

Durham & Tees Valley GP Training Programme Trainers' Newsletter – September 2025

Since our last newsletter

1. **End of Post Feedback** Feb-Aug 2025 – This was overwhelmingly positive. Thank you for all your continued hard work delivering high quality GP Training in DTV. If your DiT completed the end of post feedback form, you will have received a copy of your feedback which you can use in your Trainer Appraisal. If your DiT included any developmental feedback which needed further action, the Senior TPD will have contacted you or the DiT to clarify and explore further.
2. **New Study Leave Approved Courses list** – see email from Rachel Hardy 5.9.25. NB To apply for study leave for AKT & SCA, DiTs must demonstrate that they have completed the 'exam game plan' workbook/workshop.
3. **DiT Annual Leave** - DiTs must take a full week of leave equitably across clinical & educational time i.e. can't take 3.5 days of clinical work leave for 5 days off
4. **Out of Hours** – no longer required from Feb 2026 but OOH is still a contractual requirement until then. See email from School.
5. **Consultation recordings**- 14Fish Consult is being phased out, can no longer buy new credits, existing credits will expire on 14th Oct 25.
See email from School 11.9.25 on guidance on consultation recordings –must be stored on shared drive and shared via nhs.net email
6. **Updates to Fourteen Fish & RCGP Curriculum & Capabilities**
 - a. Compliance passport on 14fish– updated to include annual safeguarding updates
 - b. Capabilities have been reworded and change to progress descriptors – highlights expectation by end of ST2 and areas of under performance [GP Training Progression Point Descriptors](#)
 - c. New RCGP Curriculum August 2025
 - d. WBPA Must be dated – otherwise they won't show in the numbers on 14Fish
7. **Job plans** Reminder that Full Time GPSTs are contracted to work 40 hours per week (28 hours of clinical time, 12 hours of educational). LTFT will be pro rate, but still with a 70% clinical 30% educational split. Please ensure that you are following your work schedules which have been approved by the LET as per their contract and not timetabling DiTs to work beyond their contracted hours. We are expecting that exception reporting will come into GP next year, meaning DiTs can report if they are being expected to work beyond their 40 hours. The details have not yet been released, but we will keep you updated if/when we receive further info. Remember the trainer standards (page 12/13) [Promoting Excellence for General Practice: Application of GMC Standards to GP Specialty Training](#) The COGPED guide [bma-cogped-guide-to-the-training-week.pdf](#) which was discussed in the trainer workshop, is a *guide only* as advised by the GP School.

Trainer workshops

- Thank you to those of you that attended the Trainer Workshop on 24th September.
- We discussed the RCGP Curriculum Changes and Capability Updates, as well as the updated progress descriptors including markers for potential underperformance.
- We looked at utilising the Super-condensed Curriculum Guides which can be useful for tutorial planning
- We also discussed the RCGP AI Statement and looked at using ChatGPT to help you plan & deliver tutorials – with caution and the need for sense checking!

New Trainer Drop In

- On 3rd September we held a Drop in Trainer Workshop for our new Trainers who have just started with their first DiT. Thank you to those who attended, we hope you found it useful. We discussed:
 - The role of the ES
 - (i)ESRs
 - Linking Capabilities on Log Entries
 - Clinical Supervision time & documentation (e.g. Systmone template)
 - Use of educator notes

Next trainer workshops

Wednesday 26th November 2025, **12-2pm. Online.**

Wednesday 14th January 2026, **2-5pm Face to Face, Wolfson Building**

Wednesday 6th May 2026 **2-5pm Face to Face, Wolfson Building**

Wednesday 29th July 2026 **12-2pm Online**

If you have any topics which you feel it would be useful to cover, please get in touch!

New Trainer Workshops

(Trainers qualifying on or after August 2023, Intending trainers welcome).

Wednesday 19th November 2025, **2-5pm. F2F Wolfson Building.**

Wednesday 24th June 2026 **2-5pm F2F Wolfson Building.**

Don't forget all details of trainer workshops *and much more* are in the trainer area of the DTV website:

<https://madeinheene.hee.nhs.uk/dtvqptraining/lessonplans>

Important information

- **Trainer appraisals**

- It is your responsibility to arrange an annual peer appraisal & TPD once every 5 years (2 yrs for new Trainers)

- Submit completed Trainer Appraisal form to Julie Birks

Must include:

- Peer name (but not their appraisal form)
 - PDP
 - Summary of discussion
- If you re-appointing, you have less time to complete your appraisal for that year as the re-appointment panels occurs approx 3 months before your re-appointment date and the School request a report from us a few months prior to that. Please aim to complete appraisal in the first 6 months of the year prior to your reappointment.

- If you find the **trainer/trainee relationship is becoming strained**, please submit a support form: [Support Form](#)

These are triaged every Tuesday morning and Thursday afternoon.

- **Remember the 7:3 Split** - when there is no Regional Teaching, then that session remains an educational session but...how the Resident Doctor uses this MUST be agreed with the ES/ CS beforehand. They can do a surgery BUT for learning purposes and consultations would be expected to be of longer duration to allow reflection and learning.

- **CSR:** This needs to be completed **no matter what!** Even if the placement is short, or there is a relationship breakdown. Whether the Resident Doctor likes it or not, it is their responsibility to get it done! This is to prevent gaps in their evidence on the ePortfolio.

- **ESR/i-ESR: A full ESR or interim ESR MUST be completed every 6 months.** If there are **any** concerns the Educational Supervisor **must** complete a full ESR. If there are no concerns and the Resident Doctor has had a full ESR 6 months ago with an ARCP outcome 1, then an interim ESR can be safely completed.

- If you rate a **DiT Below Expectation in one or more capability** – please email Rachel Hardy to flag to the assessment team so they can decide if an ARCP Panel is required, and which type.

- **Clinical Case Reviews** – must be based on real patients seen by DiTs – can use Supporting Documentation, Reflection on feedback etc for other evidence

- **CEPS:** ARCP Panel will expect a **minimum of 2 CEPS per ST year** (don't have to be competent until end ST3)

- By the end of ST3, if the 5 Intimate CEPS & a range of "other" CEPS are not completed then in the ESR please RATE the capability of Clinical Examination and Procedural Skills as BELOW EXPECTATIONS.

- The new curriculum clearly states that this capability is defined as: “Demonstrating Competence in general & systemic examinations in all of the clinical curriculum areas, including the 5 mandatory examinations & range of skills relevant to general practice”

Reminder!

Please remember to contact us VIA THE SUPPORT FORM (see link below) if:

[Support Form](#)

- You have **concerns** about your educational relationship with a Resident Doctor.
- You want **advice** about your role as a GP Trainer or Educational Supervisor.
- There are **significant changes** in the practice.
- You become aware of **practice performance issues** especially if these involve either CQC or the GMC.
- The practice receives an excellent or unsatisfactory **CQC rating**.
- You **want to take a break from training**, extended leave for over 2 weeks or are returning after a break, you or the practice, must contact **Chris Alderson** (chris.alderson2@nhs.net) / **0191 275 4743**, Programme Support Officer, for initial advice and, if required, a follow up meeting/discussion with a TPD.

We will contact you to:

- Follow up your questions and requests.
- Offer a Trainer support meeting: if we think that one might be needed.
- Ask you to respond to unexpected End of Post Feedback.