Geriatric Medicine

Induction Handbook for KSS Trainees 2011 / 2012
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**KSS School of Medicine**  
7 Bermondsey Street, London, SE1 2DD  
medicinehst@kssdeanery.ac.uk  

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**Head of School:** Dr Graeme Dewhurst  
**Medical Workforce Project Officer:** Amica Maxwell  
**Medical Workforce Project Assistant:** Bassey Udaw  
**Medical Workforce Administrator:** Rucynth Christopher
Welcome and Introduction

Welcome to the KSS School of Medicine. The KSS Deanery serves a population of 4.2 million people and is the largest Deanery in the UK covering a wide cross section of urban and rural populations. There are thirteen acute hospital trusts providing Higher Medical Training and one medical school within the region, Brighton and Sussex Medical School, which is a partnership between the Universities of Brighton and Sussex.

The KSS Deanery has established links with the London Deanery as many core and higher training programmes rotate through both regions.

The KSS Deanery’s website is designed to provide information and support to current KSS trainees, doctors who are considering making an application to KSS and for the clinicians and managers who make training and education possible. The Geriatric Medicine pages can be found here:

http://kssdeanery.org/specialty/current-trainees/medicine/higher-specialty-training-0
Welcome from the Deputy Dean for Secondary Care

It is a great pleasure to welcome you to the next stage of your professional training. KSS intends to help make it the very best of experiences for you and your patients. To that end we will do our very best to ensure that you receive prompt and timely information to assist in your induction to your programme and posts/attachments.

We will also endeavour to communicate to you all the important information which allows you to study and achieve excellence in your curriculum coverage.

These are times of great change in the delivery of Post Graduate Medical Education and KSS is determined to embrace all that is progressive. Opportunities to gain experience for Training In service have to be maximized. The business of KSS is geared towards this ambition for its Trainees.

We welcome feedback on all the activities we manage with you as we pride ourselves on listening to the “Trainee Voice”. This can be done through responses to targeted surveys or simply dropping an e-mail or SMS to your School Workforce Team member.

You will soon get to know all the members of the Schools/Committees who oversee your training and are there to assist you.

We hope you enjoy your experience and look forward to getting to know you

Dr Kevin Kelleher
Deputy Dean for Secondary Care
Message from the Head of School

It is with great pleasure that I welcome you to the KSS School of Medicine, established in April 2007, dedicated to providing the highest quality of training and clinical experience across a wide range of acute Trusts. We are delighted that you have chosen to train as a physician in the KSS School of Medicine and we are here to provide you with the best possible opportunities, support and guidance to achieve this. We are currently responsible for approximately 150 trainees in Core Medical training and a rapidly expanding number of higher specialty medical trainees.

This is a truly exciting time to be training to be a physician and our Geriatric Medicine Programme aims to provide comprehensive exposure to all aspects of Acute and General Internal Medicine, preparing you for Dual Accreditation in both respective specialties.

Our trainees have dedicated Educational Supervisors and locally organised teaching, led by the Royal College of Physicians (RCP) tutor in each Trust, who meets regularly with the Head of School, fellow tutors and trainee representatives to be updated on the latest developments in training to be a physician and to ensure that high quality training occurs in every Trust.

Your Specialty Training Committee (STC), along with the Education Department in the Deanery, very actively support you and your consultants in the use of novel teaching and assessment methods, including curriculum-mapped Regional teaching days. Furthermore, the school ensures that the trainee voice is at the heart of all its activities and plans, with very active trainee representatives ensuring everything we do is for the benefit of our trainees.

My own background is that I am a general physician with a special interest in the elderly and stroke and a major commitment and passion for medical education. I have been a consultant in Chichester since 1990, having qualified in 1980 from Cambridge and Guy’s.

Finally, we very much welcome feedback to ensure we continuously improve the experience we offer to current and future trainees, so please do follow the links that are throughout the Deanery website.

Dr Graeme Dewhurst
Head of KSS School of Medicine and RCP Regional Advisor for Training
School of Medicine Structure

The School of Medicine is based at the KSS Deanery Headquarters in London Bridge and is led by the Head of School, supported by a Training Programme Director as well as a Specialty Training Committee Chair, RCP College Tutor, Educational Supervisor. In addition we have trainee reps elected by yourselves & the STC who represent the ‘trainee voice’ at all appropriate forums.

- **Head Of School** – Dr Graeme Dewhurst (HoS)

- **Training Programme Director** (TPD)
  - Dr Adam Harper - Consultant Physician in Geriatrics, Brighton & Sussex University NHS Trust
  - Dr Juliet Wright – Consultant Physician in Geriatrics, Brighton & Sussex University NHS Trust
  - Dr Paul Reynolds – Consultant Physician in Geriatrics, Tunbridge Wells Hospital
  - Dr Jonathon Hawkins – Consultant Physician in Geriatrics East Kent Hospitals NHS Foundation Trust

- **General (Internal) Medicine Lead**
  - Dr Ursula Davies - Consultant Physician and Rheumatologist

- **Specialty Training Committee Members**

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<tr>
<th>Name</th>
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<tr>
<td>Dr Graeme Dewhurst</td>
<td>Head of School</td>
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<td>Dr Adam Harper</td>
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<td>Dr Jonathon Hawkins</td>
<td>Training Programme Director, East Kent Hospital</td>
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<td>Dr Rick Griffin</td>
<td>St Richard’s Hospital Chichester</td>
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<td>Dr Martin Jones</td>
<td>Princess Royal Hospital</td>
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<td>Dr Chandra Prajapati</td>
<td>East Surrey Hospital</td>
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<td>Professor Raj Rajkumar</td>
<td>Chair of Geriatric Medicine BSUH</td>
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<td>Dr Rick Griffin</td>
<td>St Richards’ Hospital</td>
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<td>Dr Roger Tozer</td>
<td>Worthing Hospital</td>
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<td>Dr Tej Desai</td>
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KSS School of Medicine
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medicinehst@kssdeanery.ac.uk

Head of School: Dr Graeme Dewhurst
Medical Workforce Project Officer: Amica Maxwell
Medical Workforce Project Assistant: Bassey Udaw
Medical Workforce Administrator: Rucynth Christopher
The School is administered by a Medical Workforce Project Officer, Project Assistant and an Administrator, see contact details below:

**Medical Workforce Project Officer (MWPO)**  
– Miss Amica Maxwell  
Email: amaxwell@kssdeanery.ac.uk  
Tel: 020 7415 3479

**Medical Workforce Project Assistant (MWPA)**  
– Mr Bassey Udaw  
Email: budaw@kssdeanery.ac.uk  
Tel.: 020 7415 3443

**Medical Workforce Administrator (MWA)**  
– Miss Rucynth Christopher  
Email: rchristopher@kssdeanery.ac.uk  
Tel.: 020 7415 3428

**Main Contact**  
– Medicine Hotline  
Email: medicinehst@kssdeanery.ac.uk  
Tel: 020 7089 7508

The School has been structured to ensure training within KSS is delivered in line with the RCP and the Deanery’s expectations, to quality assure training and to equip medical trainees with the necessary skills to successfully complete their higher medical training. The Specialty Training Committee and the Trainee Representatives meet as a group every three months to agree strategic and planning functions, make operational decisions and to ensure the smooth-running of training in the region.

Each Hospital Trust has a Medical Faculty Group for local planning and support of Geriatric Medicine trainees and this feeds into the overarching Local Academic Board.
Features of the Geriatric Medicine Training Programme

The five year Geriatric Medicine programme has been designed to provide trainees with a dual-accreditation in Geriatric Medicine as well as General (Internal) Medicine and will produce highly-qualified and very competitive CCT-holders to support the exciting evolution of Geriatric Medicine.

Core features of the Geriatric Medicine training programme are:

- **Trainee led** - the e-Portfolio is designed to encourage a learner centred approach with the support of Educational Supervisors. The e-Portfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.

- **Competency based** – the curricula outline competences that trainees must reach by the end of the programme. The curriculum is directly linked to the e-Portfolio as it defines standards required for good medical practice and formal assessments including the Specialty Certificate Examinations (SCE) for Geriatric Medicine.

- **Continuation of Good Medical practice** – building on Foundation & Core training the curriculum contains important emphasis on generic competences necessary for practice as a physician.

- **Supervision** – each trainee has a series of people with clearly defined roles and responsibilities overseeing their training including Clinical Supervisor, Educational Supervisor, College Tutor, Training Programme Director, and Head of School. The Trainee may have separate Education Supervisors for Geriatric Medicine and General Internal Medicine.

- **Appraisal meetings with Supervisor** – regular appraisal meetings and review of competence progression are set out in the e-Portfolio.

- **SCE examination** - The SCE is an examination usually undertaken any time from ST4 onwards and is a compulsory component of assessment for Certificate of Completion of Training (CCT) and Certificate of Eligibility for Specialist Registration via the Combined Programme route (CESR(CP)).

- **Workplace-based assessments** – regular workplace-based assessments are conducted throughout training building on those used in the Core programme with an annual ARCP.

  *These include:*

  - **Mini clinical evaluation exercise (mini-CEX)** - is a workplace based method where direct observation of a trainees clinical skills during an everyday clinical encounter is assessed. These skills include medical interviewing ability, communication and clinical judgment and vary depending on the speciality.
Case based discussion (CbD) - is a discussion generally in a reasonably formal setting centred on the trainee's reflection on his/her patient notes. The discussion will bring out key messages of trainee's knowledge, case management, diagnostic skills and planning etc. A CbD might be included as part of case presentations at department meetings dependent on the speciality.

Directly Observed Procedural Skills (DOPS) - is a clinical encounter evaluating the trainee's competence in a particular procedure for example central line insertion, tracheal intubation or primary sutures.

Multi Source Feedback (MSF) - is a version of the 360 degree assessment. A number of multidisciplinary raters anonymously score a trainee against a number of domains mostly concerned with attitudes and behaviours.

Acute Care Assessment Tool (ACAT) - this is applicable to all grades from CT1 to CCT. ACAT is an observed take measuring 8 domains for example clinical assessment, record keeping and handover. The ACAT is trainee led (choosing the take period and may be observed by an SpR/StR) and takes no more than 15 minutes. This is a formative assessment and is used in medical specialities only.

Audit Assessment (AA) - the Audit Assessment tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor.

Teaching Observation (TO) - the Teaching Observation form is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).
Deanery, College and GMC Responsibilities

The following information is designed to assist you in choosing which of the three organisations would best be suited to deal with any queries you may have. However, the description of the role of each organisation is not intended to be fully comprehensive.

The Deanery (School of Medicine) is responsible for recruitment of trainees, the annual review of competence progression (ARCP), the allocation of CCT or CESR numbers, the management of the training programmes, the Quality Management of training in Kent, Surrey and Sussex, managing trainees who are working less than full time, managing the refugee doctor’s scheme, the approval of various OOPs, managing doctors in difficulty, managing inter deanery transfers and all rotations and the management of the Speciality Schools. Email: medicinehst@kssdeanery.ac.uk

The Colleges (JRCPTB) are responsible for the strategic development of their speciality, national manpower planning, the development and management of the speciality curriculum, establishing training standards, the registration of trainees and determining their projected CCT/CESR dates, speciality education initiatives and examinations. Please note that all trainees should register with the Joint Royal College of Physicians Training Board as soon as possible after starting the programme and membership should be renewed each year.

The General Medical Council (GMC) has a statutory responsibility for the standards of PGME, for inspection of Deeaneries & Foundation Schools, for setting standards for trainers & supervisors, for curriculum approval, the prospective approval of training posts, the prospective approval of OOPs, quality assurance of training in KSS, managing and analysing the annual trainee and trainer surveys and the final award of the CCT, CESR or CESR (CP) to trainees.
Your Educational and Clinical Supervision

You will be allocated an educational supervisor either for the whole of your rotation or for each clinical placement. The Educational Supervisor (ES) has an overview of your training and is responsible for your educational planning and career development.

It is your responsibility to arrange regular meetings with your ES to ensure your e-Portfolio is reviewed. It is recommended that the ES should spend the equivalent of 1 hour per week per trainee to allow time for educational support through appraisal, assessment, teaching or support:

As you rotate through each post you will also be supervised clinically by an allocated clinical supervisor who is responsible for your on-the-job, day-to-day clinical work. Please understand that completion of your required appraisals, assessments and e-Portfolio record is your responsibility.

Appraisal: a formative process to enable trainees to develop; a system of cyclical reviews setting personal objectives and evaluating progress against them. Value is primarily for the trainee.

Assessment: a summative process evaluating performance against predetermined criteria; the value is both for the trainee and for regulation.

Ensure you regularly and frequently update your e-Portfolio and complete your assessments; arrange appointments with your ES in a timely fashion. The more (quality) evidence you have in your e-Portfolio the more likely the time spent with your ES will be productive in terms of addressing your PDP and educational planning.

Your ES will seek feedback on performance from clinical supervisors.

During the years you are training in General Internal Medicine, as well as Geriatric Medicine, you will need to conduct WPBA, both in GIM and Geriatric Medicine. Similarly, you should be involved in GIM audit and attend GIM Regional Training Days.

If you have difficulty identifying or meeting with your educational supervisor you should approach your College Tutor or Training Programme Director.
Academic Advisors

Professor Rajkumar  Raj.Rajkumar@bsuh.nhs.uk
Dr Juliet Wright  Juliet.wright@bsuh.nhs.uk
Dr Khalid Ali  khalid.ali@bsuh.nhs.uk

The academic team based at BSUH are happy to support and advise trainees who are keen to developing their academic skills and portfolio.

Please contact them at any stage of your training if you would like to meet for an informal discussion.

It is expected that all new ST3 trainees to meet with an academic advisor within the first 3 months of their ST3 year. For the following reasons:

- To discuss what interests you may have.
- How to approach academic work?
- How to develop your academic skills?
- What other options there maybe such as MSc etc.
- Plan projects well in advance should you be interested.
Registration with the Royal College of Physicians

It is a mandatory requirement for all trainees to be registered with the appropriate Royal College, therefore Geriatric Medicine Trainees must be registered with the JRCPTB. If you are not registered the School of Medicine will not complete your Annual Review of Competence Progression (ARCP).

How to enrol:
In order to register on the JRCPTB website you will require the following codes:

• KSS Deanery Geriatric Medicine GMC training approval code: **KSS544**
• Your personal National Training Number.

Step One: Register

• To register for an account with the JRCPTB, trainees are required to log on to [http://www.jrcptb.org.uk/Registration/registrationwizard.aspx](http://www.jrcptb.org.uk/Registration/registrationwizard.aspx) In order to complete registration you will also be required to submit the official confirmation of training letter, supplied by the Deanery, as well as an updated CV.

Step Two: Verify Registration

• Once the registration form has been successfully completed and submitted, an email is sent to the email address you have provided. You must click on the link provided in the email in order to verify and complete the registration process. Clicking on the link will take you to a page in the site where you can enter a password of your choice. Once you have done this, you will be automatically logged into the site.

Step Three: Enrol

• Once step two is completed you should be able to view ‘My JRCPTB’. This section of the website will only become visible and accessible to you once you have logged in.

Step Four: Make Payment

• You are required to pay your fee.

E-portfolio Queries:
If you have any queries regarding your e-Portfolio please contact the Enrolments Department at the JRCPTB using the details below:

Email: enrolments@jrcptb.org.uk
Telephone: 020 3075 1283
The **2010 Geriatric Medicine Curriculum** in conjunction with the **2009 General Internal Medicine curriculum** provides a comprehensive outline of requirements and allows trainees to achieve CCTs in General Internal Medicine and Geriatric Medicine.

The curricula are integral to the e-Portfolio and all the assessment requirements are mapped against it. All competences must be supported by evidence of your learning, and your Educational or Clinical Supervisor must **review and sign off each of these competencies via e-Portfolio**. It is essential that Geriatric Medicine trainees and their trainers understand this curriculum, as the whole programme is based on it.

**2010 Geriatric Medicine Curriculum**

**Decision Aid (Geriatric Medicine)**

**2009 General Internal Medicine Curriculum**

**Decision Aid (GIM)**
E-Portfolio

This web-based portfolio, developed by the JRCPTB and in line with regulations outlined by the Gold Guide, provides a record of progress through training and the acquisition of competencies based on the relevant curricula. The e-Portfolio includes facilities for direct recording of workplace based assessments, records of appraisal, Educational Supervisor reports and ARCP outcomes. Within the KSS Deanery, all Trainees including LAT’s must maintain the NHS e-Portfolio as evidence of learning and progression.

e-Portfolio is designed with three purposes in mind:

- As a learning tool for trainees,
- To assist with educational supervision,
- As a central source of information for all those involved in training.

The trainee’s main responsibility is to ensure the e-Portfolio is kept up to date; this includes recording your reflections on learning and recording your progress through the curriculum by linking to appropriate documentation and providing evidence of competencies achieved. The content of the e-Portfolio feeds directly into the Annual Review of Competence Progression (ARCP) and ultimately, the final sign-off for Geriatric Medicine & General (Internal) Medicine.

Access and Enrolment

A temporary e-Portfolio account is created by the School of Medicine at the Deanery headquarters upon appointment to a training post and is managed locally by members of the Trusts’ Postgraduate Centres.

The temporary account will be active for three months, during which time Trainees must enrol with the JRCPTB.

To enrol please go to the JRCPTB website via the link below and follow the steps as outlined on page 16 of this handbook:

http://www.jrcptb.org.uk/enrolment/Pages/Introduction.aspx

If after three months the trainee has failed to enrol then the e-Portfolio account will be locked until enrolment has been completed.

Once you have been issued with an account by the deanery you will be sent a username and password.
Using E-Portfolio

It is the responsibility of the trainee to keep up-to-date accounts of their teaching and experience and to ensure that sufficient numbers of assessments are completed.

Once your account is created you may log in by going to: www.nhsePortfolios.org

- On the e-Portfolio ensure all details on your profile are correct, in particular your email address, postal address and GMC number.

- The 2009 Curriculum (GIM) and 2010 Geriatric Medicine Curriculum describe the competencies required by all Geriatric Medicine Trainees and are closely based on Good Medical Practice. All competencies must be supported by evidence. Each competency must be signed off by your educational or clinical supervisor and must be supported by evidence. This will ensure your e-Portfolio is packed full of evidence and reflects your clinical and other activities.

- This evidence is based on workplace-based assessments (WPBA), log entries, audit, teaching attendance, other educational events, your own teaching, conferences, research, etc. In addition, you should complete the self-assessment for each competency and support your comments with evidence that you feel is relevant to support any sign off.

- Trainees are responsible for arranging their own assessments. You must ensure you do enough WPBAs – there are minimum requirements for each ARCP and Interim Review stage, but would advise to do more, in particular ACATs to build up evidence for your competencies.

- You should ensure your WPBA are done by the most senior doctor, preferably a consultant, or associate specialist with a minimum of 50% assessed by a doctor in one of these grades.

- You must have your assessments done by a variety of people.

- The MSF is a tool used to assess generic skills such as leadership, communication and team working; for this tool to work effectively you should have at least 12 respondents for this to be meaningful. It is an expectation that a minimum of one third of MSF contributions come from Consultants. Other assessors could include: senior trainees and experienced nursing and allied health professional colleagues.

- You must also ensure your links to the curricula are signed off by either your Educational Supervisor or College Tutor in order to verify your learning. Your supervisor does this by accessing your e-Portfolio, going to the curriculum and selecting and rating you on each competency you have linked. Please note that this is a very time consuming task and should not be left to the last minute.

- You should record any absences from work on your e-Portfolio – this will be cross-referenced with medical staffing records. This is further mandated by your sign off of your probity and health declarations. Therefore every time you are absent for reasons of sickness/compassionate leave, etc you must ensure medical staffing are informed for their records.
Audit is important, audit activity needs to be demonstrated, most importantly evidence of completion of an audit cycle yearly.

Remember to use the e-Portfolio to demonstrate areas of excellence - quality evidence and quality documentation are important.

e-Portfolio guides are available from the JRCPTB website at www.jrcptb.org.uk

e-Portfolio queries should be forwarded to the Medical Workforce Team available via email at medicinehst@kssdeanery.ac.uk
Assessments & Examinations

Annual Review of Competence Progression (ARCP)

The Annual Review of Competence Progression (ARCP) replaces the old ‘RITA’ process and is a mechanism of recording the review of a trainee’s progression through their training programme. Within KSS, our aim is for doctors in training to be safe, to develop the habits of ‘life-long’ learning and to achieve appropriate standards of practice. By regulating the progress of doctors in training, the ARCP process protects patients and directs the training process.

The purpose of the ARCP is to:

- Review training to date, particularly since the previous ARCP
- Ensure that the future training will be of maximum benefit
- Identify any deficits in knowledge and skills
- Ensure that all requirements can be satisfied before the completion of the training programme
- Know that career plans are realistic

According to the guidance issued by the Joint Royal Colleges of Physicians Training Board (JRCPTB), those training in Geriatric Medicine are required to participate in the Annual Review of Competence Progression (ARCP) process at approximately the 10th/11th month of each year of your training. You will also be required to attend an Interim Review at approximately the 6th month of your yearly placement.

The Interim Review will take place at the Deanery, whereby your educational supervisor and/or the Training Programme Director will meet with you in person to review your progress. Your official ARCP will then take place towards the end of your yearly placement where you will then be issued with an appropriate Outcome which should reflect your successful completion of each year of training.

Please note that the ARCP’s are an electronic review focussed around your e-Portfolio and as such you should not be required to attend in person should you have completed all requirements of your training year.

For each ARCP and interim review you will receive an email from the school advising you of the process. By the time of the yearly ARCP, each trainee must ensure that they complete, as a minimum, the specified number of workplace based assessments outlined in the decision aid and submit an online version of the Educational Supervisor’s Report. Please note that, for the years that you are training in both GIM and Geriatric Medicine, you will require separate Educational Supervisor’s report for GIM and Geriatric Medicine. The ARCP cannot take place if the Educational Supervisor’s Reports are not completed and available on the e-Portfolio. Furthermore, the links to the 2010 curriculum will also require sign off from either your college tutor or educational supervisor.

A ‘Geriatric Medicine ARCP Decision Aid 2010’ is included in this pack and gives a summary of what is required of Geriatric Medicine trainees at each stage. This must be completed along with the requirements listed in the GIM 2009 ARCP Decision Aid in order for a satisfactory Outcome 1 to be issued. A breakdown sheet, detailing all of the possible ARCP outcomes is also provided for you in this document.
A ‘GIM ARCP Decision Aid 2009’ is also appended.

For an electronic version of both the ARCP Decision Aids please go to:
http://www.jrcptb.org.uk/specialties/ST3-SpR/Pages/Geriatric.aspx

All information submitted by the trainee is reviewed by the Head of School, Training Programme Directors, Committee Members, lay representative and representatives from the Deanery via their e-Portfolio at the ARCP meeting. 10% of outcomes are reviewed by a lay and external representative.

If you obtain an unsatisfactory outcome, you will be required to attend a further progress meeting with the panel to discuss your training and failure to meet the required competencies.

You may be granted an extension to undertake more work place based assessments however this is only under exceptional circumstances, and it is the responsibility of each trainee to complete all of the required assessment prior to the review date.

ARCP outcomes will be issued and uploaded on your e-Portfolio by the Deanery. Your official outcome will also be submitted to the Joint Royal College of Physicians’ Training Board (JRCPTB).

**Penultimate Year Assessment (PYA)**

The Penultimate Year Assessment (PYA) acknowledges the successful completion of training for SpRs/StRs and thus enables trainees to begin the process of looking for consultant posts. The PYA will take place between 12 & 18 months of your CCT date and is a mandatory requirement of all trainees seeking a Certificate of Completion of Training.

Approximately 12 to 18 months before your CCT date the Medical Workforce team at the Deanery will notify you of the date of your Penultimate Year Assessment, i.e. your PYA. The PYA panel will consist of members of the STC including the Head of School, Training Programme Director and College Tutors. You will have a separate PYA for General Internal Medicine, attended by the KSS Deanery Lead for GIM and an external GIM SAC advisor.

It should be noted that a PYA is not a pass/fail examination but an opportunity for the Deanery and the external assessor to ensure that you have met all curriculum requirements and have sufficient time available to complete the outstanding training before being recommended for your CCT.

Approximately 8 weeks prior to your PYA, you will receive notification from the JRCPTB about the documentation required for review at your PYA. This will include a copy of your CV and a completed Summary of Clinical Experience (SOCE) form which will need to be returned to the JRCPTB 4 weeks before the scheduled PYA date. This information will be presented to the external assessor prior to the scheduled date to ensure that the assessor is fully briefed on your training status before meeting you.

Once your PYA has been completed, you will receive a letter from the JRCPTB notifying you of your confirmed CCT date and will also receive a copy of the external representative’s report. This will enable you to plan the remainder of your training in accordance with the recommendations made by the PYA panel and external assessor.
Specialty Certificate Examinations (SCE)
All trainees who commenced specialty training on or after 1st August 2007 will be required to sit the Specialty Certificate Examinations (SCE). The SCE is an examination usually undertaken any time from ST4 onwards and is a compulsory component of assessment for Certificate of Completion of Training (CCT) and Certificate of Eligibility for Specialist Registration via the Combined Programme route (CESR(CP)).

It is strongly recommended that StRs allow sufficient time for at least 2 attempts at the SCE before they reach their anticipated CCT date. There is no limit to the number of attempts you may make at the SCE during your training.

For further details on this examination, please visit the JRCPTB website.

http://www.jrcptb.org.uk/specialties/Pages/Penultimate-Year-Assessment.aspx
Regional Training Days for KSS Geriatric Medicine Trainees

Most learning takes place through clinical experience on the wards, and some topics are much better learnt through practice. To provide you with the most comprehensive exposure to all areas of the Geriatric Medicine curriculum, the KSS Geriatric Medicine STC are working in collaboration with the London Deanery to develop a schedule of training days that are closely mapped to the curriculum.

Training days are an adjunct to practical experience, serving to clarify and illuminate the links between theory and practice, while stimulating further learning on the part of the trainees. Each training day is based around case discussions and encourages you to actively take part in investigation and discussions.

It is mandatory that all Geriatric Medicine trainees attend a minimum of 70% of Regional Training Days (not including the joint GIM training days). It is the trainee’s responsibility to liaise with the trust in good time to ensure sufficient service cover.

Attendance rates feed into the annual ARCP; if a trainee does not comply with the minimum attendance percentage, they will obtain an unsatisfactory ARCP outcome.

Important information
- There will be approximately 10 regional training days per year, giving trainees the opportunity to cover each topic twice by completing the cycle each year. These will be facilitated through the London Deanery and you will be notified of these by the Medical Workforce Team at the Deanery.
- You will be asked to confirm your attendance prior to the event through the Medical Workforce Team at the Deanery.
- The agendas for each session will be emailed to each trainee once they have been confirmed and certificates will be issued after the event.
- The dates of all scheduled RTD’s will be located on the KSS Deanery website once published by the London Deanery.

http://kssdeanery.org/specialty/current-trainees/medicine-higher/renal/teaching-and-learning/training-days

GIM training
KSS Deanery will be working in the New Year to develop a programme of GIM training events which will be aimed at accommodating those KSS Medical Higher Specialty trainees who are working towards dual accreditation in GIM.

In the interim, arrangements have been made for KSS Geriatric Medicine trainees to attend the London Joint GIM and Geriatric Medicine training days, of which there is one more scheduled for 2011.

- Pan London/KSS Deanery Acute/ G(I)M Combined Training day on Friday 16 December at SOAS

Details for all GIM events will be distributed to you closer to the time and will also be available on the KSS website.
Stroke Medicine

As you are training in a parent specialty that deals with the treatment of stroke, you have the opportunity to obtain Sub-Specialty certification in Stroke Medicine. This is an additional qualification usually involving a minimum of one year period in a training post with approval for the ‘Advanced Year’ of the Stroke Medicine curriculum. It is recommended that if you are even tentatively interested you should discuss this with a Stroke Medicine TPD as soon as possible. Your Parent Specialty TPD will be able to advise how to go about this.

If you wish to take up this opportunity, you must declare your intent to do so with your Parent Specialty and Stroke Medicine TPD, and ensure this is recorded on your JRCPTB e-Portfolio at the earliest opportunity. This option must be confirmed by the end of ST3 at your ARCP or end of attachment appraisal. This will ensure that the Stroke Medicine competencies undertaken in your parent specialty during the ‘basic year’ of Stroke Medicine training will be reviewed at an appropriate Parent Specialty ARCP.

You will then be eligible to apply competitively to Stroke Medicine Advanced Training, usually undertaken in the penultimate or ultimate year of your parent specialty training and whilst you still retain an NTN in your parent specialty. This will enable you to complete Sub-Specialty certification in Stroke Medicine.
**Working & Learning**

**How do I learn and work at the same time?**
You are now in the world of adult learning. This requires initiative and dedication from you as a learner. Your supervisors are there to guide you and to advise on resources to use. They are not there to directly tell you everything in the curriculum.

**Learning Opportunities**

*Experiential Learning:* every patient encounter, every ward round, every time you are quizzed by a senior is an opportunity for learning. In other words your day to day work is your medical apprenticeship.

*Formal Teaching:* departmental teaching programmes, regional training days, journal clubs are all protected time learning opportunities.

*National Courses:* use your study leave to ensure you attend ATLS, ALS, APLS, revision courses and other nationally recognised learning opportunities.

*Private Study:* do not under estimate the value of background reading and private study. Use a revision timetable based on the curriculum. Decide on a topic and revise it in a block – anatomy, physiology and pharmacology. Try to relate to clinical circumstances. It will be easier to recall the information if you can relate it to a clinical circumstance.

*Feedback:* your educational supervisor will feedback to you during appraisal meetings. Informal feedback can always be obtained and should form part of your reflective practice. Ensure you meet your timetable for supervision meetings.
Training Committees

Local Faculty Group (LFG)
Each Hospital Trust has a local Medical Faculty Group for local planning and support of all Medicine Trainees from CT to CCT including Geriatric Medicine trainees. This faculty is usually led by the local RCP tutor and includes all those local physicians who are involved in Geriatric Medicine as well as trainee representatives. The Medical Faculty Group also discusses those GP trainees who rotate through medical posts during their hospital training. They usually meet at least 3 times per year and are responsible for input into the local sign-off of Geriatric Medicine trainees which then leads into the Annual Review of Competence Progression (ARCP) process organised by the School of Medicine.

Local Academic Board (LAB)
All KSS Hospital Trusts have a Local Academic Board overarching the various Faculty Groups. Following consultation, the KSS Deanery has produced guidance for the LAB’s titled Graduate Education and Assessment Regulations (GEAR).

The document has been designed to work in conjunction with the GMC Generic Standards for Training and the Healthcare Commission Annual Health Check to ensure a coherent and robust framework for quality assurance across all specialties.

To access a copy of GEAR please go to http://kssdeanery.org/education/publications/view-gear-version-3

Specialty Training Committee (STC)
The specialty training committee is chaired by the training programme directors. It consists of the KSS Deanery Medical Workforce team, head of school and deputy dean, a consultant representative from each hospital with a training post within the programme and a senior and junior trainee rep.

The STC meet every 2 – 3 months to discuss all aspects of the training programme such as:

- Recruitment
- Processes of assessment (e-portfolio, ARCP etc)
- Developing the training programme especially around subspecialties, academic support, less than full time training etc.
- Developing the Geriatric medicine higher specialty training across Kent Surrey and Sussex.
- Delivering the curriculum

The KSS Geriatric Medicine team are very keen to involve trainees. Please contact the trainee reps or any of the STC members directly with any issues suggestions for discussion (no matter how large or small!)
Support and General Administration

KSS Deanery is committed to ensuring the welfare of its trainees, and wants to ensure that all trainees studying with the Deanery have the best possible chance of success during their training.

We maintain and run a number of programmes and services which aim to ensure trainees are supported at all stages - these pages provide information about our main services including special agreements:

- Less Than Full-Time Training
- Maternity Leave
- Out-of-programme
- Study leave
- Support for trainees in difficulty
- Inter-Deanery transfers
- Trainee absences

There are a number of people who are able to provide support to you whether it be pastoral or career advice:

- Educational supervisor
- Clinical supervisor
- College Tutor
- Head of School:
  - Dr Graeme Dewhurst
    GDewhurst@kssdeanery.ac.uk
- Training Programme Director & STC Chair:
  - Dr Adam Harper
    drAdam.Harper@bsuh.nhs.uk
- Training Programme Director:
  - Dr Paul Reynolds
    Paul.reynolds2@nhs.net
  - Jonathon Hawkins
    jonathon.hawkins@ekht.nhs.uk
  - Juliet Wright
    juliet.wright@bsuh.nhs.uk
- GIM Lead:
  - Dr Ursula Davies
    Ursula.davies@sash.nhs.uk
- Medical Workforce team:
  - Main contact email address
    medicinehst@kssdeanery.ac.uk
  - Amica Maxwell (Medical Workforce Project Officer)
    AMaxwell@kssdeanery.ac.uk
  - Bassey Udaw (Medical Workforce Projects Assistant)
    BUDaw@kssdeanery.ac.uk
  - Rucynth Christopher (Medical Workforce Administrator)
    RChristopher@kssdeanery.ac.uk
The Trainee Voice is an integral part of our programme as it offers invaluable insight into the wants and needs of trainees and allows us to tailor the Programme accordingly. If you are interested in becoming a Trainee Representative please contact the Deanery via medicinehst@kssdeanery.ac.uk.

Less Than Full Time Training Requests
LTFT Training is available to doctors in training who are unable to work full-time for “well founded individual reasons” (European Union Council Directive 93/16-/EEC 1993).

Eligible applicants in KSS Deanery include those who are:
- Disabled or in ill-health (this includes those on in vitro fertility programmes);
- Caring for an ill/disabled partner, relative or other dependent;
- Personally providing care for young children (aged up to six years).

All requests for LTFT Training will be treated positively. However, the overall training capacity of a training programme and service commitment will have to be taken into consideration.

To apply for LTFT Training, trainees should contact the KSS Deanery Human Resources Department for an application pack, which includes an application form to assess eligibility for LTFT Training. Their contact details are flexibletraining@kssdeanery.ac.uk

Furthermore, if you are considering LTFT training it is essential that you discuss this with the Training Programme Director & the Medical Workforce team.

Maternity
All Maternity Leavers must inform their Trust & Medical Workforce Project Officer at KSS Deanery with the details of their actual maternity leave dates. Each trainee taking maternity leave must provide their HR Advisor with their MAT B1 certificate from a registered practitioner or registered midwife. The Trust require as much notice as possible, preferably a minimum of 8 - 10 weeks, to allow them to arrange locum cover. Please note: a minimum requirement is 28 days’ notice of when a trainee wants to receive their maternity pay.

Whilst trainees are on leave, their post will be filled with a Locum Appointed for Training and this will be arranged by the trust. Before commencement of Maternity Leave trainees must meet with their Educational Supervisor and preferably the Training Programme Director to discuss their progress and establish the finer details of their leave, such as their return to work date and length of additional time required in order to complete training.

Once these details have been agreed it is imperative that the trainee informs the Deanery in writing of these details so that their absence can be tracked and monitored accordingly.

Further guidance on Maternity Leave can be accessed through the Medical Workforce team.
Out of Programme Requests (OOP)

A core trainee or specialist registrar or specialty training registrar may take time out of their programme to undertake a period of research, gain clinical experience or other appropriate categories which may be pursued within or outside the KSS Deanery. Out of Programme placements are designed to accommodate this and can take place either in the UK or abroad.

The four OOP categories are listed below:

**OOPT-Time out of programme for approved clinical training**
This is where a trainee is undertaking GMC prospectively approved clinical training which is not part of the trainee's specialty training programme. Only StR and “Core” trainees, i.e. those that were appointed after August 2007, are able to apply for an OOPT.

**OOPE- Time out of programme for clinical experience**
Where a trainee is gaining clinical experience which is not approved by the GMC but which may benefit the doctor or help support the health needs of other countries. Both “Core”, StR trainees (those that were appointed after August 2007) and SpR trainees (those that were appointed prior to August 2007) are able to apply for an OOPE.

**OOPR - Time out of programme for research**
Where a trainee is undertaking a period of research, normally for a registerable higher degree, e.g. a PhD, MD or Master’s degree, both StR trainees (those that were appointed after August 2007) and SpR trainees (those that were appointed prior to August 2007) are able to apply for an OOPR.

**OOPC – Time out of programme for career breaks**
Where a trainee is taking a planned career break from the specialty training programme only StR trainees, i.e. those that were appointed after August 2007, are able to apply for an OOPC. OOPC will normally be for a period of no more than two years with agreement from the Postgraduate Dean, for those who require to step out of training for a designated period for situations such as domestic responsibilities, ill-health or to develop talents in other areas.

Trainees should provide their Postgraduate Dean as well as current and next employers a minimum of six months notice, but preferably as much as possible. This is to ensure that service issues and the needs of patients can be properly addressed. All OOP requests need to be agreed by the Postgraduate Dean, so trainees are advised to discuss their proposals as early as possible. It is normally expected that a trainee would have completed one year of training before submitting an application.

To apply for time out of programme, the trainee must discuss it first with their Educational Supervisor to ensure that the proposal is viable. The trainee must then contact the deanery and complete an Out of Programme form, which also needs to be signed by the Educational Supervisor. A covering letter also needs to be submitted detailing the proposed time out of programme.

KSS School of Medicine
7 Bermondsey Street, London, SE1 2DD
medicinehst@kssdeanery.ac.uk

Head of School: Dr Graeme Dewhurst
Medical Workforce Project Officer: Amica Maxwell
Medical Workforce Project Assistant: Bassey Udaw
Medical Workforce Administrator: Rucynth Christopher
The applications for time out of programme will be discussed with the Head of School and Training Programme Director. Once a decision has been made the Medical Workforce Project Officer will write to the trainee to confirm the decision.

**Funding**

The Deanery provides no targeted funding for periods out of programme and trainees must seek external funding e.g. a Clinical Research Fellowship. The employment contract between the Specialty Registrar and the NHS Trust will be suspended during the period of absence but the training number will be retained by the trainee.

It is possible that the training or research undertaken whilst out of programme may be counted towards CCT or CESR. In order for this to take place, the programme must be approved by PMETB.

For information regarding OOP please contact a member of the Medical Workforce Team.

**Study Leave**

KSS Deanery produces study leave guidelines, see link below:

http://kssdeanery.org/study-leave

In summary the arrangements are as follows:

- All Geriatrics trainees are entitled to up to a maximum of 30 days in a year (the year being calculated from the date of commencement of appointment or rotation). Leave to sit necessary examinations is allowable but does not count against the annual study leave entitlement.

- Trainees in locum specialty posts, those in FTSTAs and LATs exceeding three months are entitled to study leave *pro rata*. There is no entitlement to study leave for LAS.

- Leave for private study is limited to a maximum of 5 working days within a month of an examination.

- LTFT trainees are entitled to periods of study leave, with funding, *pro rata* to their sessional commitments.

The decision to approve study leave or not, and the degree of financial support, rests with the local Clinical Tutor, advised as appropriate by college tutors, STCs or specialty schools. Discussions regarding study leave should form part of the regular appraisal and annual assessment/review processes.

All applications must be submitted to your trust on the appropriate form available from the Clinical Tutor at least 6 weeks before the leave is required. Trainees should not take study leave in the first two weeks of the start of any new appointment.

Overseas study leave will be funded only for Specialist Registrars, and then only in exceptional circumstances. (For example, when an SpR/StR is personally presenting a report on research in which he or she has been principal investigator). When an appropriate course is available in KSS Deanery or London Deanery, approval for similar courses elsewhere will not be supported by travel or accommodation funding.
Study Leave Funding
The Specialty Study Leave Adviser and the trainee should be aware of the total indicative budget for the duration of training, based on the current annual notional per capita funding support available. Study leave for the training grades is supported within cash limits from a unit budget delegated to Clinical Tutors by KSS Deanery.

Any individual trainee in KSS Deanery will receive approximately £860 overall per annum.

StRs/SpRs will be expected to produce a short report for the SSLA and the clinical tutors following study leave. Any applicant who considers that his or her request for study leave or expenses is refused unreasonably has the right of appeal to KSS Deanery.

Support for Trainees in Difficulty
KSS web pages on trainees in difficulty (TiD) can be found at:

TiD cases can be prompted by:
   a) Mismatches between trainee and trainer
   b) Personal issues
   c) Craft development - speciality specific skills and knowledge, problems with procedures, manual dexterity, depth of understanding and clinical decision making
   d) Generic professional development
   e) Professional behaviours

Minor concerns are likely to be dealt with verbally, investigations into more serious concerns should always be documented in writing. Your Educational Supervisor will keep a record of all formal discussions, including those that occur outside of planned meetings. You will be given a copy of all documentation and will be kept informed at all stages about any concerns and any actions to be followed.

The DME must be fully involved as should KSS Deanery where the problems seem serious or complex. The National Patient Safety Agency (www.npsa.nhs.uk) has published an incident decision tree. This is an interactive web based tool which can be used by doctors and managers to decide how to analyse and manage a single clinical incident. Other serious concerns about trainees (for example, issues of probity) will always need to be investigated by the employing organisation.

Inter-Deanery Transfers
Whilst it is possible for trainees to move between Deaneries (IDT) there is no automatic entitlement or right for this to take place. An offer can only be made by the Postgraduate Deans who will do their best to deal sympathetically with trainees where they judge that there are well-founded personal reasons which justify such a move.

Can I apply for an IDT?
IDT applicants should discuss their request with their educational supervisor in the first instance. A request for an IDT must be based on well founded personal reasons and where there has been a change in circumstances.
The following principles/criteria will be taken into account when considering transfer requests:

1. Significant life event
2. Caring responsibilities
3. Committed relationship – particularly marriage/civil partnership
4. Other relationships including the importance of support networks
5. Length of rotation
6. Impact on the well being of the individual
7. Forced change of location of a partner for employment

When can I apply for an IDT?
You can apply for an IDT as soon as your situation arises, however, applications to transfer out during the first year of a programme will be carefully reviewed and no applications will be considered until after the first ARCP. In most instances, a transfer will not normally be considered prior to the trainee having spent 6 months in post and will not normally take place until the trainee has been in post for 1 year. Transfers within the first year after appointment will only be agreed by the postgraduate dean in exceptional circumstances and on a specific case-by-case basis.

N.B. All IDT’s will be subject to the applicant giving 3 months notice.

How do I apply for an IDT?
You must discuss your wish for Inter Deanery Transfer with your Educational Supervisor. Once you have done this, you will need to contact your deanery for an inter deanery transfer form.

Stage 1 – The trainee submits an IDT form and an up to date CV using the relevant school email address (medicinehst@kssdeanery.ac.uk).
Stage 2 – The trainee’s request is acknowledged and sent to the HoS.
Stage 3 – Requests are reviewed by a panel within the deanery which accepts or declines applications. Evidence of change of circumstances will be sought – the trainee will be informed.
Stage 4 – The KSS Deanery will submit applications to the requested receiving deanery for hearing at their next panel meeting (dates of panel hearings will be sourced from receiving deaneries). NB receiving deaneries are entitled to interview and take up references for applicants.
Stage 5 – The KSS Deanery will inform the trainee of the outcome of the panel.

The trainee can request an update on their application at any stage by emailing the relevant school contact (medicinehst@kssdeanery.ac.uk).

Please ensure that all information submitted is correct, as this may be a probity issue if it is later discovered to be false in any way.

When will my transfer be considered?
Once you have handed in your IDT form it will be considered by your releasing deanery. If it is agreed that you can be released, the form will be forwarded to the receiving deanery. It has been agreed that all receiving deaneries will set up a panel to assess IDT requests. These panels will meet twice a year during what will be called...
the “transfer window” when the majority of agreed transfers will take place. Dates for the transfer window will be advertised widely.

**What is the transfer window?**
There are two transfer windows per year.

- **Window 1** covers applications received from May to October for consideration at the November panel meeting and should be submitted to KSS Deanery from the beginning of September;
- **Window 2** covers applications received from November to April for consideration at the May panel meeting and should be submitted to the KSS Deanery from the beginning of October.

During this time all receiving deaneries will form a panel to assess incoming transfer requests. This panel will comprise of:

- Deanery representatives
- A JDC representative
- A lay person

Urgent requests for transfer can be considered between the transfer window periods, but these would be *highly exceptional cases only and are incredibly rare.*

**Refused IDT’s and the Appeals Process**

**How will I find out the outcome of the panel?**
At the end of the transfer window all applicants will be informed in writing of their transfer. If a transfer has not been granted, the reason for this will be communicated in writing to the trainee within ten working days.

**What if my deanery refuses to release me?**
If you are refused transfer by your current deanery, you are able to appeal by writing to the postgraduate dean and ask them to reconsider your case. If you are a BMA member, the BMA will be able to support you in your appeal. *It is important to establish the reason for refusal; you will need to ensure that you fulfil the criteria for transfer prior to appealing.*

**What can I do if my transfer is refused by the receiving deanery?**
Your transfer may be declined for several reasons, it is important to establish why you have been refused in this instance. If you wish to appeal the transfer window decision, the appeal will be carried out by a panel including representatives from the deanery, a JDC representative and a lay person. This panel cannot include the same representatives as the transfer window panel. You will need to contact the deanery stating your reasons for appeal within ten working days.

*N.B. It is important to establish the reason for refusal; you may not have been refused a transfer per se, but may have to wait for a vacancy to arise in the deanery.*

I have been told that my application for inter deanery transfer was acceptable, but I have not been offered a new post. Why is this?
There may be many reasons, it is important to gain clarification on why you have not been offered a transfer by the receiving deanery. Deaneries may have more transfer requests than posts available. If this is the case, the panel will assess each case and, depending on circumstance, some may be offered a transfer immediately, while others may have to go on a waiting list until a post becomes available.

**Can I attend the appeal?**
Yes. You may be asked to give oral or written evidence. If attending an appeal, you may wish to be accompanied / supported by a friend or BMA representative.

**What are my options if I cannot wait for a transfer, or if my application fails?**
You always have the option of applying in open competition to any vacancies that arise in your preferred deanery. When applying for posts you must be aware of your current notice period.

**Trainee Absences**
Please note that you must be aware of each trust’s process on who to notify when absent, in particular for any unplanned absence (i.e. other than annual, professional or study leave). Unplanned absences are taken very seriously by the Trusts and the Deanery and you must enter all unplanned absences on your e-Portfolio record and ensure your educational supervisor is aware.

Any recurrent unplanned absences, particularly from night or weekend shifts will be reviewed by your educational supervisor and/or college tutor. For repeated unplanned absence you may be referred to Occupational Health, for counselling, to the Careers Development Unit or for disciplinary procedures.
Withdrawal from programme

If you are considering withdrawing from the Geriatrics Training programme you must consult your Educational Supervisor within your trust.

If you decide to resign from the Geriatrics Training Programme you must notify both trust and deanery. You will be required to submit your resignation letter and complete a **Confirmation of Withdrawal from Speciality Programme** document detailing the reasons for withdrawal.

You must provide as much notice as possible so that the trust and deanery can arrange for appropriate service cover.