

**BROAD BASED TRAINING
ONE CORE PROGRAMME: FOUR CAREER OPTIONS**

Quick Guide



Updated March 2020

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Introduction

Broad Based Training (BBT) is a two-year structured programme for doctors who have successfully completed the Foundation Programme, providing six-month placements in four specialties to allow broader experience before applying for specialty training.

The aims of BBT are to;

- Deliver a more broad-based practitioner who is likely to be able to bring a wider perspective to healthcare provision both now and for the predicted future NHS.
- Develop practitioners who are adept at managing complexity within patient presentations and the associated risk assessment and management.
- Promote greater integration and understanding within the specialties involved in the programme for both trainers and trainees
- Develop trainees who are well equipped to progress successfully into any of the specialties concerned at CT/ST2 level on successful completion of the BBT programme.
- Allow trainees to develop conviction in their choice of career pathway.

The programme will consist of four six-month placements in each of the parent specialties (general medicine, paediatrics, psychiatry and general practice) each being an entry level (IM/CT/ST1) post in that specialty. Most of the teaching and learning will be in the work place with appropriate clinical and education supervision. As well as specialty specific work place teaching there will be a joint learning programme organised by the training programme director giving opportunities for trainees from all specialties to learn together and to acquire competences which are both important and common to all specialties. Furthermore, **during any one six month block 10% of time will be spent gaining experience in one of the other specialties** so that relevant patient pathways may be encountered by an individual trainee. This will support trainees to work beyond artificial boundaries of healthcare and develop a better understanding of individual patient journeys across the various sectors and agencies involved in health and social care.

Currently many foundation doctors in UK and Scotland do not apply for speciality posts and we believe this is in part due to an uncertainty about specialty choice and a desire for more flexible training opportunities to gain more experience. BBT has been introduced in Scotland to try and meet this need.

After BBT - on successful completion of the BBT programme trainees will be able to move to any of the four career specialty programmes (at equivalent of second year IM2/CT2/ST2) within the same region. In case of GP and Paediatrics this will then lead to run through training and a CCT. For Medicine and Psychiatry entry for higher speciality training involves further competitive interview following completion of core training, in line with other trainees. Future career choice and exam requirements are not a compulsory part of BBT but trainees should consider these.

BBT Curriculum

The syllabus for each placement and assessment requirements have been determined by each Royal College and approved by the GMC and are set at CT1/ST1 entry level for all 4 posts. The Curriculum requirements are specified in the original 2012 BBT Curriculum document.

[BBT Curriculum](#)

[Broad Based Framework with Assessment Grid November 2012](#)

A new BBT curriculum will come online most likely in 2020 when all 4 Royal Colleges have updated their individual curricula. The new BBT curriculum will be informed by the changes made by the 4 colleges.

Eportfolio

The BBT e-portfolio has been set-up from scratch since the new BBT programme was initiated in 2018. Most forms are now available - MSF and PDP forms should be on-line for the Aug 2019 cohort starting.

Educational Supervisors and Clinical Supervisors should access BBT e-portfolio through TURAS dashboard or go straight to the NHS e-portfolio. Educational and Clinical Supervisors need to ensure the correct role is chosen to allow access to the appropriate forms. The programme administrator will add the names of the ES/CS prior to the post starting.

10% time

The 10% time is unique to BBT and provides trainees with the opportunity to spend time covering part of the curriculum that they might not otherwise have the opportunity to encounter. The trainee has a chance to do something that really interests them. 10% time should be spent in a different specialty to their “core” specialty in that 6 month block.

We advise that the whole 10% time is spent in one specialty during any 6 month period.

10% equates to 12-13 days in a 6 month period (assuming full-time working). It is in addition to Annual Leave and Study Leave. (This is important for rota-organisers to be aware of).

Examples of 10% time experienced by trainees so far have included CAMHS, Palliative Care, Forensics, Eating disorder, Perinatal MH, Homeless GP team, Community midwife and wider team involved in GP, Specialised Paed clinics such as Dermatology, Genetics.

A **Verification of 10%** form should be completed for each block.

Work-Place Based Assessments

While there are a minimum number of WPBA's for BBT, trainees may wish to consider future career choice and exam requirements and do more than the “minimum” required. **Please see Procedural Skills doc ([Appendix 2](#)) for table with additional advice.**

The minimum requirements for each specialty within the BBT programme are in the BBT curriculum - [Broad Based Framework with Assessment Grid](#)

MSF is required in every block-

GP - minimum of 10 raters, 5 clinicians and 5 non-clinicians

Psychiatry - minimum 6 – 1 Consultant, 5 others all Band 7 and above

Medicine - minimum 12 over 3-month period – 3 Consultants, remainder mixed

Paediatrics – minimum of 7 raters, (2/3 medical staff - of which half should be consultant level). It is entirely appropriate that the remaining 1/3 can be nursing or allied health professional.

All WPBA in Curriculum page 132 onwards (and individual specialties below).

In addition see **Brief summary used at ARCP for all specialties** in Appendix 1.

Educational Supervisor role

Relevant “**Meeting forms**” are on e-portfolio.

At the start of the post the ES should have an **Induction Appraisal** with the trainee to agree Educational goals and a PDP. The trainee should **complete the PDP** on Eportfolio.

A **Midpoint Review** is not compulsory but is encouraged if the supervisor has training concerns or if the trainee has been set specific targeted training objectives at their ARCP. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are progressing satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of attachment **Educational Supervisor Review**. Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal, then the programme director should be informed.

ARCP

The BBT ARCP is in early June and evidence is expected to be in place in the e-portfolio 2 weeks before the ARCP.

We recognise that it can be difficult gathering enough evidence by the end of May for the Feb to Aug post. Trainees need to be aware that they may get an Outcome 5 if all WPBA is not completed for the ARCP deadline. This was agreed at the ARCP June 19. The panel felt it was important for there to be clear guidance around when the outstanding evidence had to be completed and an Outcome 5 allows this. Normally it is expected that any outstanding requirements would be completed within 2, possibly 4 weeks. The panel want to emphasise that an Outcome 5 is just a holding outcome until all necessary evidence is in place and not a reflection or concern about the trainee's progression in these circumstances. If it is felt that there are too many outstanding requirements to be met within the 2-4 weeks then an outcome 2, 3 or 4 will be issued instead.

We would encourage trainees to have as much evidence available as possible for the ARCP to ensure that it is clear that good progress is being made.

We request that the **Educational Supervisors Report** for the current post is completed in time for the ARCP.

For the final ARCP all evidence will need to be present to ensure a satisfactory outcome at that stage.

Trainees must have a successful outcome and achieve a Certificate of satisfactory outcome in BBT before they can progress to one of the four specialties at the end of their BBT program

Specialties

General Practice

A BBT in GP should be considered the same as a GPST1.

WPBA - Please see Appendix 1 - ARCP WPBA summary for the minimum requirements.

PSQ – Practice managers to be added to portfolio to so they can upload the PSQ. Contact local admin to arrange access.

Page 133 of the curriculum shows all possible GP WPBA. The BBT ST1 is required to carry out the same assessments as a GPST1.

GP DOPS- now replaced by CEPS. See Appendix 2 “Practical Procedures for BBT”. 1-2 CEPS expected in GP post (same as the RCGP mandatory CEPS.



- **OOH** - 36 hours required.
- **Performers list** - trainees are included in the Performers list for the GP block. There are currently transitional arrangements as the BBT programme is adopted by NES. Trainees doing GP as 10% should contact the Programme Administrator in advance of starting the GP 10% to be added to the Performers list.
- **Indemnity** - trainees are covered by CNORIS
- **Day Release/Half Day Release** - same as GPST1.

Paediatrics

WPBA - Please see Appendix 1 - ARCP WPBA summary for the minimum requirements.

Page 135 of the curriculum shows all possible Paediatric WPBA.

Paediatric DOPS - 4 DOPS required in Paediatric block. Please see Appendix 2 “Practical Procedures for BBT”. Practical Procedures can be achieved in a Skills Lab.



Psychiatry

WPBA - Please see Appendix 1- ARCP WPBA summary for the minimum requirements.



Page 136 of the curriculum shows all possible Psychiatry WPBA and a trainee that is considering higher specialty training in Psychiatry would be advised to achieve more than the minimum requirements. 2 x CBDGA's would be "advised".

Psychiatry DOPS - there are no compulsory DOPS for Psychiatry in BBT, however if a trainee thinks that they may wish to progress to Psychiatry higher training then evidence of ECT experience would be compulsory.

Medicine

WPBA - Please see Appendix 1 - ARCP WPBA summary for the minimum requirements.

Page 133 and 134 of BBT curriculum shows all possible Medicine WPBA's.

Trainees should undertake at least 6 workplace based assessments (mini-CEX, CbD, ACAT) in the six month period in medicine of which at least 3 should be ACATs.

Medicine DOPS - 4 DOPS required in Medicine Block- Please see Appendix 2 "Practical Procedures for BBT". Practical Procedures can be achieved in a Skills Lab.



Requirements for evidence for Urgent, Unscheduled and Emergency Care (UUEC) in e-portfolio

From August 2019 there has been a change in focus in GP Training regarding out of hours experience. This shifts the onus from simply counting hours to demonstration of the 6 capabilities for Urgent, Unscheduled and Emergency care.






COGPED and RGCP have issued updated guidance which can be found at <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/WPBA/OOH/WPBA04---COGPED-Position-Paper-Urgent-Care-Capabilities-March--19.ashx?la=en>

The capabilities required to provide urgent, unscheduled and emergency care will be assessed as part of the ESR. It is the responsibility of the individual trainee, in discussion with their Educational Supervisor, to ensure that they have sufficient experience across a range of settings including OOH services to be able to meet the required capabilities. It is the responsibility of the Educational Supervisor to ensure that they are satisfied that these capabilities have been met before signing off the final Educational Supervisor Report (ESR).

Experiences of and learning from urgent and unscheduled care should be recorded in the e-portfolio to demonstrate progression and achievement of capabilities, as for all other areas of the curriculum. The framework included below is intended as a guide for GPSTs to help them demonstrate development of their urgent and unscheduled care capability. This should be used in conjunction with Scotland Deanery OOH Feedback Forms, which should be uploaded to an appropriately titled learning log so that this is visible to the educational supervisor at the time of the ESR. The examples in the guide are not exhaustive, and it is anticipated that GPSTs and educational supervisors will use this framework as a scaffold to support further learning needs. **However, at the end of the final ESR there must be enough evidence to demonstrate that the GPST has fully demonstrated the six capabilities of urgent and unscheduled care.** To help with this, the Capability Mapping Grid should be uploaded into e-portfolio for final ESR and ARCP.

In Scotland, there is a contractual requirement to complete OOH sessions/hours. The OOH Session Record Form will need to be completed and uploaded to the e-Portfolio under the Supporting Documentation heading so that it can be reviewed before the completion of training.

Supporting Documentation

<p>Capabilities and Evidence Guidance</p>  <p>Capabilities%20Evidence%20Document.</p>	<p>OOH Session Feedback Form</p>  <p>OOH-feedback-for m.docx</p>	<p>Scotland Deanery OOH FAQ</p>  <p>Scotland%20FAQ%20UUEC%20OOH%20</p>
<p>Capability Mapping Grid – upload for final ESR and ARCP</p>  <p>Passport%20GPST%20UUC%20Capabilit</p>	<p>OOH Session Summary Log– upload at end of every GP Practice post</p>  <p>OOH%20summary%20log%202019.docx</p>	

Contacts

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Appendix 1 ARCP WPBA summary	<u>BBT Assessment Grid for ARCP</u>
Appendix 2 Practical Procedures And advice for training requirements after BBT	<u>Practical Procedures for BBT</u>