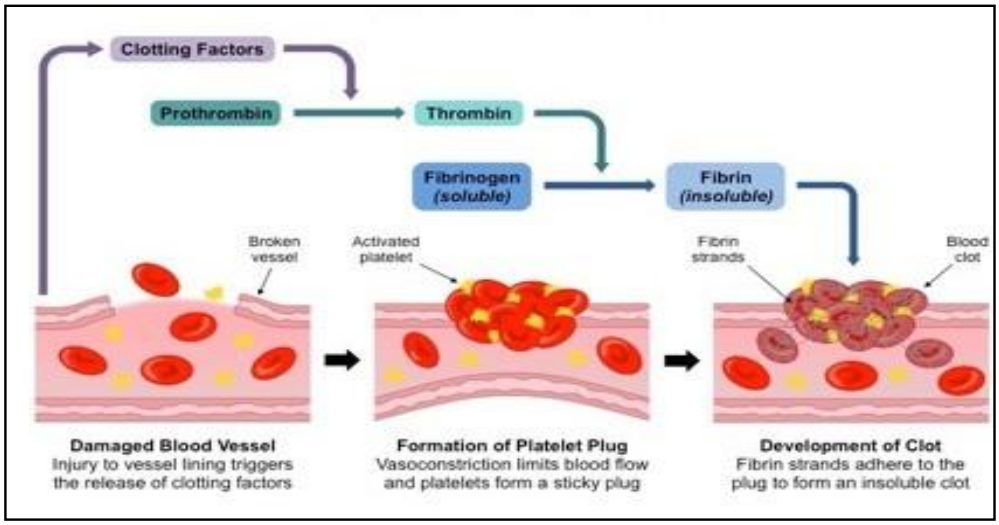
Blood clotting, referred to as haemostasis, needs 3 essential components:

Platelets: special cells in the blood that stick to each other and the lining of the blood vessel wall.

Endothelium: the lining coating the intima.

Clotting factors: factors in the "liquid" blood that cause it to become a gel.

The following diagram shows the various stages of blood clotting in response to injuring blood vessel; just like you will do when taking a blood sample (venepuncture).



Modified from BioNinja

Stage 1 = Injury to blood vessel wall with red cells and platelets leaking into the surrounding tissue. This disruption stimulates activation of clotting factors that result in production of prothrombin which is activated to thrombin.
Stage 2 = Platelets are attracted to the lining of the damage vessel wall and to each other forming a plug. Thrombin stimulates the production of fibrin.
Stage 3 = fibrin forms a mesh which strengthens the cell plug arresting more cells to produce a blood clot that closes the defect in the wall.

I have described the clotting process in three stages to help your understanding. In the body, however, these three stages occur so quickly that they are almost simultaneous.

That answers the question 😊.
If you become really interested in this topic then you could expand your answer to include the different types of coagulation pathways, their constituents and how these constituents can cause

💡 **Remember**: Your answers can include information from books, journals, reliable web sites, provided that you include appropriate references.

⚠ You can include certificates from relevant courses you have attended **BUT** these:

- Are **NOT** an alternative to answering the question.
- Must be accompanied by reflection that as a minimum should include what you learned from your course discussing how and why this experience changed your practice.

disease. In addition you could explore the structure of platelets and what happens when there are either too few or too many.

"17. 3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures".

This is important so you know the anatomy of, for example, the antecubital fossa as you will be doing venepuncture. I would include the following in my answer:

- Picture of the surface anatomy; labelling the various veins
- Labelled diagram of a dissected antecubital fossa showing the relationship of the veins to the brachial artery, bicipital aponeurosis, radial, median and ulnar nerves and the associated muscles bordering the antecubital fossa. Note the close relationship of the median cubital vein to the brachial artery, biceps tendon and median nerve. This is important as you need to know what structures you may traumatise with your needle during venepuncture and what action to take to redress the situation.