

GP Education Unit
Southampton, New Forest and Jersey



Southampton, New Forest and Jersey

General Practice Specialty Training Handbook

Southampton GP Education Unit

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Southampton General Practice Specialty Training

Welcome to the Southampton General Practice Specialty Training Scheme!

This handbook is designed to help you through your GP specialty training programme. Things do change from time to time so we would advise you to also look at the GP Education Unit (GPEU) [website](#) and the Health Education England (Wessex) [website](#) for up-to-date information.

The GPEU offers you:

- Regular, protected, GP-orientated educational sessions: monthly during ST1, twice monthly in ST2, and 2-3 times a month during ST3. These are a mix of clinical and professional development sessions with emphasis on small group working and practical application of knowledge.
- Educational supervision in ST1 to help ensure you are progressing appropriately and making best use of the ePortfolio to direct and demonstrate your development. This includes conducting formal 6 monthly reviews during your ST1 posts which will inform the ARCP panel's decision on progression to ST2.
- A supportive team of GPs who can provide mentorship and career guidance
- A programme which is nationally respected and at the forefront of developing initiatives in GP training

Structure of your GP Training

ST1		ST2		ST3	
ST1 Hospital Post 1 (6 months)	ST1 Hospital Post 2 (6 months)	ST2 Primary Care Post (6 months) and ITP Post ¹ (6 months)		ST3 Primary Care Post (12 months)	
		UUC (inc. OOHs) ²		UUC (inc. OOHs) ²	
Monthly Educational Session		Monthly Educational Session + Monthly ST2 in GP group session		Two to Three Educational Sessions per month	
Portfolio and Workplace Based Assessments (WPBA)					
Register with RCGP ASAP!				Simulated Consultation Assessment (SCA)	
			Applied Knowledge Test (AKT)		
Educational Supervisor Review	Educational Supervisor Review + ARCP	Educational Supervisor Review	Educational Supervisor Review + ARCP	Educational Supervisor Review	Final Educational Supervisor Review + ARCP

¹ITP (Integrated Training Programme) posts are based in primary care with you spending 2/2.5 days a week in your training practice and 2.5/3 days in community/secondary care interface settings (e.g. outpatient clinics, Same Day Assessment Unit, Community Elderly Care, Palliative Care)

²In ST2 and ST3 you need to spend some time developing capabilities in Urgent and Unscheduled Care (UUC) outside your training practice including 'Out of hours' (OOHs) – see UUC section later in this handbook.

Support during training

There are three key roles that support your training:

- Your **Clinical Supervisor (CS)** is the consultant who supervises your day to day clinical work and will therefore change with each new post. They oversee the training you receive and help to assess your progress through Work Place Based Assessments (including their Clinical Supervisor Report, CSR). You should arrange a Placement Planning meeting with them early in the post and have regular contact with them for developmental feedback and assessment. In primary care your GP trainer or one of their GP colleagues will carry out this role (N.B. in ITP posts you also need a hospital consultant CS for the hospital/specialty component of the post who must provide a CSR for this aspect of your clinical work).
- Your **Educational Supervisor (ES)** helps you develop learning objectives for each post and reviews your progress towards becoming an independent General Practitioner. They conduct 6 monthly Educational Supervisors Reviews (ESR) with you to document your progress and offer a recommendation to the ARCP panel on progression to the next stage of training. They also

validate and can provide feedback on your ePortfolio entries as well as being a source of general support and advice. In ST1 your ES will be one of the Programme Directors. During ST2 and ST3 your ES will be your GP Trainer.

- Your **GP Programme Directors** co-ordinate and facilitate the educational sessions for GP Specialty Trainees (the 'Day Release' programme). They oversee the rotations and are also available for training advice and general support.

ST1 and ST2

Starting in ST1

You will need to register as soon as possible with the Royal College of General Practitioners (RCGP) in order to gain access to the trainee portfolio from FourteenFish. The Portfolio is the online training log which must be completed and signed off to proceed to the Certificate of Completion of Specialist Training in General Practice (CCT). Registration can be completed via the College [website](#). You will need to quote your GMC number and give your training Deanery. You should be ready to pay a registration fee.

You will receive emails from the Southampton Patch Office with important information regarding your educational sessions as well as important updates. Please ensure that you have registered an email address that you check regularly. The timetable for educational sessions is available on our [website](#) which will include all the necessary documentation for the session. Reminders for sessions will **not** be sent and it is your responsibility to send apologies in advance of missed sessions. Your attendance is recorded and entered into your eportfolio. Please ensure your department and rota supervisor are aware of the educational sessions so that your clinical commitments are covered in order for you to attend.

Your department will arrange departmental induction and hospital induction if necessary. The GP Education Unit will arrange GP training induction for new trainees.

How to get the most out of your hospital rotations

Most available hospital placements will rotate at the end of 6 months. Some post may be divided into 2 x 3month placements (for example an Emergency Department placement will include 3 months of adult ED and then 3 months children ED). If you have a split post, we would recommend that you have a placement planning meeting at the beginning of both rotations and a clinical supervisor report at the end of both rotations.

Before each hospital post:

- Talk to predecessors
- Discuss your rota in advance to plan attendance at GP educational sessions, study leave and annual leave

During the post:

At the start:

- Meet with your Clinical Supervisor (there is a mandatory 'placement planning meeting' log entry on your portfolio which you can complete to record this.)
- Identify GP orientated needs and aims for the post (Personal Development Plan)
- Start early in achieving your CBDs, MSF and mini-CEXs because leaving these assessments until the end of your post can make them difficult to achieve and cause unnecessary stress

Throughout the Post:

- Continue to maintain your learning log, PDP and achieve your workplace-based assessments
- Take study leave and annual leave
- Reassess your learning needs and update your PDP
- Check you have evidence in your Portfolio for each capability area (for the list of capability areas that need to be achieved before every Educational Supervisor Review please see the section on MRCGP and Portfolio)

The Wessex Deanery website provides useful information on how to get the most out of your training via their [Handbook](#).

Documentation for Hospital Posts (ST1 and ST2)

Please make sure you have completed the following, either through your hospital induction or through your Trainer. It is your responsibility to ensure these are completed. If you don't receive them, you must alert the relevant Trust or authority:

- An **Occupational Health Check** (via your hospital)
- An enhanced **Disclosure and Barring Service (DBS) check**. This is requested through your employer (Trust HR), not through Health Education England (Wessex). Please keep your full copy.
- Up-to-date **GMC** registration with a licence to practice.
- **Medical Defence Union** or **Medical Protection Society** cover is recommended.
- A **Visa check** (if relevant).
- A **Patient Safety Course** must be attended by all ST1 Trainees in Wessex. This involves attending a training day and completing a patient safety project. These days are arranged by the Wessex Deanery for free. Further information is available from the Deanery [here](#)
- **Statutory and Mandatory Training** via appropriate e-learning packages for the Trust you are working in

Without the above, you may not be able to work which can impact on the date you gain your CCT.

Documentation for ST2 General Practice Posts

It is your responsibility to ensure the following processes and documentation are completed **before** beginning your post in General Practice. If these are not completed this may lead to you not being able to continue your GP placement:

- You no longer need to be registered on the Performers list as a trainee. Guidance on joining the performers list can be found [here](#)
- A **Disclosure and Barring Service (DBS) check**, with enhanced search to show Child Safety. This is requested through your employer, not through Health Education England (Wessex). You must apply for online updates as you need this for the Medical Performers List. Please keep your full copy.
- Have up-to-date **GMC** registration with a licence to practice.
- An **Occupational Health Check**
- A **Visa check** (if relevant)
- **Indemnity** - Health Education England has agreed a block indemnity scheme with MDDUS for GP trainees in Wessex. This will allow these GP trainees to arrange their additional cover at a reduced rate. As MDDUS invoice HEE Wessex directly for the subscription, trainees will not have to pay their subscription up front and then claim reimbursement. GP trainees can choose to arrange appropriate indemnity cover with another organisation if they wish. They will still be able to claim reimbursement of their defence subscription through their employing hospital trust (PLE) or GP practice if directly employed by the practice. Please contact the Deanery if you need more information on this.
- Make sure that you have **insured your car for business use** as you will not be insured for home visits without this amendment

Without the above, you may not be able to work in General Practice which can impact on the date you gain your CCT.

Integrated Training Posts (ITP)

During ST2, many of you will have an Integrated Training Post (ITP) for six months. This will involve being in Primary Care for 2 to 3 days each week and then somewhere else for the other 2 to 3 days. We have some fantastic ITP posts which allow you to experience other posts that are highly relevant to GP. Some of the ITPs that we have are:

- Outpatients in Pain, MSK and Rest medicine
- Outpatients in ENT
- Community Paediatrics and CAMHS
- Elderly care rehab
- Rehab medicine

We hope that these posts give you an opportunity to experience other aspects of care that you probably will not have been involved with before.

For the other six months of ST2 and for the whole of ST3 you will be based solely in Primary Care (except in exceptional circumstances).

Features of ITP block:

Study leave: This is complex. If your course would fall on a GP day, please follow the normal GP process. If it falls on a community day, you should follow the hospital process. Both are detailed on [page 32](#). If it covers both parts of your week, you will need to apply to both.

Annual leave: Normal allowance for days. You should aim to take your leave roughly evenly between the primary and community care elements.

WPBA: Normal requirements for the year. You can do a mix of miniCEX and COTs in the ITP block, depending on where you are working that day.

Educational Reviews

Every 4-6 months, you will meet with your Educational Supervisor (ES) to complete a review of progress. The evidence you have collected in your portfolio is reviewed and collated into an ESR (Educational Supervisor Review). To prepare for this, you are required to conduct a self-assessment, and your progress will then be assessed, together with you, by your ES in each of the thirteen capability areas on the portfolio at your ESR meeting (see [page 19](#)). The Educational Supervisor then makes a recommendation to the Wessex Deanery regarding your progress. A failure to reach the standard required would trigger a review by the expert Wessex Deanery panel called the **Annual Review of Competency Progress (ARCP)**. They make the decisions and recommendations with regards to your progression through your training. For more information on ARCP, see the ARCP section of this handbook on [page 21](#).

ST1 and ST2 ESRs take place in December/January and June. Please ensure you arrange this with your ES. Dates for the ARCP Panels are fixed, therefore reviews must be completed by the deadline.

Prior to each review, during your placement, you are required to collect all the required pieces of evidence to support the judgements that will be made about your progress. The minimum evidence required is shown in your portfolio and can be accessed in table form via the '[WPBA assessments' section of the RCGP website](#). It helps to link 3 capabilities to each learning log/ case review so that you have plenty of evidence to use in your ESR. Make sure you have enough evidence to make your ESR preparation easy for yourself.

For the review you must complete the "self-rating" section on the Portfolio, which is under the ESR preparation area; click on the "prepare" button. All the evidence must be ready in your Portfolio for your Educational Supervisor to review at least 2 weeks before the date of your ESR. It is your responsibility to get everything ready for this important review, so that you can make progress through your training. Incomplete evidence is not acceptable, and you will have to complete all tasks before you will be able to progress through your training. You can be dismissed from training if there is lack of engagement with the portfolio and your ES.

In the **self-rating**, you are required to rate yourself in each capability area and comment on the evidence in your portfolio to support this. You should link at least three pieces of evidence per capability (so make sure you have covered them all in your learning logs, which you link to capabilities). The portfolio enables you to see easily which you haven't covered so you can write log entries targeted at those before you get to this stage. You must then add a bit of narrative or explanation in a paragraph to discuss how this evidence demonstrates this capability. The options for rating are:

- Needs Further Development (NFD) – Below Expectations
- NFD – Meets Expectations
- NFD – Above Expectations
- Competent For Licensing
- Excellent

You should rate yourself in comparison to the level required for an independently practicing GP. Therefore, at ST1, you can only mark yourself as needing further development, as we would expect you to need further development. Each category on the self-rating has word pictures to help guide you which can also be found [on this page](#) ('[WPBA capabilities with IPUs: detailed descriptors](#)').

For more detail, have a look here: <https://www.rcgp.org.uk/mrcgp-exams/wpba/esr>

ST1/2 Educational Sessions

GP ST1s must send their Transfer of Information to Health Education England (Wessex) as instructed on the form. This form must be completed, countersigned by your Education Supervisor in your last post and handed in to ensure the Programme Directors are aware of any particular support or help you may need during your training programme. It cannot be signed by your Educational Supervisor in your new placement.

Attendance at the educational sessions is compulsory and a valuable part of your training. It is part of your contractual agreement to attend. If you are unable to attend due to annual leave, sickness or work commitments, please contact [Carol Reed](#), GPEU Administrator, to provide your apologies and the reason for your absence.

Educational Sessions in Southampton

We hold half day educational sessions for GP ST1s and ST2s on every third Wednesday of the month. These are for trainees based in Southampton and the New Forest; trainees based on Jersey do not attend these. The sessions will normally be held at the Education Centre, C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, SO16 6YD. Occasionally the venue may be changed or the sessions held remotely on Zoom, and if this is the case you will be informed in advance.

The sessions are GP orientated and provide an important part of your specialist training, as well as giving you an opportunity to meet with other trainees at different stages of their rotations. **The sessions begin at 9.00am and end at 1.00pm.** Trainees are expected to attend for the whole session and should arrange for their clinical commitments to be covered. Lunch will not be provided.

The start of the session is used for learner-led small group work and can involve discussion of topics, cases or Portfolio queries. The rest of the session uses Enquiry Based Learning, with small group discussion of a case using resources. This can include workshops with external facilitators.

During your **ST2 General Practice** post you will continue to attend the educational sessions on every third Wednesday of the month and, in addition, you will be expected to attend a small group session facilitated by the Programme Directors. This will be a half-day session and will replace your CPD study session in that week of the month.

During ST2 you will also have the opportunity to attend an **AKT preparation course** facilitated by the Programme Directors. This will be a half-day session and will replace your CPD study session in that week of the month. Please note you can only attend this course once.

Educational Sessions on Jersey

We hold monthly half day educational sessions for GP ST1s and ST2s working on Jersey in the Education Centre at Jersey General Hospital. *These are for trainees based on Jersey; trainees based in Southampton and the New Forest do not attend these.*

These GP orientated educational sessions are held on every second Wednesday of the month until January 2024. From January 2024 onwards the sessions will align with the ST1/2 teaching sessions in Southampton and run on every third Wednesday of the month. **The sessions begin at 9.00am and end at 1.00pm.** Trainees are expected to attend for the whole session and should arrange for their clinical commitments to be covered. Lunch will not be provided.

The sessions are led by Dr Ed Klaber, an experienced trainer, and Stacey Ringham/Emily Edwards/Suzanne Bates (Programme Directors). The sessions are learner-led and involve topic-based presentations, discussion of interesting/challenging cases, portfolio queries and Enquiry Based Learning.

During your ST2 in General Practice post you will continue to attend these educational sessions and can use them to discuss practice-based experiences. There is no additional small group session for ST2s in General Practice on Jersey.

ST3 Educational Sessions

We run a weekly programme of educational sessions held on Wednesdays throughout the ST3 year. Currently, these sessions are either being held face-to-face at the Education Centre (C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, Tremona Road, Southampton, SO16 6YD) or remotely on the video conferencing platform Zoom. The timetable (on the GPEU website) will give you the session details.

All ST3s are based in Southampton and the New Forest; there are no ST3 posts in Jersey.

The sessions begin at 9.00am and end at 1.00pm. As well as covering clinical topics this course gives you the opportunity to think more widely about the GPs role in Primary Care and to develop practical consulting skills. You will have the opportunity to discuss your training with your peers and more experienced GPs. Lunch is not provided.

The sessions are a compulsory part of your training and attendance is monitored.

Your Trainer will be notified if you are absent without sending apologies. If you are unable to attend due to annual leave or sickness, please contact [Carol Reed](#), GPEU Administrator, to provide your apologies and the reason for your absence. It is useful to make a record of the educational sessions as part of your learning log to enable your GP Trainer to review your development throughout the year.

On a Wednesday where there is no facilitated learning session, you are expected to be in surgery unless you have organised an alternative education opportunity (for example, out-patient session, sitting with other primary care health professionals) or use the session seeing patients and videoing for educational purposes.

Soap Box

We will begin each session with a short “Soap Box” presentation by a GP Trainee. A **Soap Box** is a 15 minute presentation on a non-medical topic of your choice. We encourage you to use a variety of media to support your presentation including video clips and music. A PowerPoint presentation is not essential.

These options provide you with an opportunity to practice the skill of presenting in a relatively informal environment. There should be time for questions afterwards.

The rota is organised by [Dr Sue Lambrou](#), GPEU Administrator. If you are not available on your allocated slot, it is your responsibility to make sure the reserve GP ST3 is aware so they can take the session. If you do swap a session or require to be allocated another session, please e-mail [Dr Sue Lambrou](#).

Small Group Work

Group learning is a cornerstone of our facilitated learning sessions, and small groups of **ST3s** are established early in the year. You will discuss case scenarios, hot topics, evidence-based medicine, challenging patients, medico-political issues and any problems which may arise on a weekly basis. You will also have the opportunity to learn about the MRCGP and the Portfolio. The content of each session will be decided by the group to encourage self-directed learning.

Topic Based Seminars

In addition to group work, sessions include topic-based seminars. These are linked to curriculum statements and utilise external facilitators, communication workshops and simulated patients. The programme of topics can be found on the [Southampton GP Education Unit website](#). As well as clinical topics, there are also seminars focussing on preparation for life after training, including a careers day and a Life Skills course.

Practice Locum

The Practice Locum is a unique opportunity to work in a different practice before qualifying. This is a 1-2 week swap with another ST3 at another practice to experience a different working environment. When organising this consider the demographics of your practice, the computer system, the size of practice etc. to try to experience something different to your current working environment (that may also expand your CV/Skills). We would encourage you to organise this after you have sat the SCA when you are beginning to think about what jobs you might like to apply for when you qualify.

Parking Permits for Day Release

GP Trainees in GP placements may be able to apply for a parking permit for the Wednesday educational sessions through **UHS Travelwise**. The permit will only be valid on a Wednesday – Travelwise **will not** allow you to use your permit/card on any other day. (Click [here](#) to go directly to the application form for the permit.)

- **If you choose to park on the hospital site for a Wednesday educational session and do not have a GPEU Wednesday Parking Permit, you will have to pay full cost of parking on the day.** Exit tickets will not be given on Wednesdays.
- The cost of your parking on site **will not** be reimbursed by either the GP Education Unit or **UHS Travelwise** while you are waiting to be approved. **UHS Travelwise** will endeavour to process your form in good time.
- **Small group facilitated learning sessions** that are attended at the GP Education Unit on any other days will require you to obtain an exit ticket from the Admin Team. Please note:
 - The exit ticket will only be valid for the main dual level car park and **cannot** be used in the new multi-storey, car park 4
 - If you are attending a fixed training date (such as a Small Group), an exit ticket will be provided to your facilitator with the Register

ST1 and ST2 trainees in hospital placements are not entitled to car parking permits or exit tickets for their monthly Wednesday educational sessions. Due to pressures on car parking capacity at the hospital, the use of public transport or park and ride is encouraged.

All GP Trainees are entitled to use the park and ride facilities. Please contact UHS Travelwise directly regarding this.

Timeline for last 6 months of ST3

February (August for February Starters)	Ensure you have completed required numbers of CBDs and COTs. To be finished before the final review with Educational Supervisor		Undertake experience of Out Of Hours care, record this in your portfolio and discuss your progress to achieving this area with your trainer	Continue to write learning log entries ensuring evidence of reflection on Significant Events, audit/quality improvement activity, learning event analysis, Prescribing review, leadership activity etc. See RCGP requirements	Commence process of registering with GMC for on-line application for CCT:
March (September for February Starters)		Perform final MSF (minimum of 10 respondents) – ensure 1 MSF and 1 Leadership MSF in your ST3			
April (October for February Starters)		Perform PSQ (min. 40 completed questionnaires)			
May (November for February Starters)		Must be completed before review with Educational Supervisor		Maintain appropriate PDP	
		Review with Educational Supervisor before end of May (December for February Starters)			
Educational Supervisor completes and submits report no later than 2 weeks before ARCP Panel					
June (December for February Starters)	ARCP Panel (first Wednesday in June, or January for February Starters). Results of panel available in Educators Notes section of Portfolio shortly afterwards				
	After satisfactory ARCP Panel report has been issued, successful Trainees should apply for CCT via Portfolio.				
	Unsuccessful Trainees will be sent an email from Deanery offices asking them to come for a face-to-face interview with Deanery staff to discuss their future				
July (January for February Starters)				Continue to maintain Learning Log and PDP in preparation for first GP Appraisal	CCTs sent out by GMC no sooner than 2 weeks before the end of training
August (February for February Starters)					Start work as independent GP

Documentation for ST3 General Practice Posts

It is your responsibility to ensure the following processes and documentation are completed prior to commencing your post in General Practice. If these are not completed this may lead to you not being able to continue your GP placement.

- When transitioning to ST3, you will need to ensure that you and your practice complete a **Wessex TG form**. This form ensures you are paid. Your practice should be able to help you with this
- **Disclosure and Barring Service (DBS) check**, with enhanced search to show Child Safety. This is requested through your employer, not through Health Education England (Wessex). You must apply for online updates as you need this for the Medical Performers List. Please keep your full copy
- Up-to-date **GMC** registration with a licence to practice
- An **Occupational Health Check**
- A **Visa check** (if relevant)
- **Indemnity** - Health Education England, has agreed a block indemnity scheme with for GP trainees in Wessex. This will allow these GP trainees to arrange their additional cover at a reduced rate. GP trainees can choose to arrange appropriate indemnity cover with another organisation if they wish. They will still be able to claim reimbursement of their defence subscription through their employing hospital trust (PLE) or GP practice if directly employed by the practice. Please contact the Deanery if you need more information on this
- Make sure that you have **insured your car for business use** as you will not be insured for home visits without this amendment

Without the above, you may not be able to work in General Practice, which can impact on the date you gain your CCT.

Further information can be found on the Wessex HEE website [here](#).

MRCGP and Portfolio

The MRCGP is an essential component required for a GP Specialist Trainee to gain the Certificate of Completion of Training in General Practice (CCT). The RCGP [website](#) is a good resource for queries.

The MRCGP consists of:

- Workplace Based Assessment (WPBA)
- Applied Knowledge Test (AKT)
- Recorded Consultation Assessment (SCA)

There is a detailed curriculum available on the Royal College of General Practitioners website [here](#). The curriculum is supplemented by a series of topic guides that cover professional issues, life stages and clinical topics. The Curriculum also describes the 13 specific capabilities that are core to general practice, and which must be proficiently demonstrated through the WPBA and SCA examination.

Workplace Based Assessment (WPBA)

Workplace Based Assessment (WPBA) is a process through which evidence of competence in independent practice is gathered in a structured and systematic framework.

You will collect evidence throughout training in the Portfolio, and this is used to make a holistic, qualitative judgment about your readiness for independent practice at each educational review. WPBA is a developmental process; it provides you with feedback and should drive learning. It will also indicate where a doctor is in difficulty. It is learner led: you decide what evidence to put forward for review and validation by your Educational Supervisor.

Please see the [RCGP website](#) for more details.

How is evidence recorded in the Portfolio?

The Portfolio consists of a number of sections:

- **Learning logs** where you can reflect on learning experiences.
- **Educational Assessments:** where clinical assessments such as mini-CEX/COT, CbDs/CATs, CEPS, MSF, PSQ, CSRs and prescribing assessment are recorded
- **Personal Development Plan:** where you can record learning needs and how they are met
- **ESR Preparation:** where you can see how many learning log entries have been linked to the clinical experience groups and validated against professional capability areas within your current review period. It also includes the self-rating preparation which you need to complete before each six-monthly educational review
- **Exams:** where details of your exams will appear when booked/taken

- **Compliance Passport:** where you can upload evidence of up-to-date training in Basic Life Support, Child and Adult Safeguarding and completed Form Rs
- **Educational Agreements:** please make sure that you 'sign' these

There is a Portfolio walkthrough video [here](#).

The Learning Log

Here you have the opportunity to reflect on your learning from various sources. Learning logs can be entered under one of several different headings:

Clinical Case Reviews; Learning/Significant Event Analysis; Supporting Documentation; Reflection on Feedback; Leadership, Management and Professionalism; Quality Improvement Activity; CEPS Reflections; Placement Planning Meeting; Academic Activity.

Each entry can be linked to one or more of the relevant 'Clinical experience groups' and you should try to describe which capability area(s) you feel that the entry provides evidence for. It is ideal to add a brief explanation or 'justification' as to why you have chosen this area; this will make preparing for your Educational Supervisor Reviews (ESRs) easier. If your Educational Supervisor feels that you have provided adequate evidence, the entry will be linked to that capability area. You need to liaise with your Educational Supervisor to ensure your entries are appropriate in terms of quality and quantity. The ST1 induction session covers writing log entries in more detail. You can find a short video on reflection [here](#).

Quality is important, as is linking against capability areas appropriately. You should make a minimum of 36 clinical case reviews per training year.

As your experience develops your entries will become more reflective but, for a starting point, each clinical encounter is recorded under a number of headings:

- **Brief description:** A brief synopsis of the event that triggered your learning. Keep this description brief – one or two sentences is sufficient. Avoid using identifiable patient details such as ages etc.
- **Reflection:** What went well or not so well and why? Reflection on how the encounter made you feel and analysis of why you felt that way - what did you do about it? Discussion about the impact of your learning on your future practice. Did this case confirm your current practice or will it cause you to alter your practice in future?
- **Learning needs:** Thoughts about the boundaries of your current capability. What else might you need to know to manage this case in Primary Care? How can you develop your capabilities and how can this be demonstrated? This can be linked to your Personal Development Plan

Once you have completed these sections, you can then look at the capabilities and summarise how your learning log provides evidence for a specific capability or capabilities. It is useful to use the '[WPBA capabilities with IPUs: detailed descriptors](#)' on the [RCGP website](#) when completing this section.

Personal Development Plan

Here you can record your learning goals. You should make at least 3 PDP entries per six-month post. Each PDP entry should be SMART:

- **S – Specific**
- **M - Measurable**
- **A - Achievable**
- **R - Realistic**
- **T – Time Based**

You should add new objectives as you mark previous ones as achieved. When learning outcomes are achieved you should make a comment on how you achieved it, for example linking to a Mini-CEX or learning log entries.

GP Trainees have found these resources useful in guiding PDP entries:

- **MRCGP [Curriculum](#)**
- **RCGP [website](#)**
- **Wessex AiT [Handbook](#)**
- **FourteenFish Help Centre [website](#)**

Evidence – Assessment Tools

There is a required minimum amount of evidence that must be collected prior to each review. It is, however, perfectly acceptable, and indeed recommended, for more assessments to be performed in order to build up a richer picture. Evidence in each of the 13 Professional Capability areas is gathered in different settings during the three years of training.

The 13 areas of Professional Capability are:

1. Fitness to practise
2. Maintaining an ethical approach
3. Communication and consultation skills
4. Data gathering and interpretation
5. Clinical examination and procedural skills
6. Making a diagnosis/decision
7. Clinical management
8. Managing medical complexity
9. Working with colleagues and in teams
10. Maintaining performance, learning and teaching
11. Organisation, management and leadership
12. Practising holistically, promoting health and safeguarding
13. Community orientation

Most GP Trainees will not be able to show evidence of competence at the beginning of their training but will gradually build up evidence as training progresses. The picture of competence should become more rounded and complete as you move through your training programme.

In order for your Educational Supervisor to be in a position to monitor your progress in the thirteen areas, information relating to your performance needs to be collected throughout the training period using these tools:

- Case-Based Discussion (CBD) in primary/secondary care or Care Assessment Tools (CAT) in primary care
- Consultation Observation Tool (COT) /Audio-COT in primary care or Mini-CEX in secondary care
- Clinical Examination and Procedural Skills (CEPS)
- Multi-Source Feedback (MSF)
- Leadership activities / Leadership MSF
- Patient Satisfaction Questionnaire (PSQ) in primary care posts
- Clinical Supervisors Report (CSR) in secondary care posts
- Prescribing Assessment
- Quality improvement project/activity (QIP/QIA)

The minimum number of each type of assessment required can be found in the '[WPBA assessments](#)' [section of the RCGP website](#).

Clinical Examination and Procedural Skills (CEPS)

The assessment of Clinical Examination and Procedural Skills is an extremely important part of GP training. Trainees will already have a range of clinical skills when they begin their GP specialty-training programme. They are expected to demonstrate progress in applying these skills both in the GP workplace. When they complete their training, they must be competent to apply their skills unsupervised however complex the clinical context might be.

There are five intimate examinations, which need to be specifically included, as these are mandated by the GMC. These are breast, rectal, prostate, male genital examinations and female genital examination (both speculum examination and bimanual pelvic examination). You need to be observed performing these examinations by a suitably trained professional.

There is also a new list of non-mandatory CEPS from August 2023 which we would encourage you to demonstrate. This is a capability area that you need to show progression in for each ARCP, so we would encourage you to demonstrate CEPS from the beginning of your training.

Trainees are expected to discuss their learning needs during placement planning meetings and to record their plans in the learning log and PDP. The range of examinations and procedures and the number of observations will depend on the needs of the trainee and the professional judgment of the Educational Supervisor. Observation and assessment of Clinical Examination and Procedural Skills may be made by clinical supervisors and other colleagues (including senior nurses and trainees at ST4 or above).

CEPS can be assessed through learning log entries, answers in the MSF, COTs/MiniCEXs, and the Clinical Supervisor Review, as well as through observed CEPS assessments.

In each review period, the Educational Supervisor needs to answer the following questions based on the evidence presented in the Portfolio:

1. Are there any concerns about the trainee's clinical examination or procedural skills?
2. What evidence of progress is there in the conduct of genital and other intimate examinations?

ARCP

Every calendar year (and at the end of each training year if different) you will have an ARCP- annual review of competence progression. The ARCP panel will review all the evidence in your portfolio and decide on whether there is enough evidence that you have progressed well enough to move on to the next stage of training.

At least two weeks before your ARCP you need to have the following:

- A fully completed ESR (Educational Supervisor Review). This should include all the evidence as per the ['WPBA assessments' section of the RCGP website](#).
- A fully completed Form R. This is completed on the TIS system and then should be downloaded and added to the Form R area on the Portfolio.

Please ensure that you and the Educational Supervisor have completed the review in good time beforehand, and you both need to sign it off. See [page 8](#).

The Form R should include all the posts you have worked in since your previous ARCP. Please include any extra-curricular work such as locum shifts. Remember doing extra needs to be approved in advance by your Educational Supervisor, and you need to complete a report on 'work outside of training' form which will also need to be added to the Form R area on the portfolio. You must still comply with EWTD rules. You need to declare any significant events which might raise revalidation concerns (not events in which you were involved to a minor extent). You also need to declare any time off work (eg. sick leave). This should include weekends, so if you were off on a Friday and the following Monday, please declare four days. This also has to be completed on the portfolio.

Common causes of outcome 5 at ARCP (insufficient evidence):

- Failure to submit a satisfactory Form R.
- Not attaching required documentation to the compliance passport area such as BLS and both adult and child safeguarding certificates/updates.
- Not having demonstration of safeguarding in action for both adults and children.
- Remember CEPS must be signed off by a doctor of ST4 or higher. The only exception would be a specialist nurse (eg. in a breast clinic, who could sign off a breast examination). Practice nurses cannot sign off CEPS.

Applied Knowledge Test (AKT)

The Applied Knowledge Test is a summative assessment of the knowledge base that underpins independent general practice within the United Kingdom. Candidates who pass this assessment will have demonstrated their ability to apply knowledge at a level which is sufficiently high for independent practice. Questions address important issues relating to UK general practice and focus mainly on higher order problem solving rather than just the simple recall of facts.

Candidates will be eligible to attempt the AKT from the beginning of ST2. We recommend that the AKT is taken during the ST2 year when you have had some experience working in a UK primary care post. Please discuss with your trainer and/or TPD if you are unsure when would be the best time to sit the exam as the AKT is a rigorous professional examination and candidates should ensure that they prepare adequately. Exams are held in October, January and April each year.

It is common that those who are unsuccessful have underestimated the time and effort required to prepare for this. A survey done in 2021 found that most successful candidates were revising for at least 10 hours per week for at least 3 months, using at least 4 different revision sources. Using question banks to consolidate learning from guidelines/books is a popular strategy and appears to be more successful than using question banks alone. Southampton GP Education Unit provides an AKT preparation course consisting of three half-day sessions, which coincide with each exam sitting. You can only attend this course once. When you are eligible to sit the exam, you will be emailed regarding the dates for upcoming courses. You can also find these dates [here](#)

Familiarise yourself with AKT section of the RCGP [webpage](#) as this has a wealth of advice from on how to prepare for the exam, resources, advice for trainers as well as feedback from previous exam sittings.

Format of the test

The test takes the form of a three hour and ten minute multiple-choice test of 200 items. It is computer-based and delivered at 150 Pearson VUE professional testing centres around the UK. Approximately 80% of question items will be on clinical medicine, 10% on evidence-based practice (including critical appraisal) and 10% on primary care organisation and management issues (including administrative, ethical, regulatory and statutory frameworks).

Candidates have found the following sites useful but no responsibility is taken for their content:

- [GP Self-Test](#) (included in your AiT membership)
- [Fourteen Fish](#)
- [On Examination](#)
- [Pass Medicine](#)
- [Innovait magazine](#)
- [RCGP Essential Knowledge updates](#)
- [BNF](#) & National guidelines eg. NICE/Sign/BTS etc

Simulated Consultation Assessment (SCA)

The Simulated Consultation Assessment replaced the RCA (Remote Consultation Assessment) from May 2023. GP trainees are eligible to take the SCA from ST3 onwards. The SCA is conducted remotely on an online IT platform, which is not face-to-face, in that trainees will not be expected to travel much further than a local GP surgery. Information about the SCA may be found on the following College [webpage](#).

Trainees are required to undertake twelve simulated consultations, each lasting twelve minutes. These are conducted remotely in a local GP surgery and delivered across 9 months of the year. Further details about the dates for the SCA and how to book can be found [here](#).

We recommend that you form your own peer learning groups to study for the SCA.

Fees

The following [link](#) will give information on the current fees for sitting exams.

MRCGP courses

The Wessex Faculty of RCGP runs revision courses for the MRCGP which are subsidised by the Wessex Deanery. Details about the courses can be found on the faculty [website](#).

Checklist of Requirements for WPBA by Specialist Training Year

On the portfolio (and on the RCGP [website](#)) there are several resources to help you with what is required for each training year. We highly recommend that you print out both the training Roadmap and the requirements sheet which are available to download. These can be found by logging in to your portfolio, clicking on 'Training Map' at the top right. There you will see at the top both 'Roadmaps' and 'Requirements'. If you complete everything that is on the requirements sheet, you should be on target for a Satisfactory ARCP. The 'Roadmaps' sheets guide you on when you should do each assessment (approximately) which can be very helpful, especially if you are working LTFT.

Urgent Unscheduled Care (UUC) Out Of Hours (OOH)

HEE Thames Valley and Wessex UUC/OOHs policy can be found [here](#) and RCGP guidance [here](#).

Delivering Urgent and Unscheduled Care is a key responsibility for GPs; it is important you develop and demonstrate your capabilities in this area of practice. The [UUC Clinical Topic guide](#) in the RCGP curriculum provides the following guidance (under 'How to learn this area of practice'):

“As a GP specialty trainee, you must gain experience of managing patients presenting with urgent and unscheduled health care needs, which is an important feature of both ‘in-hours’ and ‘out-of-hours’ GP care. Because there are particular features of unscheduled care that require a specific educational focus, such as the increased risk of working in isolation, the ‘high-stakes’ nature of clinical decisions, the relative lack of supporting services and the frequent need to promote self-care, it is important that you spend sufficient time in these environments As part of your training programme, you need exposure to a variety of community-based emergency and out-of-hours models”.

You will need sufficient evidence of providing Urgent and Unscheduled care for your Educational Supervisor to make a judgement of your capabilities in this area. Evidence may be generated throughout your GP training, including whilst in hospital posts. However, during your GP training posts in ST2 and ST3 you must develop and demonstrate capability in UUC work, including OOHs, outside your training practice.

UUC and OOH in ST2 GP training posts

In ST2, you should organise observational sessions with other community services providing urgent and emergency health and social care in your area (e.g. Crisis Mental Health, Community Palliative Care, Social services, District Nursing Team, Ambulance service, 111/999; for other suggestions talk to colleagues, your TPDs and your GP trainer). You should describe your learning within a Supporting Documentation log entry for it to provide an effective piece of evidence towards attainment of capabilities in UUC. In particular, these sessions should help you gain working knowledge of some of the key ‘Service issues’ described in the Knowledge and Skills guide of the RCGP [UUC Clinical Topic Guide](#)

These sessions are entirely educational (you should **not** provide clinical care or take any clinical responsibility for patients) and therefore contribute to the educational component of your 40 hour working week. Some could be done ‘in hours’ during your personal study session or on Wednesday mornings when you are not attending Day Release, but it is also important that some are done out of hours when there is a more limited range of services available and patients or clients are likely to be unfamiliar to the team.

UUC and OOH in ST3

UUC experience outside your training practice during ST3 will be done with the Out of Hours provider(s) for your area. You should identify early on who provides urgent primary care services for your practice in the OOHs period and approach them directly to organise training shifts. For trainees in Southampton practices the provider for OOHs GP appointments is Southampton Primary Care Ltd (SPCL). For trainees in West Hampshire practices the main providers are Partnering Health Limited (PHL – Winchester, Lymington and Ringwood), Tri Locality Care (Romsey and Testvale) and Eastleigh and Southern Parishes Network (Botley). PHL also have the contract for the Clinical Assessment Service (telephone triage) and are subcontracted to provide OOHs home visiting service across Hampshire. It can prove challenging to arrange sufficient clinical sessions with the OOHs providers and you should have a good understanding of the [UUC Clinical Topic Guide](#) to effectively target your individual learning needs.

The three types of consultation in UUC and OOHs work are Telephone Assessment (triage), Face to Face (clinic) and Home Visiting (car). Gaining experience in all of these is important to develop fully your capability in UUC and OOHs. You must complete an [Urgent and Unscheduled session feedback form](#) for each session that you work and get this countersigned by your clinical supervisor for the session. This form should be shared with your GP trainer to confirm the hours you worked (to justify 'time off in lieu' from clinical sessions in your usual working week), the type(s) of consultation and level of supervision. It can be uploaded and stored on your ePortfolio as 'Supporting Documentation'. All UUC/OOHs clinical sessions must be supervised – the level of supervision will vary depending on your prior experience and current competence and should be agreed with your clinical supervisor for each session.

Your GP trainer is ultimately responsible for deciding whether or not you have demonstrated the core capabilities across the range of clinical practice including UUC. It is important that you meet regularly to discuss your progression in this area, identify your main pieces of evidence (ie. Clinical Case Reviews, CbdDs, COTs) and consider where there is need for further development and the best way(s) to achieve this. You can use the Urgent and Unscheduled Care Evidence grid (accessible via <https://wessex.hee.nhs.uk/general-practice/gp-training/>) or the RCGP '[Trainee logsheet linking outcomes to urgent and unscheduled care learning log entries](#)' to support this process.

Safeguarding

The GP curriculum states that all GPs should be competent in dealing with adult and child safeguarding. This includes recognising abuse, knowing about local arrangements for safeguarding, referring effectively and playing a part in assessment and continuing management, including prevention of further abuse. GP Trainees must be able to show appropriate knowledge, clinical skills and understanding of child safeguarding to be able to apply these should the need arise.

“All trainees require evidence of level 3 safeguarding for **both** adult and child safeguarding from **the start or early part of their training in ST1** and this should be evidenced with a certificate of level 3 in their log” ([click here](#) to go to the RCGP website for further information). Trainees are also required to write a reflective learning log on safeguarding each year.

“For CCT trainees need to have, for both adult and child, an in-date level 3 cert uploaded, plus evidence of annual knowledge update (if level 3 not completed in that year) and a reflective log entry” - [click here](#) to go to the RCGP website for further information.

Each surgery has a named Safeguarding GP Lead and many offer in house training annually.

Useful resources:

- MRCGP Safeguarding requirements can be found [here](#).
- The [RCGP NSPCC Safeguarding Children Toolkit](#) for General Practice
- eLearning for Healthcare – [Safeguarding Children](#)
- Wessex LMC – [Safeguarding Children](#)
- The Wessex LMC GP Educational events [website](#)

International Medical Graduate (IMG) GP trainees

If you are joining us having qualified overseas, you might find you have some additional needs for information. We hope this page has all the right links that you may find helpful whilst training in the UK.

We provide an induction course for IMG GP Trainees at the start of training. If you haven't heard about your place on it by the time you start, please contact sally.claughton@nhs.net

Dr Sam Powell is the lead Program Director for trainees who received their primary medical qualification abroad. Any queries she will try and help with, if your own educational supervisor or clinical supervisor can't help, and you can't find the answer here. Please email her on: samanthapowell@nhs.net

Useful links

- **RCGP website** - Royal College of General Practitioners (rcgp.org.uk)
- **Fourteen fish**- for learning resources and access to your e-portfolio.
<https://www.fourteenfish.com/audience/gptrainee>
- **NICE guidance** - has all the latest evidenced-based clinical guidance for health and care in England.
<https://www.nice.org.uk/guidance>
- **BNF (British National Formulary)**- drug formulary with guidance on prescribing medications.
<https://bnf.nice.org.uk/>
- **BMJ Learning** - offers online courses and learning resources on a range of health care topics.
<https://www.bmj.com/>
- **GP notebook** - an online database of medical guidelines aimed at general practitioners.
<https://gpnotebook.com/en-GB>
- **Patient. co.uk** - information on a variety of health conditions for both patients and health care professionals. <https://patient.info/>
- **Bradford VTS** - free medical resources for GP trainees <https://www.bradfordvts.co.uk/>
- **GMC guidance on Good medical practice** - Good medical practice - English <https://www.gmc-uk.org/>

Advice for International Medical Graduates

- **RCGP guide for overseas doctors living and working in the UK as a GP**
<https://www.rcgp.org.uk/training-exams/discover-general-practice/overseas-doctors-guide>
- **Health Education England (HEE) GP recruitment page with resources for IMGs**
<https://gprecruitment-dev.hee.nhs.uk/Recruitment/Guidance-for-Applicants/Resources-for-IMGs>

- HEE Wessex induction for IMG doctors (via this link you will also find the 'Wessex Handbook for IMG doctors' and lots of other helpful resources). <https://wessex.hee.nhs.uk/trainee-information/trainee-journey/international-medical-graduates/>
- Southampton university advice on 'Living in the UK' for international graduates <https://www.southampton.ac.uk/international>
- It's worth thinking about joining the BMA, they have various resources to support IMGs from practical advice such as setting up a bank account to communication with others <https://www.bma.org.uk/>
- UK CISA (UK Council for International Student Affairs) - Information and resources for international students in the UK <https://ukcisa.org.uk/>
- YouTube Vlog - "Day In The Life Of A Doctor, GP (General Practitioner)" <https://www.youtube.com/watch?v=0GTj7C1yba0>

Visa and immigration information

- Information on Skilled work visas (replaced Tier 2 work visa)
- <https://www.gov.uk/skilled-worker-visa>
- <https://www.wessexlmcs.com/guidance/uk-visa-sponsorship-licences-formerly-known-as-tier-2/>
- LMC jobs page <https://www.wessexlmcs.com/jobs/>

Consultations and communication skills

There are communication skills courses available for IMG GP trainees please ask your programme directors for more information.

E-portfolio

- Bradford VTS information on writing log entries and the e-portfolio requirements <https://www.bradfordvts.co.uk/mrcgp/eportfolio/>
- RCGP website advice on writing Log entries
- <https://www.rcgp.org.uk/mrcgp-exams/wpba/assessments/learning-log>
- information about the ARCP can be found here <https://wessex.hee.nhs.uk/accreditation-and-revalidation/arcp/>

Exams

- RCGP AKT and SCA Exam Prep Courses are run throughout the year in Wessex look out for e-mails advertising this.
- Exam upskilling courses in Wessex, there is a useful package of exam support called the 'Exam game plan' available if you look at the self-help video and resources on the website:
<https://wessex.hee.nhs.uk/wellbeing-and-support/exam-support/>
- <https://wessex.hee.nhs.uk/wellbeing-and-support/exam-support/exam-courses/>
- RCGP e-learning GP self-test questions
<https://elearning.rcgp.org.uk/course/index.php?categoryid=56>
- RCGP e- learning Essential knowledge updates
<https://elearning.rcgp.org.uk/course/index.php?categoryid=2>
- Matthew Smith YouTube videos (YouTube videos with example GP consultations to help prepare for exams)
<https://www.youtube.com/user/mattandhazelsmith/videos>

Books

- **Watching the English: The Hidden Rules of English Behaviour** Paperback, by Kate Fox
- **Oxford Handbook of General Practice** (Oxford Medical Handbooks)
- **Medical Statistics Made Easy**, (any edition), by Michael Harris and Gordon Taylor
- A paper copy of the latest **BNF** (it is useful to have the actual book as the first few pages of BNF have useful information about prescribing).
- **CSA Cases Workbook for the MRCGP** Third edition, by Ellen Welch, Irina Zacharcenkova, Jennifer Lyall
- **CSA Scenarios for the MRCGP**, 4th edition: frameworks for clinical consultations, by Thomas Das
- **CSA Revision Notes for the MRCGP**, fourth edition, by Jennifer Stannett, Sarah Osmond

Further support

- PSW - Wessex Professional Support and Wellbeing Unit, they offer individual support sessions for trainees, addressing adjusting to a different cultural, ethical, and professional environment, exam support and help with diagnosis of learning difficulties such as dyslexia
<https://wessex.hee.nhs.uk/wellbeing-and-support/psw/>
- Professional support can also be accessed via the doctor's support network
- <https://www.dsn.org.uk/>
- The charity, Mind has lots of advice and resources for mental health and wellbeing:
<https://www.mind.org.uk/>
- NHS also provides tips and support for health and wellbeing
<https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>
- Information on how to register with a local GP
<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>
- Information regarding study leave
<https://wessex.hee.nhs.uk/trainee-information/trainee-journey/study-leave/>
- Wessex provide enhanced learning opportunities for GP trainees
<https://wessex.hee.nhs.uk/general-practice/>
- Learning events/courses in Wessex can also be found on the RCGP website
<https://www.rcgp.org.uk/membership/faculties/wessex>

Getting Ready to Qualify as a GP

Wessex LMC has a page for GP trainees including a helpful guide to finishing training. This is available on the Wessex LMC <https://www.wessexlmcs.com/>

Other useful resources are:

<https://www.gponline.com/>

Towards the end of training, a final review is conducted. Successful completion of training requires achievement in each of the thirteen capability areas. When the Deanery has completed its final assessment, they trigger an acceptance of the Portfolio. As long as all the components are signed off then a button will become available on the Portfolio stating 'proceed to CCT'. When you click this, it triggers the GMC speciality registration process. You will need to pay a fee. The following

<https://www.rcgp.org.uk/training-exams/discover-general-practice/qualifying-as-a-gp-in-the-nhs>

gives information on this process.

Annual Leave

GP Trainees are entitled to 5-6 weeks of annual leave per year on a pro rata basis (depending on seniority) plus 2 days. For example, if your usual working week is four days, then a week of annual leave is 4 days.

Study Leave

GP Trainees are entitled to 30 days within a training year (pro rata for less than full time). Study leave cannot be rolled over between posts.

This study leave is linked to:

- Course or Programme
- Research
- Teaching
- Taking examinations
- Attending conferences for educational benefit
- Rostered training events

However, attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave.

The entitlement is inclusive of both study and professional leave.

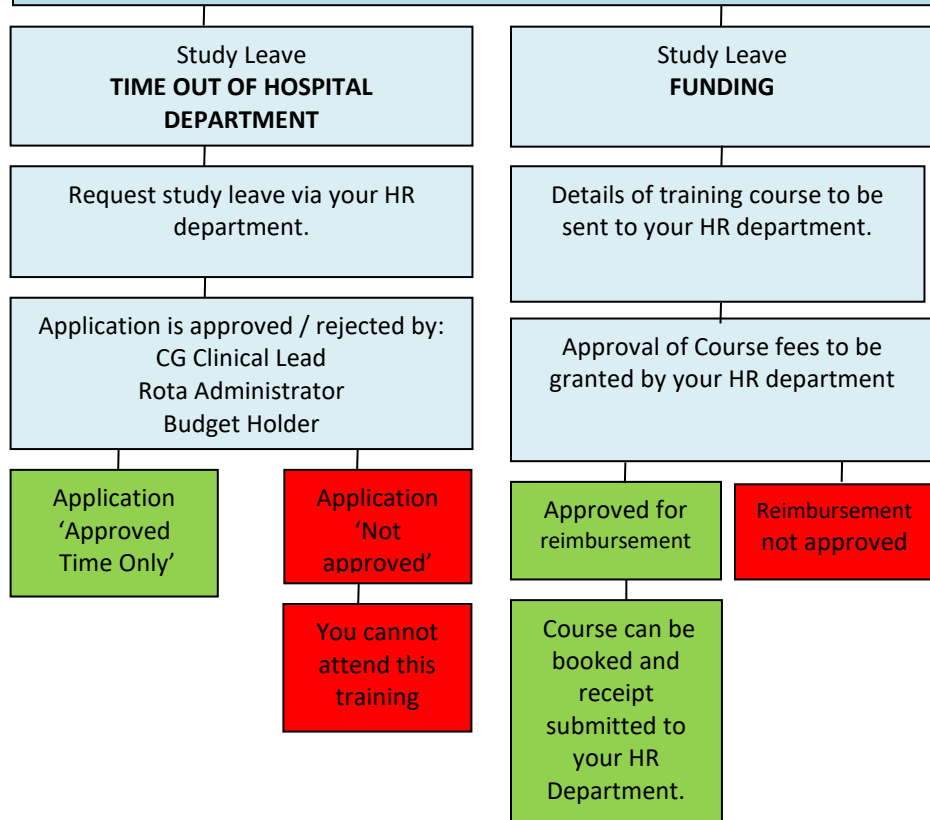
Study leave for courses directly relevant to GP training and held outside of Wessex may be funded for an amount of an equivalent course held in Wessex. Courses that are not directly relevant to GP training (eg. DRCOG, DCH) will not be funded and study leave may not be granted. **All study leave course expenses must be approved prior to booking and paying, as retrospective approval will not be allowed or funded.** See [page 34](#) for information about GP trainee study leave reimbursements.

The flowcharts on [page 33](#) show the process for applying for study leave when in Hospital or GP Training posts.

GP ST Study Leave

Application Process for GP Training

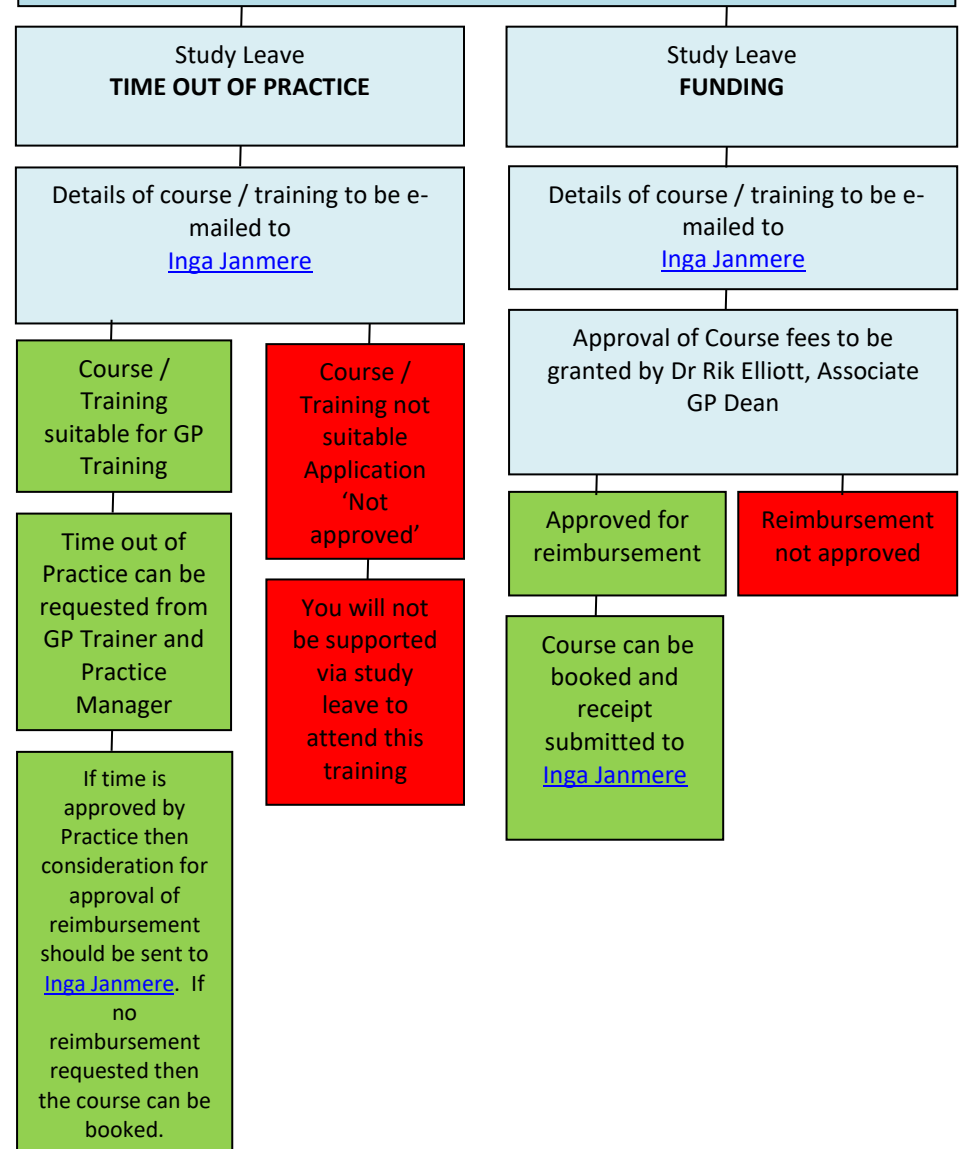
Hospital Posts



GP ST Study Leave

Application Process for GP Training

GP Practice Posts



GP Trainee Study Leave Reimbursements – For Trainees in GP Posts

Important notes:

- Courses can be attended in any region and are not restricted to Wessex Faculty courses
- Reimbursement for any clinical specialty will only be made once (one dermatology, one paediatric etc.)
- All requests for reimbursement must be made prior to provisional booking of spaces and prior to actual booking and therefore done prospectively. Any reimbursement requests made after this (retrospectively) will not be reimbursed: the flowchart on the right hand side of [page 33](#) shows the process for applying for study leave when in GP Training posts.
- All reimbursement requests must be forwarded to [Inga Janmere](#) in the first instance and include a web-link for the course
- Approval can only be requested via email
- Approval will only be made via email
- Once approved, a receipt and bank account details will be required to be forwarded to [Inga Janmere](#), in order for reimbursement to be made
- See table below for some useful courses

Course Title	Maximum Reimbursed	Notes
AKT Preparation Course	£85.00	Reimbursement amount for all trainees. Permission must be sought to attend this prior to booking. RCGP Wessex Faculty will provide this reimbursement at the time of booking.
SCA Preparation	£345.00	Reimbursement amount for all trainees. Permission must be sought to attend this prior to booking. RCGP Wessex Faculty will provide this reimbursement at the time of booking.
Dermatology Course	£50.00	Reimbursement amount for all trainees when in General Practice
ENT Course	£30.00	Reimbursement amount for all trainees when in General Practice
Gynaecology Course	£30.00	Reimbursement amount for all trainees when in General Practice
GP Primary Care Mental Health	N/A	Only available for reimbursement in Hospital placement via Hospital
Hot Topics Course	£50.00	Reimbursement amount for all trainees when in General Practice
Minor Surgery or Joint Injection	£60.00	Reimbursement amount for all trainees when in General Practice
Ophthalmology Course	£30.00	Reimbursement amount for all trainees when in General Practice
Paediatrics Course	£30.00	Reimbursement amount for all trainees when in General Practice
STIF Courses	£50.00	Reimbursement amount for all trainees when in General Practice

Maternity Leave

It is helpful if you inform [Inga Janmere](#), GPEU Administration Manager, as soon as you are aware of your pregnancy. This will ensure that you are given the information you need. You should also follow the procedure as detailed by your employing Trust's 'Maternity Leave policy'.

To ensure that your return to training after maternity leave is as seamless as possible, it would be useful to consider what your likely date of return from maternity leave will be and also if you wish to return to training at 'Less Than Full Time'. This should enable your next placement to be determined in advance of your return.

We always do our best to ensure that you are aware of your next placement prior to going on maternity leave but this is not always possible.

You should direct any queries in relation to pay or accrued annual leave to your employing Trust's HR department.

You can find more information in the Maternity Leave section of the Deanery website.

Trainees in GP Practice

Once you have your MATB1 form, it should be sent to Medical HR.

You must confirm your start date of maternity leave with Medical HR, GPEU and Wessex Deanery. You must ensure that your Practice Manager and the GPEU team are kept up to date with any relevant information.

We try to do our best to ensure that you are aware of your next placement prior to going on maternity leave. Unfortunately, this is not always possible due to a number of factors. It is also not always possible for GP Trainees to return to the same practice after their maternity leave.

Any queries in relation to pay or accrued annual leave for a GP Trainee should be emailed to [Medical HR](#).

Any queries in relation to training or placements should be directed, via email, to [Inga Janmere](#), the GPEU Administration Manager.

Less Than Full Time Training (LTFTT)

To apply for Less Than Full Time Training, you need to complete and submit a form to the [LTFTT team](#) at the Deanery **at least 16 weeks before** you wish to start.

A reduction in training percentage will affect current and future posts, as well as the length of time to complete training. Therefore, it is important you **discuss this with your Educational Supervisor, Jonathan Rial** (Placements) and **Programme Directors**. Please note that an increase to your training time may result in you repeating some ST1/2 Day Release educational sessions (depending on your stage of training). You should attend the educational sessions on a pro rata basis. Decisions made about this will be taken by the Programme Directors and will be designed for you to get the most out of your ST3 training year.

Once LTFTT has been approved, a letter of confirmation will be sent to the applicant via email from the GP School at the Deanery. The percentage of training may be further altered but must be approved via the Less Than Full Time Training team.

For further information on LTFTT please refer to [Health Education England \(Wessex\)](#).

Sick Leave and Unscheduled Leave

If a GP Trainee is out of training for 14 days during a training year due to sick leave or unscheduled leave, it is important to inform the GP Education Unit as well as informing the employing Trust or General Practice. It would be extremely helpful to ensure that the GP Education Unit is kept up to date in order to ensure that a dialogue is maintained with the GP School for purposes of ESRs, Panels and ensuring that the trainee's portfolio is kept up to date.

A total of 14 days outside of annual and study leave is allowed in any academic year without affecting the CCT date. Beyond 14 days the additional time will be added to the CCT date. Unscheduled and sick leave will include paternity, professional (LMC/RCGP representative) and all sickness time (unplanned or planned eg. operations).

You need to include weekends in the days of sick leave. This is particularly important when you are completing your Form R.

Those who have been out of training for 3 months or more will need a 'return to work' meeting with Dr Rik Elliott, Associate GP Dean, as well as any HR requirements, such as Occupational Health referrals. See Health Education England (Wessex) [website](#) for more information.

Support and Wellbeing

If you are finding GP training difficult, there is support available. Your Educational Supervisor is your main point of contact and will be able to offer advice or signposting depending on the specific situation. The Programme Director Team, for example your group facilitator for educational sessions, are also there to help. Other sources of support are linked below.

Coaching:

<https://people.nhs.uk/lookingafteryoutoo/>

Support:

Professional Support and Wellbeing Unit:

<https://wessex.hee.nhs.uk/wellbeing-and-support/psw/trainee-info/faqs/>

NHS Practitioner Health:

<https://www.practitionerhealth.nhs.uk>, 0300 0303 300 or prac.health@nhs.net

BMA wellbeing 24/7 telephone counselling service:

<https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students> or 0330 123 1245

Out of Programme for General Practice trainees

Out of Programme for General Practice trainees: requests will only be accepted for Out of Programme Career Break (OOPC), not for any of other types of time taken out of programme.

If you are considering taking time out of your training programme, there will be a formal process to follow with no guarantee that your proposal will be accepted. In the first instance you should discuss the procedure with the Associate Dean for GPEU Southampton, Dr Rik Elliott. An appointment can be arranged by contacting [Inga Janmere](#), GPEU Administration Manager or [Dr Sue Lambrou](#), GPEU Co-ordinator. Further information can be found on the [Wessex Deanery website](#).

Contacts

Administration Team

Our administration staff are based at the GPEU Southampton office in the Education Centre, Level C, South Academic Block, University Hospital Southampton NHS Foundation Trust, Southampton General, Tremona Road, Southampton, SO16 6YD. The GPEU Administration office is open Monday to Friday 8am until 4pm. The GPEU administration team are able to assist you with any general enquiries you may have.

[Inga Janmere](#) (01962 690477) is the GPEU Southampton Administration Manager who directly assists Dr Rik Elliott and provides support to Dr Jonathan Rial in relation to post allocations and queries, as well as assisting all GP Trainees, GP Trainers and GPEU Southampton colleagues with enquiries and support.

[Dr Sue Lambrou](#) (01962 690479) is our GPEU Southampton Co-ordinator. She provides support to the wider GPEU Southampton team, organises courses, trainee educational sessions and is able to provide GP Trainees with assistance in relation to their queries.

[Carol Reed](#) (01962 690478) is our GPEU Administrator. She provides support with Day Release and provides assistance in relation to wider team queries.

Associate Deans

Dr Rik Elliott is the Associate Dean for Postgraduate GP Education. Rik can be contacted via [Inga Janmere](#).

[Dr Jonathan Rial](#) Associate GP Dean for ARCP is responsible for the allocation of GP training posts. Jonathan can be contacted via e-mail or through [Inga Janmere](#).

Educational Team

The following Programme Directors run the educational sessions you will attend throughout your GP Training. During your ST1 year, one of the Programme Directors will be allocated as your Educational Supervisor. We would strongly encourage you to let them know about your posts – the good and the bad – and to approach them with any problems relating to your training. Pastoral care is a key part of their role.

The Programme Directors are usually based at the Education Centre on Wednesdays and can be contacted via the Administration Team.

Programme Directors

- Dr Suzanne Bates (currently on maternity leave)
- Dr Emily Chamberlain (currently on maternity leave)
- Dr Emily Edwards (currently on maternity leave)
- Dr Olie Morris
- Dr Nicola O'Shaughnessy
- Dr Duncan Platt
- Dr Sam Powell
- Dr Jonathan Rial
- Dr Laura Sheldrake
- Dr Stacey Ringham (covering maternity leave)
- Dr Tessa Lambton (covering maternity leave)

GP Education Facilitators

- Dr Ed Klaber
- Dr Tessa Lambton

Resources

Websites

- [Southampton GP Education](#)
- [Health Education Wessex](#) – Main website
- [Health Education England \(Wessex\) GP Training Guide](#)
- [Health Education England \(Wessex\) AiT Handbook](#)
- [Royal College of General Practitioners \(RCGP\) - Home](#)
- Royal College of General Practitioners [Portfolio](#)
- [General Medical Council](#)
- [Home - Wessex LMCs](#)