The Postgraduate GP Deanery for Kent Surrey and Sussex (KSS) in partnership with Kent Health University of Kent

Postgraduate Programme For awards PG certificate

Strategic Leadership and Medical Education

Course Handbook for PG Certificate
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Self Evaluation Questionnaire for New Trainers and 1st Re-accreditation Visit with Associate GP Dean’s Report for the TSC
Self Evaluation Questionnaire for Existing Trainers with Associate GP Dean’s Report for the TSC

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<td>02.03.2011</td>
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<td>V1 [Approved] 02.03.2011</td>
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<td>Equality Impact Assessment Date</td>
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<td>July 2012 (or as required)</td>
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2. Welcome

Welcome to the academic programme for potential and existing GP trainers developed in association between KSS GP Deanery and Kent Health at Kent University.

The Department of Postgraduate General Practice Education is part of the KSS Postgraduate Medical & Dental Education Deanery, which is accountable to the NHS South East Coast (NHSSEC) Strategic Health Authority. The KSS GP Department covers the suburban and rural coastal areas of Kent, Surrey and Sussex. It is responsible for the health of 3,200,000 people.

The main activity of KSS GP Deanery is the recruitment of doctors to GP Specialty training and the quality assurance of that training both in hospital rotations and general practice placements.

Kent Health at Kent University delivers relevant postgraduate education & training courses across Kent and north Thames Gateway. The Centre is based in the Medway Building at the Chatham Maritime campus and works in partnership with other Higher Education providers across the region. The centre has expertise in supporting professionals whilst they continue to work in their own field of expertise by providing work-related programmes on which individuals can acquire postgraduate level skills and gain qualifications which further enhance professional development.

The introduction of a postgraduate qualification relevant to GP educators is timely given:

- The General Medical Council (the GMC) and the Royal College of General Practitioner (RCGP) have laid down standards for medical educators and this includes a move to increased professionalisation of the teaching role with the gaining of an academic award;

- Evaluation of the KSS GP educator pathway has shown those who previously took up the PG certificate found their work as a trainer was significantly enhanced;

- Revalidation processes will require enhanced reflection on our work in all spheres and the work undertaken in preparing for your PG cert and the gaining of the award will support you in this process.

This programme of study is designed to be flexible and related to the work you will either need to do to become accredited as a trainer or will enhance the work you do to be re-accredited as a trainer. The programme has been designed to be portfolio based learning which takes account of the existing work you undertake as a clinician.

The initial award is for a Postgraduate certificate but further study can lead to a Diploma and onwards to a Masters Degree.

We hope you will find this programme of study rewarding and that it will enhance your activities as a GP educator in KSS.

Professor A Tavabie

Postgraduate GP Dean and Deputy Dean Director
Kent, Surrey and Sussex Deanery
3. Student (GP Educator) Handbook

This handbook sets out the details of the academic programme, with details of the learning outcomes and assessment strategies by which a GP educator demonstrates learning for the academic modules, together with guidance to academic writing.

For fuller details of the assessment and regulations that apply to all GP Trainers at Kent University please consult the KSS website at www.kssdeanery.org or Kent University.

Please do give us feedback on what is or might be helpful to include or otherwise in future updates of this for GP Trainers in the future.

This guide follows RNIB’s clearprint guidelines. If you have additional accessibility needs we can provide you with the document in electronic format, please email eedjah@gpkss.ac.uk).
4. Overview of the GP Educator network in KSS GP Deanery

Modernising Medical Careers (MMC) launched in August 2005 changed the pathway doctors in training follow, on graduation from medical school. A two year Foundation programme replaced the pre-registration house officer year and first year senior house officer year with a programme designed to develop core medical skills. In the second year of Foundation (FY2) doctors may undertake placements in general practice. Upon completion of the foundation programme, doctors enter specialist run through training including general practice.

General practice Specialty training consists of a 3 year programme. Doctors undertake 4 months rotations in GP placements and hospital placements throughout the first two years (ST1 and ST2) of training and complete one year (12/12 months) of GP training placement in their final ST3 year.

To support the range of doctors learning in general practice, KSS GP Deanery has developed a series of roles which allow existing independently registered GPs to become involved in education;

- Foundation Clinical Supervisor (FY2 CS)
- Foundation Community Educational Supervisor (FY2 CES)
- GP Trainer
- Programme Director

**FY2 Clinical Supervisor (FY2CS):**
The named individual who will oversee the FY2 doctor during the attachment and who:
- Arranges and monitors the work of the FY2 doctor so that the they do not perform tasks they are not yet equipped to do, thus ensuring the safety of the FY2 doctor and patients
- Offers constructive clinical feedback to FY2 doctors
- Helps the FY2 doctor in meeting their learning objectives
- Undertakes assessments on FY2 doctors using the tools developed for this purpose via the Foundation e-Portfolio

**FY2 Community Educational Supervisor (FY2CES):**
The named individual who:
- Hosts a local FY2 CS learning set and
- Undertakes a weekly tutorial with FY2 doctors based in GP placements

**GP Trainer:**
The named individual who:
- Undertakes clinical supervision for GP Specialty trainees(GP Speciality training Registrars-GPStRs) when in GP placements
- Undertakes educational supervision for a GPStRs throughout their 3 years of training
- Monitors the progress of GP StRs, undertakes assessments and makes recommendations on the trainee’s progression through the training programme
- Liaises with hospital clinical supervisors to review and monitor GP Specialty training Registrars (GPStRs) progress
- Engages in regular teaching of the GP StR
- Undertakes career counselling and NHS appraisal of the GP StR
Programme Director:
A more senior individual who:

- Supports Foundation Clinical supervisors, Community Educational Supervisors and GP Trainers
- Organises and administers the local placements of FY2 doctors and GPSTRs
- Monitors progress of GPSTRs and the handover process between placements with Clinical Supervisors
- Facilitates learning sets for GPSTRs throughout three years training programme, GP trainers and hospital clinical supervisors.
- Other roles related to supporting the 3 year training envelope for GP trainees in hospital and through the VTS day release course
5. Programme Specification

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<th>University of Kent</th>
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<td>University of Kent/ KSS GP Deanery</td>
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<td>3. Teaching Site</td>
<td>Off campus</td>
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<tr>
<td>4. Programme accredited by:</td>
<td>University of Kent</td>
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<tr>
<td>5. Final Award</td>
<td>PGCert/PGDip/MA/MSc in Strategic Leadership and Medical Education</td>
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<tr>
<td>6. Programme</td>
<td>Professional Practice</td>
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<td>7. UCAS Code (or other code)</td>
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</tr>
<tr>
<td>8. Relevant QAA subject benchmarking group(s)</td>
<td>n/a</td>
</tr>
<tr>
<td>9. Date of production/revision</td>
<td>May 2009 with revision Dec 2010</td>
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<td>10. Applicable cohort(s)</td>
<td>2009/2010</td>
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<td>11. Admissions Criteria</td>
<td>Participants must have MRCGP, and usually have 3 years post qualification as a GP, have a substantive post in general practice and have worked for a minimum of one year in their current practice. The GP should be working in a GP practice which has attained high QOF achievement this is usually meant to mean over 900 points</td>
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**Excluded combinations:**
Doctors on the GP Retainer Scheme, locum GPs

5.1 Programme Design and Pathway

The programme provides a full course of study from Postgraduate Certificate, and in future through a Diploma to a Masters in Professional Practice. Once enrolled a GP may elect to undertake all stages of the pathway or may elect to stop at any of the levels. For GP educators who already have a Postgraduate Certificate or Diploma it is possible to enter the programme at the appropriate level of study.

The programme has been developed for both doctors wishing to become GP Trainers (6.1) and existing GP trainers (6.2). A different pathway will be followed by each group.
Below is a summary of the awards:

5.1.1 Postgraduate Certificate

Programme Title: Postgraduate Certificate in Medical Education (GP Educator) (GP Education)

Credit Value: 60 M Level Credits
Study Hours: 600 Hours

The PG Certificate consists of 3 modules each of 20 M level credits each entailing 200 hours of study:

- Supervision in the Workplace
- Collaborative Working
- Evidence Based Practice
6. **PG Certificate in Medical Education (GP)**

The programme has been developed for both doctors wishing to become GP Trainers and (who will follow the course as set out in section 6) and existing GP trainers (who should follow the course as set out in section 7).

6.1 **Pathway for Potential New Trainers**

Any doctor wishing to become a GP trainer will be required to have successfully gained the PG Certificate in Medical Education.

However, the accreditation of GP trainers is subject to a different regulatory framework which includes accreditation of both the doctor and their working environment. It is thus possible that a doctor successfully completes the PG Certificate but does not meet the standards required for accreditation as a GP trainer.

A potential trainer needs to meet a series of person specific criteria detailed in the GP Educator Competency framework; and the practice the GP works in is also required to meet a range of criteria as detailed in the COGPED Standards for GP Specialty training and the GMC Generic Standards for Training (GMC 2010).

6.2 **The GP Educator Competency Framework**

A competency framework for GP educators in KSS Deanery, based on the Dreyfus and Dreyfus (1986) model has been developed. In developing this framework guidance was taken from the GMC Generic Standards for Training (GMC 2010) and COGPED (Committee of General Practice Education Directors) Guidance for GP Specialty training.

I. Maintain the safety of patients and learners (GPStRs).

II. Demonstrate an ability to draw up and undertake learning through use of a PDP.

III. Demonstrate a learner-centred approach to teaching.

IV. Use "descriptive" feedback effectively to assist trainee doctors in developing their skills within the prescribed competency areas.

V. Create a learning environment within the practice. This incorporates developing and supporting multi-disciplinary teaching and learning as well as assisting in the development of teaching skills amongst team members.

VI. Demonstrate effective communications skills within the consultation adopting a patient-centred style.

VII. Demonstrate high standards of Clinical Governance within your practice and ability to reflect critically on Significant Events.

VIII. Demonstrate proficiency at undertaking the national assessments tools.

IX. Ability to liaise with other GPStR’s clinical supervisors within the practice and other setting to develop effective educational hand over process.
X. Ability to identify Trainees in Difficulties at early stage and seeks help to support GPSiRs.

Detailed descriptors relating to the above competencies can be seen in the Educational Review Document.


6.3 Teaching and Learning Strategy:

This will be through participation in the formal taught components of the modular GP educator pathway.

The modular pathway comprises the following:
- Module 1 – Introductory Day and 3 days of study
- Module 2 – 3 days
- Module 3 – 5 days

Progression through all three of the modules is required to become a GP trainer and to undertake the Post Graduate Certificate.

The academic content relevant to the three modules will be delivered in an integrated fashion throughout the formal teaching programme. Please see the full programme in Appendix 1.

Participants will be expected to undertake written pieces of academic work to support their progression through the programme.

The modular GP Educator programme is an open model of teaching and learning incorporating small and large group learning related to: adult educational theory, principles of supervision, principles of assessment, teaching of consulting skills using the ALOBA (Agenda Led Outcome Based Analysis) model, rehearsal and reflective discourse with peers.

Personal study and reflective practice are required to support the formal academic programme.

The modular nature of the course has been designed to ensure that potential new trainers are able to have experience of working as an educator in either the Foundation Year 2 Clinical Supervisor role (FY2CS) or Foundation Year 2 Community Educational Supervisor (FY2 CES) role and reflect on this work between modules.

It is not possible to make an application to become a new trainer and submit for a PG certificate without having practical experience of teaching.
Participants are encouraged to buddy with an experienced GP Trainer and to engage in the activity of the local GP Faculty (LFG) through participation in Trainer Group activities, and regular attendance at their LFG.

6.4 Progression through the PG Certificate Programme

a. Attendance/absence policy

For potential new GP trainers, attendance at the formal taught days is officially recorded. Details of attendance are collated centrally at KSS GP Deanery.

Participants should notify the KSS Deanery PG Cert Med Ed Administrator for Potential New Trainers if for any reason they are unable to attend a taught day.

Discussions will then take place with the senior tutor team and relevant Patch Associate GP Dean as to how the missing content will be covered. This may include attendance at the same content day on an alternative module or local arrangements may be made pending the nature of the content day missed.

b. Detailed Guidance on the Completion of the PG Certificate for Potential new Trainers

- Participant attends Introductory Day and Module 1
- Participant will complete academic assignments linked to the Trainer Self Evaluation Questionnaire (SEQ)
- Participant makes application to become FY2CS.
- Where the participant is in an existing KSS approved training practice the application is reviewed by the Patch Associate GP Dean.
- Where the participant is in a non-training practice a visit by the KSS Lifelong Learning Advisor or Patch Associate GP Dean will take place.
- Accreditation for the role of FY2CS is for 1 year initially (with subsequent re-accreditation every 3 years). The FY2CS must be up to date in Equality & Diversity and successfully complete the KSS Deanery on-line training module prior to hosting an FY2.
- The participant hosts a FY2 doctor in their practice, or in agreement with the patch GP Associate GP Dean, provides clinical supervision for a GP Specialty trainee. supported by a GP trainer working in the same practice who provides educational supervision for the trainee.
- The participant begins collating their reflective portfolio of evidence which includes starting an 8 point clinical audit
- The participant attends Module 2
- The participant may continue as a FY2CS or take up the role of FY2CES or continue to undertake clinical supervision for a GP specialty trainee.
- The participant submits an audit of their clinical practice to be submitted prior to attendance at Module 3.
- The participant continues to develop their portfolio to include specifically, to organize, run and reflect on a multi-professional learning event and reflect on their own consulting with reference to the models of the consultation.
- The participant attends Module 3
• From completion of Module 3 a participant has up to 6 months to complete their assessment for the PG certificate.

For potential new trainers, once enrolled onto the PG certificate programme it is anticipated that it will take between 12-18 months to progress through to the PG cert award.

Potential new Trainers taking over 2 years to complete the PG certificate programme may be required to undertake further training in the light of new developments to GP Specialty training.

c. Assessment Strategy
Participants will be required to:

• To develop and maintain an academic portfolio of evidence to support their development as a GP Educator. The portfolio will be assessed as part of the PG Certificate award.
• Complete an academically written and referenced Self Evaluation Questionnaire (SEQ) used by KSS GP Deanery as part of the trainer selection process.

d. Performance Issues
Detailed guidance is given later in this handbook on the marking criteria for the PG certificate award and participants should refer to this.

Participants need to be aware that they also need to demonstrate they have achieved the required competences of a GP Educator in KSS through participation in the programme.

Participants are assessed prior to Module 3 on completion of their 8 point audit by accredited KSS Audit assessors. Audits not reaching the required standard will need to be re-submitted prior to the submission of the SEQ.

Participants will be assessed by Course Tutors on their teaching skills during Module 3 – should a participant not demonstrate the required competences for a GP educator in KSS, the participant will be required to undertake further locally arranged teaching and will not be able, at that stage, to progress towards the PG certificate. Progress will be monitored by the local Patch Associate GP Dean. Where the Patch Associate GP Dean feels the participant has improved sufficiently enough to reconsider them as becoming a GP trainer – the individual may then have to undertake a further Module 3 course and the PG cert assessment.

e. Evaluation
Throughout the PG certificate programme we aim to seek the views of students. The purpose of such evaluation is threefold:
• It informs the annual monitoring of courses
• Provides developmental feedback to assist the course tutors on the design of the course
• Encourages students to reflect on their own learning
Evaluation processes include:
- Questionnaire at the end of each formal taught module
- Regular opportunities to reflect on each module as to how the module is progressing
- On Module 3 a range of evaluation methods are used including: pre-determined objectives evaluation, goal free evaluation and participatory evaluation
- Kent University encourages the use of the National Student Survey
- Staff / Student Liaison Committee

In keeping with best practice questionnaires afford anonymity and will ask you to reflect on the course expressing your own views and ask a series of closed questions regarding the course infrastructure and delivery

The collated feedback will be shared with students at staff / student liaison committee meetings

f. Staff/Student Liaison Committee

As part of the Quality Assurance Programme and to enhance your progression through the PG certificate regular meetings are held with students. These meetings are an opportunity to reflect on learning experiences and discuss the development of the course

Students are invited who are engaged on Module 1, Module 2 and Module 3 of the pathway, together with students on the existing trainer PG cert pathway to meet with tutors three times during each year. Representatives from the different groups will be asked to canvas opinion from their current cohort and provided feedback to the rest of the group. Feedback from students will also be presented to the Board of Studies

g. Board of Studies

In keeping with the processes of Kent University a Board of Studies oversees the delivery of the PG certificate programme. The Board has responsibility for the day to day quality management of the programme with a named Director of Studies and has a membership including tutors and student representatives. The Board of Studies in turn reports to the Faculty Learning and Teaching Committee. More details on the quality management process can be found on the Kent University website at: http://www.kent.ac.uk/uelt/quality/code2001/code.html

The Board meets three times a year and its function is to:
- Review the progress of students
- Consider and respond to the views of students
- Consider how the programme might be enhanced
- To receive and consider reports from the Director of the Board of Studies which may pertain to:
  o How the delivery of the programme adheres to the programme specification
  o How teachers and students receive all appropriate information about the programme
  o Information on options available to students within the programme
• Prepare an annual report for the School Teaching and Learning Committee. The report includes details of:
  o The content and delivery of the programme
  o The student experience including areas of good practice or concern
  o Any significant issues raised by the Board of Examiners / external examiners
  o Progression and completion rates for students
• Review the programme in relation to Kent University’s Codes of Practice with respect to:
  o Curriculum Development and Delivery
  o Information provided for students
  o Academic support
  o Response to student evaluation

More detailed information relating to Kent University’s Codes of Practice can be found at: http://www.kent.ac.uk/uelt/quality/code2001/index.html

6.5 PG Certificate in Medical Education (GP)
Pathway for Existing Trainers

Existing trainers will be able to use the trainer reaccreditation process together with an academic programme of study based on the three modules listed above,

6.5.1 Teaching and Learning Strategies:
This will be through participation in trainer group activities, seminars and workshops,
Personal study and reflection on experience of working as a GP trainer will supplement the formal programme.

Trainers enrolled on the programme will be appointed a KSS Academic Mentor who will be an experienced GP Trainer with a minimum of a PG Certificate. The role of the Academic Mentor is to support and guide the trainer as they undertake preparation of their portfolio which will be submitted for assessment purposes.

6.5.2 Detailed Guidance on the Completion of the PG Certificate for existing trainers
• Participant notifies KSS Deanery PG Cert Med Ed Administrator for existing Trainers of their intention.
• Participant attends Trainer peer learning group.
• Participant works supported by group and Academic Mentor to develop portfolio and SEQ.
• Participant undertakes 8 point audit cycle– submitted for marking to KSS audit assessors.

For existing trainers once enrolled onto the PG certificate programme it is anticipated that it will take between 9-12 months to progress through to the PG cert award.
6.5.3 Assessment Strategies:
Participants will be required to:

- To develop and maintain an academic portfolio of evidence to support their development as a GP Educator. The portfolio (SEQ) will be assessed as part of the PG Certificate award;
- Complete an academically written and referenced Self Evaluation Questionnaire used by KSS GP Deanery as part of the trainer selection process.

6.5.4 Progression through the PG Certificate Programme

a. Attendance/absence policy
For existing trainers attendance at the peer based trainer group is officially recorded. Details of attendance are collated centrally at KSS GP Deanery.

Where an existing GP trainer is unable to attend trainer group activities relating to the PG certificate this should be discussed with the Academic Mentor supporting the group locally to explore what arrangements can be made to allow the participant to cover the missed work.

b. Performance Issues
Detailed guidance is given later in this handbook on the marking criteria for the PG certificate award and this should be referred to. However, existing GP Trainers are expected to attend their local GP workshops and the county GP Trainers Day to a minimum of 70% of all meetings annually.

c. Evaluation
Throughout the PG certificate programme we aim to seek the views of students. The purpose of such evaluation is threefold:
- It informs the annual monitoring of courses
- Provides developmental feedback to assist the course tutors on the design of the course
- Encourages students to reflect on their own learning

Evaluation processes include
- Regular opportunities to reflect as to how the PG cert is progressing in a group
- Regular opportunity to reflect with an academic mentor
- Kent University encourages the use of the National Student Survey
- Staff / Student Liaison Committee

d. Staff/Student Liaison Committee
As part of the Quality Assurance Programme and to enhance your progression through the PG certificate regular meetings are held with students. These meetings are an opportunity to reflect on learning experiences and discuss the development of the course.
Students are invited who are engaged on Module 1, Module 2 and Module 3 of the pathway, together with students on the existing trainer PG cert pathway to meet with tutors three times during each year. Representatives from the different groups will be asked to canvas opinion from their current cohort and provided feedback to the rest of the group. Feedback from students will also be presented to the Board of Studies.

e. Evaluation

In keeping with the processes of Kent University a Board of Studies oversees the delivery of the PG certificate programme.

The Board meets three times a year and its function is to:
- Review the progress of students
- Consider and respond to the views of students
- To consider how the programme might be enhanced

7 Postgraduate Certificate in Medical Education (GP Educator) Module Specification

Programme Title: Postgraduate Certificate in Professional Development (GP Education)

Credit Value: 60 M Level Credits

7.1 Module 1 Supervision in the Workplace (20M credits)

This module will draw on the rich history of supervision across the professions. GPs will be expected to evaluate how this process of professional support as both a clinical and educational supervisor and how the nature of the supervision relationship and how it fosters the development of professional practice.

During the modules participants will gain knowledge, skills and the necessary competencies to carry out the role of clinical supervisor including: the need to maintain the safety of patients and the learner, how the learning environment supports the supervision process and the link between clinical governance processes, clinical supervision and improvements in patient care. Participants will also develop skills in tailoring educational programmes based on the needs assessment of the learner, undertake workplace based learning with the theory that underpins this and develop teaching skills with the aim of developing flexible teachers who are learner centered in approach. This will allow participants to achieve the core competencies for educational supervision determined by the General Medical Council.

Throughout the module GPs will be encouraged to reflect on their own professional development both as a clinician and a primary care educator.
a. Specific Learning Outcomes:
   (i) Critically reflect on how supervision can be accommodated within the context of one’s individual practice environment including evidence to show how a range of learning opportunities have been provided that maximise workplace learning.
   (ii) Demonstrate an ability to critically assess the competence of learners so as to maintain the safety of patients and the learner and evaluate the learning that has taken place.
   (iii) Critically evaluate how involvement in clinical supervision supports the maintenance and improvement of quality services in primary care.
   (iv) Critically appraise models of reflective practice and how they can be used in the professional development of learners.

b. Generic Learning Outcomes:
   (i) Communication skills — evidenced by ability to express opinions and engage in critical thinking both in written format and verbally.
   (ii) Information Technology — through the presentation of work (including using word processing and internet searches).
   (iii) Ability to plan and manage learning — through completing the extra self-directed study necessary to successfully complete the requirements for this module, problem solving and time management.
   (iv) Interpersonal skills — evidenced through working with others.
   (v) Team building when working with peers and learners throughout the module.

c. Reading List:


d. Assessment Strategy

Complete a portfolio demonstrating the development of practice which provides structured and systematic reflection on the relationship between professional practice and theory; to demonstrate competence and advanced level critical thinking in the light of the subject material relating to workplace supervision

This single assessment accounts for 100% of the available marks.

Specifically the portfolio should comprise of:

A reflective and academically written and referenced Self Evaluation Questionnaire used by KSS GP Deanery as part of the trainer selection process

AND an academic portfolio of evidence to support the SEQ.

The portfolio of evidence may include:

(i) Reflection on how the practice has been prepared as a learning environment;
(ii) Reflection on the Presentation of qualitative data showing how clinical governance processes and/ or feedback has improved the quality of care in the practice;
(iii) Reflection on how the GP has assessed the competence of a learner and gone about undertaking an educational needs assessment;
(iv) Reflection on how the GP has used an educational or clinical supervisors report to inform and improve the practice of a learner;
(v) A reflection of an assessment undertaken with a learner providing evidence of developmental feedback to the learner;
(vi) A critique of a formal teaching intervention undertaken.

The SEQ must meet both the standards of the KSS GP Deanery Trainer Selection Committee and the academic standards for the PG certificate course.
This module will focus on promoting the skills of health and social care professionals to become more effective users of research findings with a view to the enhancement of quality patient care and how to audit their clinical practice. Content will focus on the role of Evidence Based Practice and clinical governance initiatives. Further sessions will concentrate on the process of forming a focused question, designing a search strategy using relevant databases and gaining experience in the use of the tools and techniques available to undertake an efficient search of the literature and undertake an audit of clinical practice. Other topics covered will include developing skills to evaluate the quality and integrity of data and assess the appropriateness, and thus validity, of a range of statistical analyses. In addition to case study work a working clinical database will be used to enable participants to apply evaluative skills to

Subject specialists will use contemporary and traditional modes of course material. This module aims to provide the practitioner with a comprehensive understanding of theory and practice within evidence based practice. By developing knowledge, skills and critical understanding of key issues such as:

In order to support and organise such reflection, a portfolio will be used as the vehicle for structured and systematic reflection on the material encountered within the module. This encourages the analysis of learning experiences and the outcomes of professional assessment. On completion of the module the students will submit their portfolio of evidence, which will then be assessed according to the learning outcomes of the module; the compilation of which provides a focus point for all previously assessed professional practice and continuous personal and professional development activities.

### a. Specific Learning Outcomes:

(i) Critically analyse the role of evidence based practice in the wider organisational context and the constraints to professional practice

(ii) Critically evaluate the literature using recognised appraisal tools to assess validity and relevance.

(iii) Demonstrate an in depth understanding of the process of data management and be able to apply this knowledge in terms of the critical evaluation of data quality, integrity and bias

(iv) Critically evaluate and communicate selected statistical principles, methods and applications.

(v) Critically reflect on the process of effective integration of individual professional expertise with reference to improved participation within professional practice

### b. Generic Learning Outcomes:

(i) Interpersonal skills - Show evidence of critical self-reflection and the ability to enhance professional competence on the basis of feedback from self and others.
(ii) Communication skills - Communicate with clarity in both the academic and professional setting to a range of audiences and using a variety of approaches.

(iii) Ability to plan and manage learning - Show a capacity for autonomous Learning and the ability to access academic and professional resources as appropriate

(iv) Information Technology - Show ability to effectively manage and present complex information using a comprehensive range of learning resources and demonstrate competence in the use of a range of information technologies.

c. Reading List

Evans, D. & Haines, A., 2000. Implementing Evidence Based Changes in Healthcare. Radcliffe Medical Press,

Greenhalgh, T., 2006. How to read a paper: The Basics of Evidence Based Medicine. 3rd ed. BMJ Publ,


d. Assessment Strategy

Complete a portfolio demonstrating the development of practice which provides structured and systematic reflection on the relationship between professional practice and theory; to demonstrate competence and advanced level critical thinking in the light of the subject material relating to evidence based practice

This single assessment accounts for 100% of the available marks.

Specifically the portfolio should comprise of:

A reflective and academically written and referenced Self Evaluation Questionnaire used by KSS GP Deanery as part of the trainer selection process

AND an academic portfolio of evidence to support the SEQ.

The portfolio of evidence will include:

(i) An 8 point written clinical audit cycle

The portfolio of evidence may include:

(i) Critical reflection on evidence based practice;
(ii) Reflection on lectures/ small group/ plenary work related to learning around evidence based medicine;
(iii) Critical understanding of the impact of research on patient care.

The SEQ must meet both the standards of the KSS GP Deanery Trainer Selection Committee and the academic standards for the PG certificate course,

7.3 Module 3 Collaborative Working (20 credits)

This module raises awareness of policy, theory, concepts and practice which underpin inter-disciplinary and collaborative working through the critical examination of literature and practice. The module explores the role and impact of research in and on inter-disciplinary and collaborative working. The overall module theme stresses the importance of building on experiential learning when working together with others from different disciplines whilst developing critical perspectives on project management and leadership.

a. Specific Learning Outcomes:
   (i) Critically understand research, concepts and frameworks in direct relation to different leadership styles and approaches and their impact on collaborative and multidisciplinary working.
   (ii) Critically reflect on knowledge and skills related to the enhancement of professional practice through evidence led enquiry.
   (iii) Demonstrate analytical understanding and application of the processes underpinning collaborative working within the professional environment.

b. Generic Learning Outcomes:
   (i) Ability to plan and manage learning - Demonstrate the capacity for autonomous learning through the acquisition of skills of evaluation and enquiry that support the practitioner in making a genuine contribution to professional knowledge in their subject.
   (ii) Team working - Critically reflect on the dynamics that help or hinder collaborative working in a multi-disciplinary context.
   (iii) Communication and interpersonal skills - Communicate with clarity in both the academic and professional setting to a range of audiences and using a variety of approaches.
   (iv) Information Technology - Show ability to effectively manage and present complex information using a comprehensive range of learning resources and demonstrate competence in the use of a range of information technologies.
   (v) Project Management - Demonstrate the use of project management skills to inform and enhance learning approaches in the workplace.
c. Reading List


d. Assessment Strategy

Complete a portfolio demonstrating the development of practice which provides structured and systematic reflection on the relationship between professional practice and theory; to demonstrate competence and advanced level critical thinking in the light of the subject material relating to collaborative working.

This single assessment accounts for 100% of the available marks.

Specifically the portfolio should comprise of:

A reflective and academically written and referenced Self Evaluation Questionnaire used by KSS GP Deanery as part of the trainer selection process

AND an academic portfolio of evidence to support the SEQ.

The portfolio of evidence may include:

(i) Reflection on designing and facilitating a seminar theme relevant to a professional interest/ issue.

(ii) Reflection on managing a patient case involving working with others

The SEQ must meet both the standards of the KSS GP Deanery Trainer Selection Committee and the academic standards for the PG certificate course.
## 8 Masters Programme Overarching Aims:

1. Foster the intellectual and professional development of experienced practitioners to extend and deepen their analytical and critical reasoning capabilities underpinning practice-based learning.

2. Develop experienced practitioners competence in applying theoretical and practice skills to advance leadership and change in health care organisations.

3. Equip experienced practitioners for their role in challenging, questioning and realigning strategies relating to medical education.

4. Develop the critical and analytical capabilities of experienced practitioners in relation to project management, data analysis and interpretation of data.

5. Provide supervision for advanced practitioner centred research that builds a culture of critical evaluation and enquiry in the practice environment.

6. Contribute to the development and dissemination of evidence based practice within professional contexts.

7. To give students the opportunity to conduct an in-depth enquiry in selected areas of interest.

8. Enhance the experienced practitioner’s programme of personal development.

9. Enable practitioners to develop skills in higher level reflection in relation to work-based practice.

10. Provide experienced practitioners with opportunities to gain interdisciplinary perspectives on professional practice through collaborative inter/ multidisciplinary exchange.

## 8.1 Masters Programme Overarching Learning Outcomes:

The programme provides opportunities for GPs to develop and demonstrate knowledge and understanding, qualities, skills and other attributes in the following areas.

### A. Knowledge and Understanding of:

1. Experiential learning theory, concepts and how they apply to practice.

2. Reflection on learning and leadership styles and approaches gained through practice.

3. The principles and practice involved in collaborative working.
4. The need to recognise ethical issues in their (and others) practice and manage any implications.

5. Critically evaluate and synthesise theory and research within a discipline of Strategic Leadership and/or Medical Education.

6. The importance of rigour in collecting, analysing and interpreting data.

7. The value of collecting relevant data in their research/practice area and critically analyzing it in relation to previously published work in the area and to an original hypothesis.

8. Qualitative and Quantitative research methodologies

### Skills and other Attributes

#### B. Intellectual skills

1. The ability to contribute to the development of healthcare through reflective practice and innovation.

2. Present critical, analytical reasoning and experiential learning into organized written and oral formats.

3. Demonstrate the ability to work independently, efficiently and professionally within NHS frameworks and professional codes of practice and conduct, with recognition of moral and ethical issues whilst managing any conflicting priorities.

4. Accept responsibility for own lifelong learning and continuing professional development.

5. Collect and analyse qualitative and quantitative data from experiential learning to inform evidence-based enquiry.

6. Use research methodologies to collect data that can be evaluated, interpreted, integrated and disseminated into relevant formats.

7. Recognise the value of research and scholarly activity to the systematic evaluation and development of professional practice.

#### C. Subject Specific Skills

1. Demonstrate an in-depth knowledge and understanding of Strategic Leadership informed by current scholarship and research, including a critical awareness of current issues and developments in the subject and their profession.

2. Demonstrate and apply an in-depth knowledge and understanding of Medical Education informed by current scholarship and research, including a critical awareness of current issues and developments in the subject of the profession.

3. Apply the appropriate leadership style required for different situations including whilst motivating and monitoring performance, coaching and mentoring.

4. Demonstrate the ability to use a range of techniques and research methods applicable to their professional activities as a GP Educator.
<table>
<thead>
<tr>
<th>5. Critically evaluate research findings, suggest changes to practice and contribute to health care research to inform practice development</th>
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<tr>
<td>6. Apply specialist knowledge derived from applied practice</td>
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<tr>
<td>7. Methodologies for evaluating analyzing and appraising organizational practice</td>
</tr>
</tbody>
</table>

### D. Transferable Skills

1. Prepare and communicate information on complex contemporary issues in strategic leadership and/or medical education to specialist and non-specialist audiences

2. Demonstrate IT skills including the ability to search for, manage, manipulate and critically evaluate, internet based information / resources

3. To be an independent autonomous learner (using learning resources, note taking, revision, time constrained techniques, reading effectively and action planning)

4. Analyse interpret and assess the value of evidence to inform problem solving

5. Solve problems in creative and innovative ways and communicate outcome

6. Develop collaborative skills

7. Develop a self–reflective element to learning and evaluation

8. Demonstrate the ability to make decisions in challenging situations

9. Take responsibility for continuing to develop their own knowledge and skills

10. Prioritise workload and manage time effectively

The above learning objectives are congruent with the generic principles and standards for training doctors and their supervisors as described by the General Medical Council (GMC) in The Guide to Specialty Training in the UK (Gold Guide) and with the standards for GP Specialty Training set out by COGPED and the RCGP.
9. Preparing a submission for the award of PG Certificate

The following sections give guidance on the submission of assignments and the process of academic writing and the referencing format required.

The assessment strategy has been developed to be congruent with the evidence required to support and application to be selected as a GP trainer or to be re-accredited as a trainer.

The assessment strategy consists of completion of an academically written and referenced Trainer Self evaluation questionnaire and the portfolio of evidence to support this document.

New and potential GP trainers are advised to begin preparing their submission well ahead of the intended date for Trainer selection or re-accreditation.

Keeping a reflective educational diary / log of supervision and teaching activity is an essential part of the preparation and will form the basis of several assignments.

Keeping a reflective log relating to personal development of skills, reflection on courses attended and feedback received from peers will also be required.

The production of written assignments is part of academic development below are some handy tips:

- Start writing as you begin reading.
  - Make note of useful references – ideally using reference manager software.
  - Get ideas on paper and start writing sooner rather than later.
  - Make sure your work addresses the actual SEQ question.
  - Try to develop the narrative and your argument in a logical and sequential manner.
  - The SEQ answer should demonstrate your knowledge and understanding of key concepts.
  - The SEQ questions are reflective in nature this should include appraisal of evidence from varying perspectives related to your experience, actions and thoughts.
  - Conclude with a summary of your insights and how you will use this newly acquired insight in your future development as an educator.
  - Re-visit your written work to check grammar and spelling.
  - Try to avoid jargon, acronyms and discriminatory language.
  - Ideally ask someone else to proof read your work – does it make sense?

The completed SEQ and the portfolio should be submitted for assessment with the new trainer or trainer re-accreditation documentation to the appropriate Patch Manager.
9.1 Writing Assignments and Providing Evidence

In writing academically and providing evidence it is important that you are able to demonstrate all of the learning outcomes for the relevant module. These are an important checklist to use to evaluate your own work before submitting it. If there is no evidence of a learning outcome you are restricting the marks that are available to you.

The SEQ questions will require you to answer in an academic style that is reference to the relevant educational theory and literature. We recognise that this may be a new skill for many GP trainers and the deanery will therefore be providing support for you to develop this skill through your learning sets.

9.2 Plagiarism

Plagiarism is passing off the work of others as your own. This constitutes academic theft and is a serious matter which is penalised in assignment marking. Examples of plagiarism are:

- the verbatim copying of another person’s work without acknowledgement;
- the close paraphrasing of another person’s work by simply changing a few words or altering the order of presentation without acknowledgement;
- the unacknowledged quotation of phrases from another person’s work and/or the presentation of another person’s idea(s) as one’s own.

9.3 Format for Academic Assignment Submissions

The Harvard system of referencing should be used [see below].

The KSS Trainer Self Evaluation Questionnaire (SEQ) forms the basis of the submission.

The SEQ should be completed in the academic reflective style and referenced appropriately.

Specific examples relating to a learner should link practical experience of teaching / assessing to academic perspectives and personal reflection.

The entry in the SEQ should be supported by further evidence – which should also show evidence of reflection.

The production of the portfolio is part of academic development below are some handy tips:

- Read through the SEQ well ahead of preparing your submission
- Link the sections in the SEQ to the learning outcomes in the PG cert modules
- Decide on the types of evidence you will need to collect to support your written statements for example:
- Records showing how you have assessed the trainee’s competence such as rating tools, records of joint surgeries.
- Record of your initial educational assessment.
- Record of assessments undertaken.
- Personal reflections and trainee evaluation of tutorial teaching.
- Feedback from trainees and your reflections on these.
- Significant events involving a learner and your reflections on this.
- Case studies of patients showing your working with others.
- Record of learning with others in practice – including your reflections.
- Educational appraisals undertaken.
- Reflection on observed teaching – self and peers (the video of teaching).
- Reflections and feedback on teaching your have undertaken.
- Reflections on your Practice performance including QOF and PSQ.
- Documents which support best practice from your own practice.
- Work smart – much of the above is evidence also used for NHS appraisal and can support both processes.
- Record specific examples relevant to SEQ sections as you come across them.
- Link your practical experience to your past experience as an educator.
- Link your practical experience to academic theories.

9.4 Examples of portfolio Evidence for Module 1

(i) An inventory on how the practice has been prepared as a learning environment;
   (evidence such as timetables, induction timetable, check lists for induction,
   excerpts from your induction pack for trainees, absence cover plan, record of any
   learning events you have done with the practice)

(ii) Application of a tool to show how the GP has assessed the competence and
     professionalism of a learner;
     (confidence rating scales, with your reflections, OOH emergency
     questionnaire, excerpts from your educational log, timetables, summary of CS
     reports you may have done for ST1 ST2 4/12 placements)

(iii) Presentation of qualitative data showing how clinical governance processes
     have improved the quality of care in the practice;
     (similar evidence as for evidence based practice – records of CG meetings,
     practice audits, QOF points, complaints procedures, copies of appropriate practice
     based policies)
9.5 Harvard Referencing

Referencing of academic writing is necessary to clearly identify the work of the GP from the work of others and allows the reader the possibility of finding the original material for themselves.

The Harvard system is the most straightforward referencing convention and below are, we hope some easily followed rules:

Citing References in the Written Text

Author’s Name:
1. When making reference to an author’s work in the text their name is used followed by the year of publication of their work, and ideally the page reference all in brackets and forms part of the sentence,
   e.g Expert X (2009 p12) states that ……..
   This view has been supported by Expert X (2009 p 12)

2. The author is not named directly in the text but their idea is: in this case the author’s name and year of publication should appear at the end of the sentence in brackets,
   e.g Referencing is a skills easily acquired (Expert X 2009)

3. When a reference includes ideas from more than one source and both are referred to directly they are both separately cited in date order the earliest work being cited first,
   e.g Expert X (1999 p24) and Expert Y (2000) have both shown ……..

4. Multiple authors may also be cited at the end of the sentence in date order, separated by a semi-colon and within brackets,
   e.g (Expert X 1999; Expert Y 2000)

5. When more than one author is listed for a single piece of work they should both be quoted in the text as,
   e.g Expert X and Expert Y (2009 p12) found that………

At the end of the sentence with a & sign and in brackets,
   e.g (Expert X & Expert Y 2000)

6. More than two authors contributing to a single piece of work the convention uses the name of the first author and et al.

7. More than one publication from a single author which illustrates the same point in different articles are referenced with the earliest work first,
   e.g Expert X (1999, 2009) or at the end of the sentence (Expert X 1999, 2009)

8. Authors whose work appears in another text should be cited by their name NOT the author of the text in which their work appears,

9. Texts with no attributed author should be cites using the title and the year of the work,
   e.g Compendium of Science (1999)
Quotations:  
Quotations are the exact reproduction of the original author's words and should be used only when:

- the information presented by the original author is significant and well expressed;
- paraphrasing the information would alter the meaning of the original source;
- or
- the purpose is to present the linguistic style of the original author.

Quotations should be in quotation marks and if more than one line should be indented and in italics,

Quotations need referencing in the text in accordance with the convention described in Section 1 of the above guidance on author's names,

Secondary Sources:  
Ideally when writing academically the original work should be read and referenced. Where this is not possible this must be acknowledged. This constitutes a secondary citation and should be identified as,

e.g. Expert X as cited by Expert Y (2009) in the main text or at the end of the sentence as (Expert X 1999 cited in Expert Y 2009)

Tables and diagrams  
When reproducing data from a diagram or table, or copying the entire table or diagram, a reference must be made to the source.

A reference within the text to a table taken from a book should include the author and page (Expert X 2009, p.33) to enable the reader to verify the data. If the source of the data is not the author's own, but obtained from another source, it becomes a secondary reference and needs to be cited as such.

If the table is reproduced in its entirety place the citation as a footnote. Be particularly careful to note the original source of data, as well as the authorship of the original document.

9.6 Compiling a Reference List  
The reference list enables the reader to trace and source the references. In the case of the formal assignments the list should be placed at the end of the assignment and does not contribute to the word count.

For formal assignments references should be listed in alphabetical order in the reference list at the end of the assignment.

When referencing work in the SEQ these should appear in alphabetical order at the end of the written statements in the respective boxed section to which they relate.

The Harvard convention lays down rules for how a reference list should be completed.
Book References:

**Single Author**


**Extras to note**

Author: Surname with capital first letter and followed by a comma.

Initials: In capitals with full-stop after each and comma after full-stop of last initial.

Year: Publication year (not printing or impression) followed by full-stop.

Title: Full title of book/thesis/dissertation in italics with capitalization of first word and proper nouns only. Followed by full-stop unless there is a sub-title.

Sub-title: Follows a colon at end of full title, no capitalization unless proper nouns. Follow by full-stop.

Edition: Only include this if not first edition use number followed by abbreviation ed. Include full-stop.

Place of publication: Town or city and country if there may be confusion with UK place names. Follow by colon.

Publisher: Company name followed by full-stop.

**Multiple authors**

For books with two, three or four authors of equal status the names should all be included in the order they appear in the document. Use an ampersand, not ‘and’ to link the last two multiple authors.

The required elements for a reference are:

Authors, Initials., Year. *Title of book*. Edition. (only include this if not the first edition) Place: Publisher.

For books where there are more than four authors, use the first author only with surname and initials followed by “et al”.

The required elements for a reference are:

Author, Initials., Year. *Title of book*. Edition. (only include this if not the first edition) Place: Publisher.

**Books which are edited**

For books which are edited and but give editor(s) surname(s) and initials, followed by ed. or eds. Please note that ed. is the abbreviation for both editor and edition.

The required elements for a reference are:

Author, Initials., Year. *Title of book*. Edition. (only include this if not the first edition) Place: Publisher.

**Chapters of edited books**

For chapters of edited books the required elements for a reference are:

Chapter author(s) surname(s) and initials. Year. Title of chapter followed by ‘In’ Book editor(s) initials and surnames with ed. or eds. after the last name. *Title of book*. Place of publication: Publisher. Chapter number or first and last page numbers followed by full-stop.

**Journal articles:**

For journal articles the required elements for a references are:
Author, Initials., Year. Title of article. *Full Title of Journal*, Volume number (Issue/Part number), Page numbers.

**Extras to note:**

**Author:** Surname with capital first letter and followed by comma.
**Initials:** In capitals with full-stop after each and comma after full-stop of last initial.
**Year:** Publication year followed by full-stop.
**Title:** Full title of article NOT in italics with capitalization of first word and proper nouns only. Followed by full-stop unless there is a sub-title.
**Sub-title:** Follows a colon at end of full title, no capitalization unless proper nouns. Followed by full-stop.
**Journal title:** Full title of journal, in italics, with capitalization of key words. Followed by comma.
**Volume number:**
**Issue/Part number:** In brackets, followed by comma.
**Page numbers:** Preceded by p and full-stop then first and last page numbers, linked by a hyphen. Followed by full-stop.

**Journal articles from an electronic source:**

For journal articles from an electronic source the required elements for a reference are:

Author, Initials., Year. Title of article. *Full Title of Journal*, [type of medium] Volume number (Issue/Part number), Page numbers if available.
Available at: include web site address/URL (Uniform Resource Locator) and additional details of access, such as the routing from the home page of the source.
N.B. the URL should be underlined [Accessed date].

**Internet:**

For websites found on the internet the required elements for a reference are:

Author, Initials., Year. Title of document or page, [type of medium].
Available at: include web site address/URL (Uniform Resource Locator) and additional details of access, such as the routing from the home page of the source.
N.B. the URL should be underlined [Accessed date].

**Acts of Parliament:**

The required elements are:

Short title with Key words capitalized, which includes the year followed by the chapter number in brackets. Key words of titles are capitalized. Place of publication: Publisher.

**Other official publications:**

The required elements for a reference are:

Authorship, which may be part of the title. Year. Title, in italics if a separate element, Command number as it is on the document, within brackets, Place of publication: Publisher.

**Informal or in-house publications**
For leaflets handouts provide what details you can citing the title of the handout the date you received it, the title, type of publication and the institution.

**Acknowledgements**

More detailed guidance on referencing can be found through University guides to referencing. The compilers of this guide would like to acknowledge Anglia Ruskin University for its guide:


9.7 **Assessment Criteria for Written Assignments**

**Marking**

To succeed, each assessment must achieve a pass grade of 40%.

**Distinction standard** = marking range 100-70%
Shows originality or exceptional thoroughness in critical analysis which shows how the topic is located in a broad theoretical framework. Excellent communication skills.

**Merit standard** = marking range 69-60%
Evidence of critical analysis which draws on a range of perspectives and theoretical work. Student communicates effectively

**Pass standard** = marking range 59-40%
Shows familiarity with the theoretical frameworks with some evidence of critical reflection

**Fail** = < 40%
Work shows no critical analysis or failure to understand central ideas or no use of any theoretical framework or poor standard of communication.

**Marking Criteria:**

1. **Presentation**
   **Criteria met:**
   Clear structure to answers in SEQ and portfolio evidence. Clarity of expression, evidence of thought and rational linking. Appropriate style of writing, grammar and spell check. Appropriate reading and referencing,

   **Criteria not met:**
   Not clear structure or statement of intent. Fragmented and/or incoherent writing. No sound illustration of theory into practice. Sources unacknowledged

2. **Content, Knowledge Use of Sources**
   **Criteria met:**
Appropriate choice of materials.
Demonstrates breadth of reading through use of source material.
Demonstrates understanding of theoretical frameworks.
Evidence can apply theory in practice.

**Criteria not met:**
No evidence of applied theoretical understanding.
Inadequate evidence of reading and use of source material,
Limited display of knowledge.

3. **Reflection**

**Criteria met:**
Evidence of internal dialogue.
Opposing views considered.
Subject analysed and conclusions drawn.

**Criteria not met:**
Descriptive account.
Does not take into account opposing views.
No analysis.
Failure to draw conclusion.

4. **Application of theory,**

**Criteria met:**
Demonstrates understanding and knowledge of theoretical frameworks discussed through relevant application to work setting.
Evidence of learning though experience.
Recognition of further learning needs.

**Criteria not met:**
Little or no application of theoretical frameworks to practice.
Limited recognition of learning through experience.
Lack of recognition of own learning needs.

GPs are normally allowed to resubmit a failed assignment on **one** further occasion only, although the Exam Board is not obliged to allow a resubmission of a failed assignment and GPs have no right to demand this. Re-submissions of failed assignments can only carry a minimum pass mark of 40%.

A proportion of submitted assignments are shown to the External Examiners. The task of the external examiners is to ensure fairness and consistency of marking between tutors. External examiners do not generally alter marks, although they may suggest to the Exam Board that some marks are moderated.

All marks are subject to confirmation by Kent University Exam Board.
9.8 Concessions, Applications and Appeals against Recommendations of the Board of Examiners

Whilst KSS Deanery and Kent University recognise that students enrolled on the PG certificate programme are working as health care professionals delivering care to patients in the NHS students do have a responsibility to manage their learning and assessment activities throughout the duration of the programme and not leave academic work until too late.

Illness and difficulties in professional and personal lives are not normally accepted in mitigation for failure to submit the SEQ. Evidence of illness or other misfortune, such as to cause exceptional interference with academic performance over and above the normal difficulties experienced in life, will be considered by Boards of Examiners if submitted at the earliest opportunity to the Senior Tutors and appropriate patch GP Associate Dean.

9.8.1 Concessions

The term *concession* is used to describe action taken by Schools and Boards of Examiners in recognition of events which cause exceptional interference with academic performance and which are beyond the normal difficulties experienced in life. This includes circumstances such as sudden, severe illness (confirmed by medical certificate) adversely affecting performance or preventing work from being submitted by the deadline set.

The University will not consider concessionary evidence in cases where the student was directly responsible for the circumstances or where a student could reasonably have avoided the situation or acted to limit the impact of the circumstances. The following are examples of circumstances which would not be considered relevant for concessionary treatment (the list is not exhaustive):

- Completing work too late and missing deadlines because of computer or transport difficulties.
- Losing work not backed up on computer disk.
- Normal employment commitments.
- Failure to manage learning appropriately.
- Students have been affected by long-standing, controlled conditions for which they may be expected to have sought and received appropriate support.
- Students have been directly responsible for the circumstances put forward in mitigation.

9.8.2 Extensions to the deadline for SEQ submission

Coursework submitted after the applicable deadline is not accepted except in concessionary circumstances.

Students requesting an extension in the deadline for SEQ submission must be submitted in writing using the relevant Concessions Application Form to the PG certificate Administrators at KSS GP Deanery for consideration. Any approval will be communicated in writing with a new submission date.
9.8.3 Failure to submit the SEQ / Impaired Performance during preparing for the SEQ submission

Concessions applications to the Board of Examiners will be considered only if submitted:

- by means of the Concessions Application Form designed for the purpose, available from the KSS PG certificate Administrators
- with a clear and concise account of the concessionary circumstances and the impact on studies;
- with all necessary documentary evidence.
- within the applicable deadline, i.e. within five working days of the event to which the concessions application pertains, where the circumstances were not anticipated.
- In the case of students who are aware, they are unable to submit their SEQ; they are required to notify the KSS PG certificate Administrators of their difficulties prior to the relevant deadline. They must request permission for the absence or non-submission by means of submitting the Concessions Application Form immediately if possible, or by immediately notifying the Deanery of their difficulties and then submitting this Form and supporting evidence as soon as possible thereafter. **Failure to do this may result in students being awarded no further opportunity to pass the module.**

NB. Legitimate concessionary reasons include incapacitating medical problems or exceptional misfortune and do not include holiday plans. Any medical documentation submitted to support concessions applications must be specific, relate to the dates and duration of illness be presented in English

9.8.4 Considerations of Consessions

Concessions applications relating to non-submission of coursework, absence from examination/s, and to impaired performance in coursework or examination are normally considered by Concessions Panels on behalf of Boards of Examiners. The Panels make recommendations to the relevant Board of Examiners.

Where a student's concessionary submission indicates that s/he will be unable to submit the SEQ by the published deadline, the Concessionary Committee (or the Chair of the Concessionary Committee acting on its behalf) is authorised, as it sees appropriate, to set a new deadline or deadlines. As the SEQ Where the item constitutes the final piece of work, such matters should normally be considered prior to the published deadline

9.8.5 Appeals - Application

Students may not appeal against the academic judgement of the examiners.

The submission of an appeal is no guarantee of its successful outcome
Appeals from students taking taught programmes of study against recommendations of Boards of Examiners will be considered in the following circumstances only:

- where there is reasonable ground supported by objective evidence to believe that there has been administrative, procedural or clerical error

- where there is evidence of illness or other misfortune such as to cause exceptional interference with academic performance and which the student was, for good reason, unable to submit by the published deadline; or where evidence relating to illness or other misfortune submitted under concessions procedures within the prescribed time limit was not properly considered by the Board of Examiners.

Appeals that are based on concessionary circumstances which, without good reason, were not brought to the attention of the Board of Examiners through concessions procedures at the appropriate time will not be considered.

Appeals will be considered only if submitted:

- by means of the Appeals Form designed for this purpose, available from the KSS PG certificate Administrators or the Social Sciences Faculty Office at Kent University

- accompanied by a letter explaining in full the grounds for the appeal and the remedial action sought from the Board of Examiners;

- providing all necessary documentary evidence substantiating the grounds of the appeal.

- within the applicable deadline, i.e. 21 days of the publication of the result.

In all cases, appeals applications should be submitted to the Social Sciences Faculty Office. If the appeal meets the technical conditions as detailed above, it will be considered by the Dean who will determine whether a prima facie case exists. If he does not consider that there is a prima facie case, the student will be so informed. If he considers that there is a prima facie case, the appeal will be referred to the Chair of the Board of Examiners.

Correspondence

It is a student’s responsibility to ensure that the Student Records Office and KSS GP Deanery has current contact details. If it has not, all correspondence will be sent to a student’s home address, which may result in a delay in the processing of an appeal.

The appeals process can involve detailed scrutiny of the case by a number of people. We will inform students of the outcome as soon as we are able. Students should refrain from contacting the Faculty Office for a progress report on an appeal sooner than three weeks after an appeal has been submitted.

Under the Data Protection Act 1998, the University is not permitted to discuss any student matters with third parties. You may complete the Data Protection Form at: http://www.kent.ac.uk/registry/censec/guidelines.pdf which enables the appellant to give approval for us to discuss personal issues with third parties.
9.8.6 Appeals – Process

On receipt of an appeal a decision shall be made as to whether it meets the criteria. If it does not, the student shall be so informed. If it does, the appeal shall be submitted for consideration by the Dean.

In the case of a possible administrative error: the Faculty Officer will investigate whether there has been such error and, where this is the case, arrange for such error to be rectified where this is possible. The Faculty Officer will inform the student of the outcome of these enquiries.

In the case of illness / misfortune where the student was unable to submit by the published deadline or that there is evidence relating to illness or other misfortune submitted under the concessions procedures within the prescribed time limit which was not properly considered by the Board of Examiners, the Dean shall determine whether a prima facie case exists.

Where the Dean determines that there is a *prima facie* case: The Faculty Officer will forward the evidence to the Chair of the Board of Examiners to ask whether, in the light of the evidence, the Board would wish to reconsider its original recommendation. In considering such a request, the Chair of the Board will consult such other members of the Board of Examiners as deemed necessary in the circumstances. Where the Dean does not consider that there is a prima facie case, the student shall be so informed.

Students may be required to attend a Faculty Review Panel. A student may be accompanied. A student who not take up the opportunity of a Review Panel hearing will foregoes his/her right to such a hearing and will have no further right of redress within the appeals procedures. Where non-attendance is thought to be for reasons beyond the student’s control, the Chair of the Review Panel will have discretion to proceed with the hearing in the student’s absence or to reconvene the Review Panel at a later date. The Review Panel will meet privately to reach a decision. A written record of the hearing will be prepared and this will be approved by the Chair of the Faculty Review Panel. The Review Panel shall be authorised to confirm or to vary the original recommendation of the Board of Examiners and will vary the recommendation only if it is satisfied:

- that one or more of the grounds for appeal has been demonstrated; and
- where appropriate, that the Board of Examiners (or the Chair of the Board of Examiners acting on behalf of the Board of Examiners) did not act reasonably in exercising its discretionary powers in its consideration of evidence relating to illness or other misfortune submitted within the concessions and/or appeals proceedings.

9.8.7 Further Right of Appeal

Where an appeal against a recommendation of a Board of Examiners is considered by a Faculty Officer not to meet the technical conditions outlined or where it is rejected by a Dean, a Chair of a Board of Examiners or a Review Panel, the student shall have a further right of appeal to the Senate Academic Review Committee, which will consider only whether the original appeal was considered properly and fairly.
The schedule outlined below is to act as a guide only and does not constitute a definite time-frame by which an appeal will be processed.

**Day 1-2:** On receipt of an appeal the student to be given/sent a appeal receipt with an official date stamp on it.

**Day 3:** The appeal should then be sent to the Faculty Officer/Administrative Assistant in order that a summary of the appeal can be compiled for the Dean.

**Day 5:** The appeal should be submitted to the Dean for him to determine whether or not a prima fascia case exists.

**Day 7:** If no, letter to student on day 7. If yes, memo to Chief Examiner, cc School Administrator, by day 7. Deadline for receipt of response within five working days.

**Day 12:** If BoE recommendation meets the remedial action sought by the student, letter to be sent within three days. SDS to be updated and closed.

**Day 15:** If BoE recommendation does not meet the remedial action sought by the student, the Faculty Officer/Administrative Assistant to compile a revised summary for the Dean and the appeal, together with the BoE recommendation, to be passed to the Dean within two days for him to determine whether or not to uphold the decision of the BoE or to set-up a Review Panel Hearing to consider the case.

**Day 18:** Student to be notified within two days of Dean’s decision being received by the Faculty Office.

These guidelines supplement the University’s procedures for concessions and appeals, available from Annexes 9 and 10 of the credit framework; http://www.kent.ac.uk/uelt/quality/credit/creditinfoannex9.html, and http://www.kent.ac.uk/uelt/quality/credit/creditinfoannex10.html and must be read in conjunction with those procedure
### ASSIGNMENT MARKING SHEET

<table>
<thead>
<tr>
<th></th>
<th>1. Presentation</th>
<th>2. Content knowledge and use of sources</th>
<th>3. Reflection</th>
<th>4. Application of theory,</th>
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**MARK:**

**Key:** Distinction = 100-70%; Merit = 69-60%; Pass 40-59%; Fail = <40%

Signed......................................................... Date..................
What is an academic complaint?

A specific concern about the provision of a programme of study or related academic service: e.g. delivery of teaching, availability of learning of resources.

What do I do if I want to make an academic related complaint?

In the first instance you should contact an appropriate member of staff at your institution (if you unsure who this is, ask at the administration office). If you remain dissatisfied and wish to pursue the issue, you should consult your institution’s complaints procedure for instructions on how to make a formal complaint. Institutions will have set procedures for this. If you remain dissatisfied having exhausted the complaints procedure at your institution, you may further your complaint by submitting a grievance to the University of Kent’s Council provided that this is within 3 months of notification of the outcome of the complaint made at your institution. To do this, you must write to by writing to Karen Goffin, Secretary of the University’s Council, at the address at the foot of this document.

What do I do if I have a compliant regarding a non-academic matter?

If you have a specific complaint, other than one relating to an academic matter, you should consult your institution’s complaints’ procedures or ask a member of staff. If you have a concern over a service that the University of Kent provides, you should contact the Office for Quality Assurance and Validation at qa@kent.ac.uk.

What is an academic appeal?

A request for a review of a decision made by a Board of Examiners in regards to matters of progression to the next stage, assessment results or academic awards.

On what grounds might I make an academic appeal?

1. If there is reasonable ground (supported by evidence) to suggest that there has been an administrative, procedural or clerical error which has affected the decision of the Board of Examiners; or
2. Where there is evidence of illness or other misfortune which has caused exceptional interference to your academic performance and for good reason meant that you were unable to submit work by the published deadline; or
3. If evidence relating to illness or other misfortune was submitted under your institution’s concessions procedures within the prescribed time limit and was not properly considered by the Board of Examiners. However, appeals that are based on concessionary circumstances which, without good reason, were not brought to the attention of the Board of Examiners through concessions procedures at the appropriate time, may not be considered.

Please note that you cannot appeal against the academic judgement of the examiners

How do I make an academic appeal?

As the awarding body of your study the University of Kent will consider all student appeals. Appeals against the recommendations of Boards of Examiners will not be considered if they are received more than 21 days from the date of the publication of assessment results.
You can pick up copy of the appeals form from your institution (ask at the administration office) or online at http://www.kent.ac.uk/uel/quality/credit/Appeals_Form_Sep09[1].pdf.

It should be accompanied by a letter explaining in full the grounds for the appeal and include all related documentary evidence. Your appeal form should indicate the remedial action that you are seeking. Once completed, you should send it to Rachel Evans at the Office for Quality Assurance and Validation at the University of Kent.

**What happens once I have submitted an appeal?**

The University of Kent will contact you if the appeal does not meet the requirements of the appeals process. If it does meet the requirements, your case will be considered by the appropriate Dean of Faculty at Kent and there are various possible outcomes including:

- Administrative errors being immediately rectified
- Board of Examiners being asked to reconsider their decision
- Review Panels being established to consider your case; or
- The Dean rejecting your appeal

Staff at the University of Kent will inform you of the action taken and if you need to attend a review panel meeting.

**And if I am still not happy that the correct procedures have been adhered to?**

Where an appeal against a recommendation of a Board of Examiners is considered not to meet the technical conditions outlined, or where it is rejected by a Dean, or a Chair of a Board of Examiners or a Faculty Review Panel, you have a further right of appeal to the Senate Academic Review Committee (SARC), which will consider only whether the original appeal was considered properly and fairly by the Faculty.

**How do I appeal to the Senate Academic Review Committee (SARC)?**

You must complete the SARC Appeal Form as available at http://www.kent.ac.uk/uel/quality/regulations/index.html and send it to the Secretary of the Committee, Karen Browne (K.Bowne@kent.ac.uk), not later than 21 days after the notification of the decision prompting the appeal. You must include a written explanation as to why you believe your original appeal was conducted improperly or unfairly, and be sure to include all relevant evidence and supporting documentation. The Secretary shall determine, on the basis of your representation, whether the appeal is appropriate to the remit of the Committee and will inform you if there is no basis to proceed with the appeal.

Where the appeal is judged as submitted on grounds appropriate to the remit of the Committee, the Secretary shall request an account of the conduct of the appeal from the Faculty. If you present new evidence the Secretary shall determine if there is good reason why this evidence was not made available to at the time of the consideration of the original appeal, and shall proceed as follows:

- if good reason for the late submission of new evidence is found, the case will be remitted for reconsideration;
- if good reason is not found for the late submission of new evidence, the Secretary shall recommend to the Chair that it be discounted when undertaking a prima facie assessment of the case.
What can the Senate Academic Review Committee do?

The Committee has the power to remit the case for re-consideration to the appropriate Board of Examiners or the Faculty, or to confirm, vary or reverse the original appeal decision. The Committee shall only do so in cases where the University’s procedures followed have been irregular or unfairly operated, or where it is satisfied that in the light of the evidence (whether originally available or newly tendered) the decision is in the view of the Committee unreasonable or unduly harsh and therefore unfair.

Is SARC the final adjudicator of appeals at the University?

No. If you are unhappy with the outcome of your appeal to SARC you may submit a grievance to the University’s Council by writing to Karen Goffin, Secretary of the University’s Council, to request a review by the Council not later than three months after the date of the letter informing you of the outcome of your appeal to SARC. You should note that the Council would not normally intervene to change decisions by University Officers or formal bodies which has been properly exercised or determined unless procedural fault, bias, irregularity or other inadequacy was found.

What is the Office for the Independent Adjudicator (OIA)?

The Office for the Independent Adjudicator (OIA) operates an independent student complaints scheme. Should the University’s Council reject your academic appeal or complaint and so conclude the process as far as Kent is concerned, you will be issued with a ‘Completion of Procedures’ letter explaining that you can take the matter to the OIA if you wish to do so. Full details are available at www.oiahe.org.uk

Can I appeal against disciplinary action taken against me for academic offences?

Yes, your institution will have policies and procedures in place for dealing with academic offences, details of which may be found in the materials your institution produces for its students. The University of Kent requires all its validated and franchised institutions to establish a Disciplinary Committee to deal with such academic offences and process any such cases arising (see Annex 10 of the University’s Credit Framework http://www.kent.ac.uk/ualt/quality/credit/creditinfoannex10.html). However, if you wish to appeal to the University against the outcome of such a case, you may only do so where:
• that there is evidence of a failure to follow the procedures set out in these regulations, which casts reasonable doubt on the reliability of the decision; and/or
• that fresh evidence can be presented, which could not reasonably have been made available before the decision was made, and which casts reasonable doubt on the reliability of the decision; and/or
• that the decision was unreasonable or not justified given the evidence which was available at the time.

For further enquiries regarding the Appeals Procedures:

Visit http://www.kent.ac.uk/ualt/quality/credit/creditinfoannex9.html. If you have any questions, please contact qa@kent.ac.uk

Contact Address

The University of Kent, Canterbury, Kent, CT2 7NZ
PG CERTIFICATE IN STRATEGIC LEADERSHIP AND MEDICAL EDUCATION
8 CRITERIA AUDIT MARKING SCHEDULE

**ADMINISTRATOR TO COMPLETE:**

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<tr>
<th>Assessor's Name:</th>
<th>Date Sent for marking:</th>
<th>Date to be returned by assessor:</th>
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<tr>
<th>PG Certificate Student’s Number:</th>
<th>Submission Date:</th>
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**ASSESSOR TO COMPLETE:**

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<tr>
<th>CRITERION</th>
<th>CRITERION PRESENT</th>
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<tr>
<td><strong>Reason for choice of audit</strong></td>
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<tr>
<td>Potential for change</td>
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<tr>
<td>Relevant to the practice</td>
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<tr>
<td><strong>Criterion/Criteria Chosen</strong></td>
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<tr>
<td>Relevant to audit subject and justifiable, eg. Current literature</td>
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<tr>
<td><strong>Standards set</strong></td>
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<tr>
<td>Targets towards a standard with a suitable timescale</td>
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<tr>
<td><strong>Preparation and Planning</strong></td>
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<tr>
<td>Evidence of teamwork and adequate discussion where appropriate</td>
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<tr>
<td><strong>Data Collection (1)</strong></td>
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<tr>
<td>Results compared against standard</td>
<td></td>
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<td><strong>Change(s) to be evaluated</strong></td>
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<td>Actual example described</td>
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<td><strong>Data Collection (2)</strong></td>
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<tr>
<td>Comparison with Data collection (1) and standard</td>
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<tr>
<td><strong>Conclusions</strong></td>
<td></td>
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<tr>
<td>Summary of main issues learned</td>
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A satisfactory audit should include all 8 criteria to be assessed as “Does meet criteria”

This audit has been assessed as:

- [ ] Does meet criteria*
- [ ] Does not meet criteria*

*Please tick one box

**Assessor Comments that will be used for feedback:**

**Assessor’s Signature:**

Date:

Please complete this form and return it to

PLEASE USE BACK OF THIS FORM IF MORE SPACE IS REQUIRED
The Postgraduate GP Deanery for Kent Surrey and Sussex (KSS) in partnership with Kent Health University of Kent

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PG Certificate
Outline Academic Programme

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<table>
<thead>
<tr>
<th>Module</th>
<th>Introductory Day</th>
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| Homework prior to Introductory day | Look at GMC website “The doctor as teacher”
Look at the KSS GP Educator Review and Appraisal Document – reflect on where you feel you and your practice are in relation to competency areas 5,6, and 7.
Read AMEE Guide 27 Effective Educational and Clinical Supervision |
| 9.00am-4.30pm | Meet Members of the Educational network
Setting the Learning Climate
Overview of the Academic Pathway
Overview of the FY2 CS and Trainer Accreditation Process
The Self Evaluation Questionnaire
Introduction to Reflective Practice – Models of Reflective Practice
Developing academic writing skills (1) |
| Assignment | Reflect on an experience you have had as a teacher / learner (250 words)
Assignment to be reviewed by patch Associate Dean |
| Homework prior to Module 1 | Read the PG Certificate Course Guide
Review Good Medical Practice For General Practitioners (2008)
Visit the GMC website and look at the Interactive Case studies
Read Neighbour R The Inner Apprentice Chapter 9 The Inner Curriculum – Maslow’s Hierarchy of Needs
Read BMJ Article Educational Environment L Hutchinson |
| Module 1 | Day 1  
9.00am-4.30pm | Academic Reflective Practice  
Setting the Learning Climate 1  
The Practice as a learning environment  
Collaborative working and learning  
Supervision in Practice  
Professionalism – Good Medical Practice  
Assessing your learner  
How do we assess our learners:  
Their competence and professionalism?  
Their medical and cultural backgrounds  
Induction Processes  
Evaluation of the Educational process | Module 1,3  
Module 3  
Module 1  
Module 1,2  
Module 1  
Module 1 |  
Assignment  
Complete section 6.13 of the SEQ  
“Critically reflect on the opportunities that are available within your practice for team members to meet and learn together?” and bring to Day 2 for peer review |  
Homework Prior to Day 2  
Bring an audit you have done in the last 1-2 years to day 2  
Develop an Induction timetable for a FY2 / GP trainee  
Bring to day 2  
Look at the Foundation Website Curriculum |  
Day 2 | Academic Reflective Practice  
Academic Writing Skills – Referencing  
Developing Practice Through Audit  
Curriculum Perspectives – Foundation / GP  
From Theory to Practice  
Developing skills in constructive feedback (1) | Module 1,2,3  
Module 2,3  
Module 1,2,3  
Module 1,2,3 |
<table>
<thead>
<tr>
<th>Multi Source Feedback</th>
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<tr>
<td>Assignment</td>
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| Homework Tasks | Undertake the Foundation E learning Modules on WPBA  
Read Norcini,J 2003 Work based assessment *BMJ* 326 753-5  
Bring the printout of a case to discuss in CBD |

| **Day 3**  
9.00am-4.30pm | Academic Reflective Practice  
Principles of Assessment  
Tools to support learning – e portfolio  
Practical Application of Assessment tools for Foundation  
Academic Writing (2)  
Audit preparation  
Becoming a FY2 Clinical Supervisor | Module 1,2,3  
Module 1 Module 2  
Module 1,2,  
Module 1,2,  
Module 1,2,3 |

<table>
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<tr>
<th><strong>Module 2</strong></th>
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| Homework prior to Module 2 | Begin 8 point audit for submission before attending Module 3  
Write up section 1.2 and 1.2 of the SEQ  
“Critically reflect on how you assess a learner’s level of competence and professionalism?”  
Write up section 1.6 of the SEQ  
“Critically appraise the processes your practice utilises to ensure continuity of patient care”  
“Reflect on the processes your practice uses to ensure patient records facilitate the hand over of up to date clinical information , including for home visits” |
| **Day 4**  | **9.00am-4.30pm** | Academic Reflective Practice  
Principles of Adult Education  
Working and learning in groups  
Multidisciplinary working and learning  
Appraising evidence | Module 1,2,3  
Modules 1, 2, 3,  
Module 3  
Module 2 |
| Assignment | | Write up Section 2.3 of SEQ  
“Critically reflect on what QOF, appraisal and other quality assurance processes told you about the strengths of your personal and your practice’s achievements?” |
| Homework Tasks | | Undertake Critical appraisal training modules  
Read Section …. In Chambers R Wall D *Teaching Made Easy*  
Prepare a 15 min teaching intervention  
Download your PDP from 2 years ago and the review of your PDP from your last appraisal to bring to next teaching day |
| **Day 5**  | **9.00am-4.30pm** | Academic Reflective Practice  
Learning Styles  
Developing a PDP / Educational Needs Planning  
Practical teaching | Module 1, 3,  
Module 1,3  
Module 1, 2,  
Module 1,2,3 |
| Assignment | | Prepare a precise of a given consultation model |
| **Day 6**  | **9.00am-4.30pm** | Academic Reflective Practice  
Patient centered medicine  
Developing skills in constructive feedback (2)  
Models of the Consultation | Modules1,2,3,  
Module 1,2,3  
Module 1,3  
Module 1,2,3 |
<table>
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<tr>
<th>Module 3</th>
<th>Preparation Before Module 3</th>
<th>Day 7 9.00am-4.30pm</th>
<th>Assignment</th>
<th>Homework</th>
<th>Day 8 9.00am-4.30pm</th>
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<td></td>
<td>Read Section on Clinical and Educational Supervision I the Gold Guide Look at the Resources on KSS website for GP trainees Have completed the 8 point audit and Section 6.12 of the SEQ “Please give an example of an audit you have recently carried out yourself - reflect on the process and how it benefited patient care?”</td>
<td>Academic Reflective Practice Overview of GP Specialty training Role of Trainer ES and CS role Overview on GP Specialty training assessment Teaching Interventions (Teaching styles and 6 Category Intervention)</td>
<td>Write up a personal significant event using a model of reflective practice Write up Section 6.12(b) of the SEQ “Reflect on how you have supported a learner in learning from a significant event”</td>
<td>Visit the GP curriculum on the RCGP website Read the Section “Being a GP” Look out for a case to use as a hot topic for a peer tutorial</td>
<td>Academic Reflective Practice Structuring Tutorial Teaching Delivering the GP Curriculum Learning from Significant Events Practical Teaching</td>
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| Assignment                                                                 | Write up Sections 5.2, 5.3 & 5.4 of the SEQ  
| "Reflect on how will you ensure that your registrar will have sufficient opportunities to acquire the competencies set out in the GP curriculum?" |
| The participant will need to prepare a recorded consultation of themselves consulting with a patient for the day "Teaching from the Consultation" |
| Day 9  
9.00am-4.30pm                                                                 | Academic Reflective Practice  
| Teaching from the Consultation  
Experiential Workshops  
Look at the RCGP Website – MRCGP section “GP training information” at: [http://www.rcgp-curriculum.org.uk/info__resources.aspx](http://www.rcgp-curriculum.org.uk/info__resources.aspx) |
| Homework                                                                 | Look at the RCGP Website – MRCGP section “GP training information” at: [http://www.rcgp-curriculum.org.uk/info__resources.aspx](http://www.rcgp-curriculum.org.uk/info__resources.aspx)  
| Day 10  
9.00am-4.30pm                                                                 | Academic Reflective Practice  
| Resources to support professional practice –  
the e portfolio  
| Practical Application of Assessment tools for GP Specialty training  
| Report writing | Module 1,2,3 |

Module 1,2,3

Module 1
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<th>Day 11</th>
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<td>Theory into Practice – experiential teaching workshop</td>
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<td>Managing poor performance</td>
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<td>Practical aspects of being a GP trainer</td>
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<td>Pulling the threads together – the academic SEQ</td>
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