

**GP Education Unit**  
Southampton, New Forest and Jersey



# Southampton, New Forest and Jersey

## General Practice Specialist Training Handbook

Southampton GP Education Unit

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# Southampton General Practice Specialist Training

Welcome to the Southampton General Practice Specialist Training Scheme!

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

Your Programme Directors offer you:

- Regular, protected, GP-orientated teaching (monthly during ST1 and ST2, weekly during ST3). This will be a mix of clinical and career development sessions
- Educational supervisor reviews during your ST1 posts
- Regular monitoring of your hospital posts via questionnaires. This feedback enables us to change and develop the posts
- A supportive team of GPs who can provide mentorship and career guidance
- A course which is nationally respected and is at the forefront of developing initiatives in GP training

## Structure of the Vocational Training Scheme (VTS)

ST1		ST2		ST3	
ST1 Hospital Post (6 months) <i>or</i> ICC Post	ST1 Hospital Post (6 months) <i>or</i> ICC Post	ST2 Hospital Post (6 months) <i>or</i> ICC Post <i>Or</i> ITP post	ST2 Primary Care Post (6 months) <i>or</i> ICC Post	ST3 Primary Care Post (12 months)	
			Small Group Sessions		
			Out of Hours	Out of Hours	
ST 1 and 2 Monthly Teaching Sessions				ST3 Weekly Teaching Sessions	
Portfolio and Workplace Based Assessments (WPBA)					
Register with RCGP at start of ST1			Applied Knowledge Test (AKT)	Recorded Consultation Assessment (RCA)	
			3 month ST2 GP Review with Associate GP Dean		
Educational Supervisor Review +/- ARCP	Educational Supervisor Review + ARCP	Educational Supervisor Review +/- ARCP	Educational Supervisor Review + ARCP	Educational Supervisor Review +/- ARCP	Final Educational Supervisor Review + ARCP

### Educational Support

For every hospital-based post, there are three people who should have regular contact with you:

- Your **Clinical Supervisor**. This is your consultant in hospital posts in the ST1/2 years and will change every post. The clinical supervisor oversees the education you receive in the specialty post and should ensure you receive an induction and a Clinical Supervisor Review during your post. You should have informal access to your Clinical Supervisor each week if you need it.
- Your **Educational Supervisor**. During ST1 you will be allocated an Educational Supervisor who will be one of the Programme Directors. During ST2 and ST3 your Educational Supervisor will be your GP Trainer. You should arrange to meet up with your Educational Supervisor at least every six months. Your Educational Supervisor will help you review your learning objectives for each post in the context of your career in General Practice whilst also providing general support and advice.
- Your **GP Programme Directors** will co-ordinate the teaching sessions for GP Specialist Trainees. They oversee the rotations and are also available for career 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 timetables for teaching sessions (see [page 9](#) for more information). Please ensure your department and rota supervisor are aware of the teaching days – it is your responsibility to make sure 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 ST1s as part of the teaching sessions in August and February.

## How to get the most out of your hospital rotations

Most available hospital placements will rotate at the end of 6 months. We do also offer Integrated Community Care posts that rotate every 4 months for one year and give you a wide and varied experience in aspects relevant to your future GP career.

### Before each hospital post:

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

### During the post:

#### Start:

- Meet with your Clinical Supervisor (**there is an optional 'placement planning meeting' log entry format on your portfolio which you can complete to record this. This is not a mandatory requirement and there is no form for your supervisor to complete.**)
- Identify GP orientated needs and aims for the post (see Personal Development Plan see [page 18](#))
- 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 (see [page 19](#) for the list of capability areas that need to be achieved before every Educational Supervisor Review).

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

## Documentation for ST1 and ST2 Hospital Posts

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
- Have 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 and are held at Southern House, Otterbourne 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 need to ensure that you and your practice complete a **Wessex TG form**. This form ensures you are paid and is also part of the application process for the **Performers List**. You will be notified by email when you have been added to the Performers List and you can search for yourself [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.



# ICC

Some programmes include a year of ICC (Integrated Community Care). This comprises three four-month posts: Medicine at Lymington Hospital, regular ST2 GP post, and an ICC block. For a full-time trainee the ICC block gives you three days a week in a variety of community-based clinics and two days in GP. The clinics include Pain, Respiratory, Palliative Care at Oakhaven, Frailty, Musculoskeletal and Diabetes, giving you a broad experience.

Features of ICC block:

- This block is un-banded (no additional pay over basic pay). There is no OOH requirement during the ICC block.
- During the GP days in ICC, your clinical and educational time will be as per normal proportions: Sixteen hours to be worked in total, of which 4.8 hours should be educational. This should generally include around 1.5 hours of tutorial, and the rest can be used for other education or CPD.
- **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 31](#). 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 three blocks in the year. During the ICC block, 40% should be in GP, and 60% in the community clinics.
- **WPBA:** Normal requirements for the year. You can do a mix of miniCEX and COTs in the ICC block, depending on where you are working that day.

## Educational Reviews

Every six months, you will meet with your Educational Supervisor to complete a review of progress. Evidence collected is reviewed, a self-assessment conducted and your progress will be assessed by the Educational Supervisor in each of the thirteen capability areas (see [page 19](#)).

**ST1 and ST2 educational supervisor reviews (ESRs) will take place in December and June.** Please ensure you arrange this with your Educational Supervisor. Dates for the ARCP Panels are fixed therefore reviews must be completed by the deadlines set.

Prior to each review, you are required to collect a number of pieces of evidence to support judgements that will be made about your progress. The minimum data set required is shown in table format on [page 25: Checklist of Requirements for WPBA by Specialist Training Year](#). You must also complete a self-rating through the Portfolio. All the evidence should be in your Portfolio for your Educational Supervisor to review at least 2 weeks before the date of your ESR.

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 reference at least three pieces of evidence per capability and then 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 and ST2 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 IPU: detailed descriptors).

A video explaining how to prepare for an ESR including the self-rating can be found [here](#).

The Educational Supervisor makes a recommendation to the Wessex Deanery regarding your progress. A failure to reach the standard will trigger a review by an expert Wessex Deanery panel called the **Annual Review of Competency Progress (ARCP)**. They will make decisions and recommendations with regards to progression through training. For more information on ARCP, see the ARCP section of this handbook on [page 21](#).

# ST1/2 Teaching 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 teaching 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 [Dr Sue Lambrou](#), GPEU Administrator, to provide your apologies and the reason for your absence.

## Teaching Sessions in Southampton

We hold monthly half day educational sessions for GP ST1s and ST2s. Between June and August 2021 these are being held remotely over the video conferencing platform Zoom. This will then be reviewed and depending on government restrictions will continue either remotely or return to face-to-face sessions held at the Education Centre, C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, Tremona Road, Southampton, SO16 6YD. *These are for trainees based in Southampton and the New Forest; trainees based on Jersey do not attend these.*

These GP orientated educational sessions are held on every third Wednesday of the month. They 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 presentations on topics or discussion of journal articles, interesting/challenging 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 Teaching 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.

## Teaching 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. **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 Rachel Owers, Programme Director. 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 Teaching Sessions, and can use them to discuss practice-based experiences. There is no additional small group session for ST2s in General Practice on Jersey.

## 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 MDDUS for GP trainees in Wessex. This will allow these GP trainees to arrange their additional cover at a reduced rate. As MDDUS will 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.

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

## ST3 Teaching Sessions

We run a weekly programme of educational sessions held on Wednesdays throughout the ST3 year. Between June and August 2021 these are being held remotely over the video conferencing platform Zoom. This will then be reviewed and depending on government restrictions will continue either remotely or return to face-to-face sessions held at the Education Centre, C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, Tremona Road, Southampton, SO16 6YD. *All ST3s are based in Southampton and the New Forest; there are no ST3 posts on 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 [Dr Sue Lambrou](#), GPEU Administrator, to provide your apologies and the reason for your absence. It is useful to make a record of the Teaching 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 teaching session, you are expected to be in surgery for the other sessions 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 or KIC Presentations

When face-to-face sessions resume, we will begin each session with a short presentation by a GP Trainee. You can either opt to do a Keep It Concise (KIC) or a Soap Box presentation. 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](#).

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.

A **Keep It Concise (KIC)** is a structured presentation of a clinical pearl or hot topic. You use 15 slides only which are set to advance automatically every 30 seconds (this can be arranged with PowerPoint settings). The topic should be relevant and useful to GP and you should cover key points only; do not aim to cover all of the background and knowledge. For the slide layout, less is more. Avoid too many words or tables on one slide. Use a narrative to help the flow and consider what the main few take-home messages are. Practice the presentation at the 30 seconds per slide pace.

## Small Group Work

Group learning is a cornerstone of our teaching, and **groups of 8 - 10 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.

## Residential

Every year in September we hold a residential educational session at the Balmer Lawn Hotel in Brockenhurst. This gives you the opportunity of getting to know your fellow registrars as well as to focus on learning. Overnight accommodation and meals are provided at no cost to you. (This will of course depend on COVID-19 restrictions).

## 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 RCA when you are beginning to think about what jobs you might like to apply for when you qualify.

building ramble. You will be encouraged to work in a group to solve a series of tasks

## Timeline for last 6 months of ST3

February <i>(August for February Starters)</i>	Ensure you have completed <a href="#">required numbers</a> 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 <a href="#">requirements</a>	Commence process of registering with GMC for on-line <a href="#">application</a> for CCT:
March <i>(September for February Starters)</i>		Perform final MSF (minimum of 10 respondents) – ensure 1 MSF and 1 Leadership MSF in your ST3		Maintain appropriate PDP	
April <i>(October for February Starters)</i>		Perform PSQ (min. 40 completed questionnaires)		Complete Mandatory CEPS	
May <i>(November for February Starters)</i>		Must be completed before review with Educational Supervisor			
<b>Review with Educational Supervisor before end of May (<i>December for February Starters</i>)</b>					
<b>Educational Supervisor completes and submits report no later than 2 weeks before ARCP Panel</b>					
June <i>(December for February Starters)</i>	<b>ARCP Panel (first Wednesday in June, or January for February Starters). Results of panel available in Educators Notes section of Portfolio shortly afterwards</b>				
<b>After satisfactory ARCP Panel report has been issued, successful Trainees should apply for CCT via Portfolio.</b>					
<b>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</b>					
July <i>(January for February Starters)</i>				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 <i>(February for February Starters)</i>					Start work as independent GP



# Parking Permits for Southampton Teaching Sessions

ST3 GP Trainees may be able to apply for a parking permit for the Wednesday Teaching Programme through [Travelwise](#). The permit will only be valid on a Wednesday – Travelwise **will not** allow you to use your permit/card on any other day

- **If you choose to park on the hospital site for a Wednesday Teaching 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 Travelwise while you are waiting to be approved. Travelwise will endeavour to process your form in good time.
- Small group teaching or educational appointments 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 are not entitled to car parking permits or exit tickets for their monthly Wednesday teaching 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 [Travelwise](#) directly regarding this.

# 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 (RCA)

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 RCA 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 which 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 Log**; where you can reflect on learning experiences
- **Personal Development Plan**; where you can record learning needs and how they are met
- **Evidence**; where clinical assessments such as mini-CEX/COT, Cbd/CAT, CEPS, MSF, PSQ and prescribing assessment are recorded
- **Review Preparation**; where you can see how many learning log entries have been linked to the curriculum statements and validated against professional capability areas. It also includes the self-rating which needs to be completed before the six-monthly educational reviews
- **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 the 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, Quality Improvement Activity, CEPS Reflections, Placement Planning Meeting, Academic Activity

Each entry can be linked to one or more of the relevant Curriculum 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 reviews 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.
- **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

## 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 entry.

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

- MRCGP [Curriculum](#)
- Wessex AiT [Handbook](#)
- Wessex [HEE 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 Specialist 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 their performance needs to be collected throughout the training period using these tools:

- Case-Based Discussion (CBD) or Care Assessment Tools (CAT) in primary care
- Consultation Observation (COT) in primary care or Mini-CEX in secondary care
- Clinical Examination and Procedural Skills (CEPS)
- Multi-Source Feedback (MSF)
- Patient Satisfaction Questionnaire (PSQ) in primary care posts
- Clinical Supervisors Report (CSR) in secondary care posts
- Prescribing Assessment

The minimum number of each type of assessment required is shown on [page 25](#).

## 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 and also within the RCA. 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 no minimum number of assessments to be recorded. 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 of the evidence in your portfolio and make a decision on whether 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 Report). This should include all the evidence listed on [page 25](#).
- A fully completed Form R. This can be downloaded from the Deanery website. This must be sent to the deanery as per their email instructions that will come at least 6 weeks before your ARCP.

Please check that the Educational Supervisor has completed the review beforehand, and you need to sign it off.

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 sent to the deanery. 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 (e.g. sick time). This should include weekends, so if you were off on a Friday and the following Monday, please declare four days.

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

- Failure to submit a satisfactory Form R.
- Not attaching required documentation to log entries. This comes up a lot, especially for OOH shifts. Also needed for BLS, safeguarding.
- Not getting five clinicians to complete MSF. This is a minimum for all MSFs. In GP you need five non-clinicians as well.
- Procedural skills being recorded as MiniCEXs. If you have been observed doing a shoulder reduction, taking a smear etc this should be recorded as CEPS, not MiniCEX.
- Remember CEPS must be signed off by a doctor of ST4 or higher. The only exception would be a specialist nurse (e.g. in a breast clinic, who could sign off a breast examination). Practice nurses cannot sign off CEPS.
- Incomplete mandatory CEPS (at ST3). You must provide evidence of both speculum and bimanual examinations as well as the other intimate examinations.

## 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 basic facts.

Candidates will be eligible to attempt the AKT from the beginning of ST2. We recommend that the AKT is taken during the ST2 primary care post. Exams are held in October, January and April/May each year.

The AKT is a rigorous professional examination and candidates should ensure that they prepare adequately.

Southampton GP Education Unit provides an AKT preparation course consisting of three half-day sessions, in addition to the usual teaching sessions. You can only attend this course once.

More information is available on this RCGP [webpage](#).

### **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](#)



## Recorded Consultation Assessment (RCA)

The Recorded Consultation Assessment has currently replaced the CSA (Clinical Skills Assessment) and will continue until further notice while the COVID-19 disruption continues. GP trainees are eligible to take the RCA from ST3 onwards. The RCA is a summative assessment of a trainees' ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. Information about the RCA may be found on the following College [webpage](#).

Trainees are required to submit thirteen pre-recorded audio or video consultations from their own current working environment. These may be telephone, video or face-to-face consultations. Cases are submitted via the online FourteenFish RCA platform. Further details about the requirements for case submissions can be found [here](#).

Details on how and when to apply to sit the RCA can be found on the [RCGP website](#).

### **The RCA focuses on assessing your ability in the following areas of the curriculum:**

#### Knowing yourself and relating to others

- Develop the attitudes and behaviours expected of a good doctor
- Treat others fairly and with respect
- Provide care with compassion and kindness
- Establish an effective partnership with patients
- Maintain a continuing relationship with patients, carers and families.

#### Applying clinical knowledge and skill

- Apply a structured approach to data gathering and investigation
- Interpret findings accurately to reach a diagnosis
- Demonstrate a proficient approach to clinical examination
- Adopt appropriate decision-making principles
- Apply a scientific and evidence-based approach
- Provide general clinical care to patients of all ages and backgrounds
- Adopt a structured approach to clinical management
- Make appropriate use of other professionals and services
- Provide urgent care when needed

#### Managing complex and long-term care

- Enable people living with long-term conditions to improve their health
- Manage concurrent health problems in an individual patient
- Adopt safe and effective approaches for patients with complex health needs
- Work as an effective team member coordinating a team-based approach to the care of patients.

#### Caring for the whole person and wider community

- Demonstrate the holistic mindset of a generalist medical practitioner

- Support people through individual experiences of health, illness and recovery; Understand the health service and your role within it.

We recommend that you form your own peer learning groups to study for the RCA. Facilitated study groups to help with RCA preparation run in Southampton each year beginning in October. These are provided outside of teaching sessions and are free for Southampton trainees. You can only attend these once.

## **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

## **General Practice Specialist Training Year 1**

- 36 Clinical Case Reviews (3 per calendar month)
- 1 Quality Improvement Activity log in ST1
- 1 Learning Event Analysis log in ST1
- CEPS (assessment or reflection)
- Safeguarding
  
- 1 placement planning meeting per post
- 1 Clinical Supervisor Report per post
- 4 miniCEX
- 4 CbD
- 1 MSF with 10 responses
  
- 1 interim ESR (if progress is satisfactory. A full ESR may be required instead of an interim ESR)
- 1 ESR
- Form R and GMC survey log entry before ARCP
  
- CPR and AED use (Competence in BLS and AED use for all placements)
- Child and Adult Safeguarding (Knowledge and reflection in adult and child safeguarding ST1-3)
- See further details on requirements for CPR and AED use and Safeguarding [here](#).
- Full details on requirements available on [RCGP website](#)

*If in a general practice post at ST1, 1 QIP is also required*

## **General Practice Specialist Training Year 2**

- 36 Clinical Case Reviews (3 per calendar month)
- 1 Learning Event Analysis log in ST2
- CEPS (assessment or reflection)
- Safeguarding
- Urgent and Unscheduled Care (in GP post)
  
- 1 placement planning meeting per post
- 1 Clinical Supervisor Report per post\*
- 4 miniCEX/COT (miniCEX in hospital posts; COT in GP posts)
- 4 CbD
- 1 MSF with 10 responses
- 1 QIP in GP post
  
- 1 interim ESR (if progress is satisfactory. A full ESR may be required instead of an interim ESR)
- 1 ESR
- Form R and GMC survey log entry before ARCP

- CPR and AED use (Competence in BLS and AED use for all placements)
- Child and Adult Safeguarding (Knowledge and reflection in adult and child safeguarding ST1-3)
- See further details on requirements for CPR and AED use and Safeguarding [here](#).
- Full details on requirements available on [RCGP website](#)

### **General Practice Specialist Training Year 3**

- 36 Clinical Case Reviews (3 per calendar month)
- 1 Quality Improvement Activity log in ST3
- 1 Learning Event Analysis log in ST3
- CEPS (assessment or reflection), of the 5 mandatory CEPS as well as a range of others throughout GP training
- 1 Leadership log entry
- Safeguarding
- Urgent and Unscheduled Care
  
- 1 placement planning meeting per post
- 1 Clinical Supervisor Report per post\*
- 6 miniCEX
- 5 CAT
- 1 MSF
- 1 Leadership MSF
- 1 Prescribing Review
  
- 1 interim ESR (if progress is satisfactory. A full ESR may be required instead of an interim ESR)
- 1 ESR
- Form R and GMC survey log entry before ARCP
  
- CPR and AED use (Competence in BLS and AED use for all placements)
- Child and Adult Safeguarding (Knowledge and reflection in adult and child safeguarding ST1-3)
- See further details on requirements for CPR and AED use and Safeguarding [here](#).
- Full details on requirements available on [RCGP website](#)

\*CSR to be done in a general practice post if the clinical supervisor is different to the educational supervisor, or if the evidence in the portfolio does not give a full picture and a CSR would provide this, or if either trainee or supervisor feel it is appropriate.

For more information on WPBA requirements, please see the [WPBA handbook](#).

## **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 [website](#).

Other useful resources are:

<http://www.gponline.com>

<https://www.wessexlmcs.com/gpsd>

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 [link](#) gives information on this process.

## 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 [website](#).

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

**The requirements for Out of Hours and Urgent Unscheduled Care changed in August 2019.**

The new guidance ([COGPED OOH position paper](#)) moves away from 'counting hours' of OOHs work completed. Instead it puts responsibility onto trainees to ensure full and comprehensive learning has been undertaken across six key OOHs competencies:

1. Ability to manage common medical, surgical and psychiatric emergencies
2. Understanding the organisational aspects of NHS out of hours care, nationally and at local level
3. The ability to make appropriate referral to hospitals and other professionals
4. The demonstration of communication and consultation skills required for out of hours care
5. Individual personal time and stress management
6. Maintenance of personal security, and awareness and management of security risks to others

[UUC FAQs \(Wessex\)](#) explains how this guidance is implemented in Wessex. There is also further information [here](#).

You will need sufficient evidence of engagement with and performance of Urgent and Unscheduled care for your Educational Supervisor to make a judgement of progression in this area during training and a judgement concerning competence in this area at the end of ST3. Evidence may be generated throughout your GP training, including whilst in hospital posts (for more detail, see [Examples of UUC activities and Evidence](#)). 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 OOHs 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 see the document on HEE Wessex GP School website, AIT handbook or talk to colleagues, your TPDs and your GP trainer). You should use the [UUC observation session record](#) form to record your attendance at such a session and describe your learning. If this record is attached to and expanded on within an 'OOHs session' learning log entry then it could provide an effective piece of evidence towards attainment of UUC capability. Observational sessions in ST2 are particularly appropriate for developing competency 2: "Understanding the organisational aspects of NHS out of hours care, nationally and at local level", but may also develop other competencies including 5 and 6. Because you are not providing any clinical care during observational sessions you should not use them to demonstrate competencies 1, 3 or 4. 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 several are done OOHs when there is a more limited range of services available and patients/clients are likely to be unfamiliar to the team.



## UUC and OOHs 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 CCG practices the main provider for OOHs GP appointments is Southampton Primary Care Ltd (SPCL). For trainees in West Hampshire CCG practices the main providers are Partnering Health Limited (PHL – Winchester, Lymington and Ringwood), Tri Locality Care (Romsey, Totton and Waterside) and Eastleigh and Southern Parishes Network (Hedge end and Botley). PHL also have the contract for the Clinical Assessment Service (telephone triage) and are subcontracted to provide OOHs home visiting service across Hampshire.

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 [UUC session record](#) form for each session that you work and attach this to an OOH Session learning log entry. This form records 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, learning points, any competencies demonstrated and future learning needs. It must be countersigned by your clinical supervisor for the session. An example of a completed form is [UUC session record completed](#). These sessions are likely to be particularly appropriate for providing evidence towards competencies 1, 3 and 4. 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 your UUC/OOHs experiences are appropriate and adequate to demonstrate UUC capability for your final ARCP and CCT. It is important that you meet regularly to discuss your progression in this area, identify your main pieces of evidence and consider where there is need for further development and the best way(s) to achieve this. Ultimately you must identify your main pieces of supportive evidence using the [UUC Evidence for ARCP](#) document which is then uploaded to your ePortfolio so it is available for the ARCP panel to review if required. It may be helpful to review and update this document together regularly during the ST3 year to help guide your future UUC/OOHs work.

# Safeguarding

The GP curriculum states that all GPs should be competent in dealing with safeguarding. This includes recognising the clinical features, knowing about local arrangements for child protection, referring effectively and playing a part in assessment and continuing management. 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.

By the completion of ST3, GPSTRs are required to have demonstrated level 3 competences in safeguarding children within their Portfolio. This should normally include reflection in their learning log which demonstrates their understanding of child safeguarding throughout their training and any relevant courses, e-learning modules or conferences attended.

Useful resources:

- 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](#)
- MRCGP Safeguarding requirements can be found [here](#)

Safeguarding training is offered on the Day Release Course programme through a morning session, with an optional afternoon session on the same day. **Completion of both the morning and afternoon sessions will result in a Level 3 Safeguarding certificate.** Also, surgeries often offer in house training annually. Each surgery has a named Safeguarding GP Lead who may also be a useful resource.

## 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 teaching year (pro rata for less than full time). Study leave cannot be rolled over between posts.

This study leave is linked to;

- a) Course or Programme
- b) Research
- c) Teaching
- d) Taking examinations
- e) Attending conferences for educational benefit
- f) Rostered training events

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

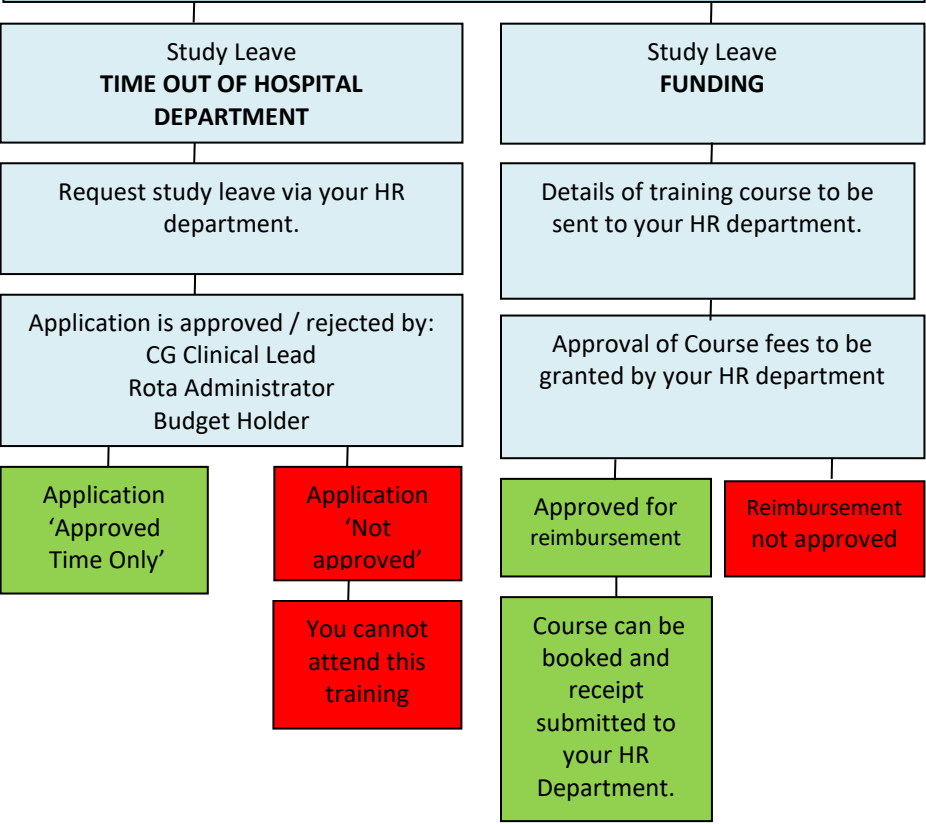
The entitlement is inclusive of both study and professional leave.

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 (e.g. 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.

The following flow charts show the process for applying for Study Leave when in Hospital and GP Training posts.

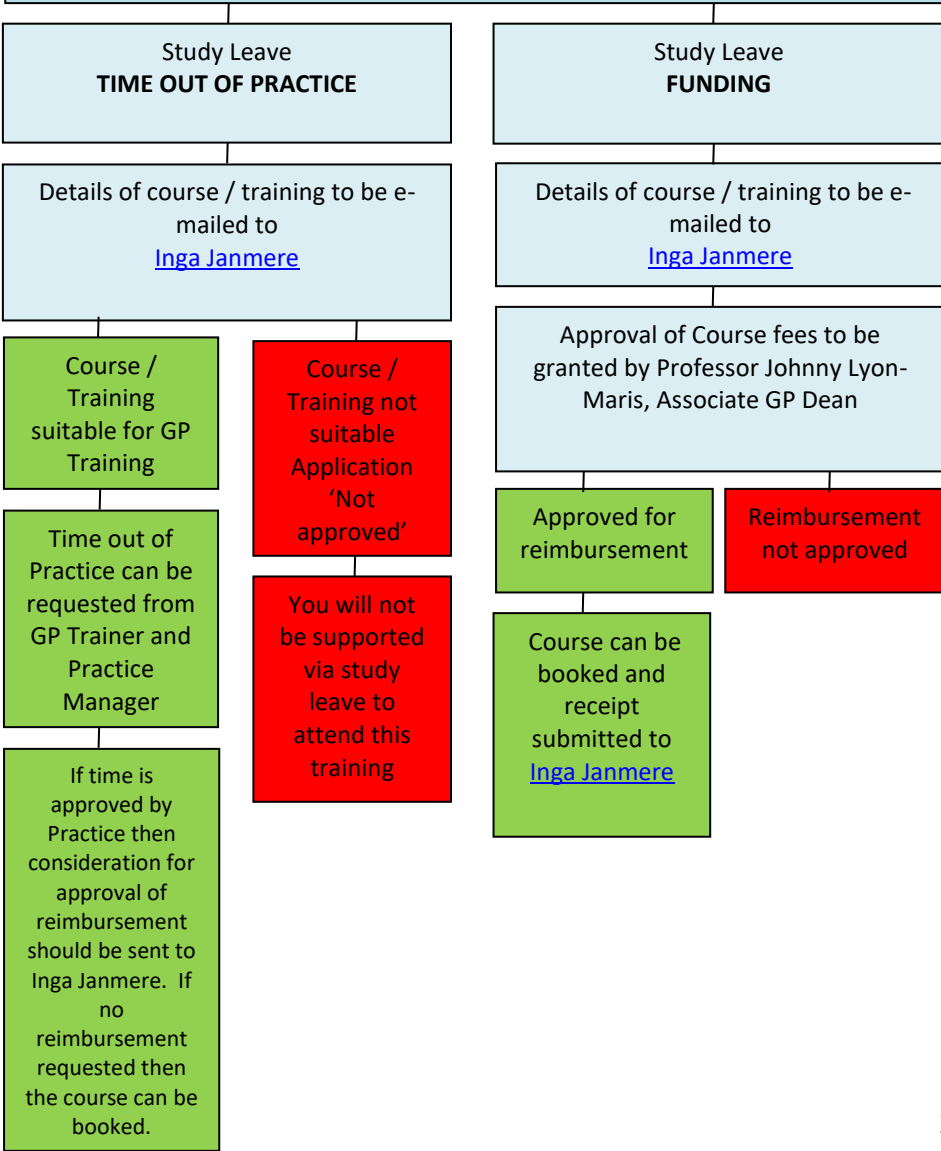
# GP ST Study Leave

## 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
- 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

Course Title	Maximum Reimbursed	Notes
<b>AKT Preparation Course</b>	<b>£70.00</b>	<b>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.</b>
<b>CSA Preparation</b>	<b>£238.00</b>	<b>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.</b>
<b>Dermatology Course</b>	<b>£50.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>

<b>ENT Course</b>	<b>£30.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>
<b>Gynaecology Course</b>	<b>£30.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>
<b>GP Primary Care Mental Health Course</b>		<b>Only available for reimbursement in Hospital placement via Hospital</b>
<b>Hot Topics Course</b>	<b>£50.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>
<b>Minor Surgery or Joint Injection Course</b>	<b>£60.00</b>	<b>Reimbursement for all trainees when in General Practice</b>
<b>Ophthalmology Course</b>	<b>£30.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>
<b>Paediatrics Course</b>	<b>£30.00</b>	<b>Reimbursement amount for all trainees when in General Practice</b>
<b>STIF Courses</b>	<b>£50.00</b>	<b>Reimbursement for all trainees when in General Practice</b>

# Maternity Leave

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

To ensure that return to training after maternity leave is as seamless as possible, it would be useful to consider what the likely return from maternity leave date will be and also if you wish to return to training [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 on [this page](#) of the Deanery website.

## Trainees in GP Practice

Once you have your MATB1 form, this needs to 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

To apply for Less Than Full Time Training, you need to complete and submit a form to the [Less Than Full Time Training 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 and Rachel Owers** (Hospital placements) **or Jonathan Rial** (GP Placements), **Programme Directors**. Please note that an increase to your training time may result in you repeating some ST1/2 Day Release Teaching sessions (depending on your stage of training). You should attend the teaching 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 teaching year.

Once LTFTT has been approved:

a letter of confirmation will be sent to the applicant via email from the GP School. 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 the [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 e.g. 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 Professor Johnny Lyon-Maris, 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 on teaching sessions, are also there to help. Other sources of support are linked below.

### **Coaching:**

<https://www.tvwleadershipacademy.nhs.uk/coaching-and-mentoring>

<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](mailto: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 08459 200169

## Out of Programme

The usual purpose of Out of Programme Experience (OOPE) is to allow a trainee to gain additional clinical experience which will benefit the NHS and the trainee or to enable the trainee to undertake a period of research.

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, Professor Johnny Lyon-Maris. 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](#) (02381 20 6751) is the GPEU Southampton Administration Manager who directly assists Professor Johnny Lyon-Maris and provides support to Dr Rachel Owers and 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](#) (02381 20 6579/6751) is our GPEU Southampton Co-ordinator. She provides support to the wider GPEU Southampton team, organises courses, trainee teaching sessions and is able to provide GP Trainees with assistance in relation to their queries.

[Carol Reed](#) (02381 20 6752) is our GPEU Administrator. She provides support with Day Release and provides assistance in relation to wider team queries.

## Associate Deans

Professor [Johnny Lyon-Maris](#) is the Associate Dean for Postgraduate GP Education. Johnny can be contacted via e-mail or through [Inga Janmere](#)

[Dr Jonathan Rial](#) Associate GP Dean for ARCP is responsible for the allocation of GP posts for ST2s and ST3s. Jonathan can be contacted via e-mail or through [Inga Janmere](#).

[Dr Rachel Owers](#) Programme Director is responsible for Day Release and allocation of Hospital posts for ST1s, ST2s. Rachel can also be contacted via e-mail or through [Inga Janmere](#)

## Educational Team

The following Programme Directors run the teaching 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 Emily Chamberlain
- Dr Ollie Morris
- Dr Nicola O'Shaughnessy
- Dr Rachel Owers
- Dr Duncan Platt
- Dr Sam Powell
- Dr Jonathan Rial

## GP Education Facilitators

- Dr Suzanne Bates
- Dr Ed Klaber
- Dr Laura Sheldrake
- Dr Tessa Lambton (Fellow)

## Research

Wessex Primary Care Research Education Lead

- Dr Samantha Scallan

# 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](#)
- Royal College of General Practitioners [Portfolio](#)
- [General Medical Council](#)
- [Wessex LMC](#)