

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 three year specialist training programme. Things do change from time to time and we 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, with feedback which 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)	ST1 Hospital Post (6 months)	ST2 Hospital Post (6 months)	ST2 Primary Care Post (6 months)	ST3 Primary Care Post (12 months)	
ICC Post (See Patch Office for details)	ICC Post (See Patch Office for details)	ICC Post (See Patch Office for details)	ICC Post (See Patch Office for details)		
			Small Group Sessions		
			OOH (36 hours)	OOH (72 hours)	
ST 1 + 2 Monthly Teaching Sessions				ST3 Weekly Teaching Sessions	
e-Portfolio and Work Place Based Assessments (WPBA)					
Register with RCGP at start of ST1			Applied Knowledge Test (AKT) October/January/April	Clinical Skills Assessment (CSA) October - May	
			3 month ST2 GP Review with Associate GP Dean		
December Educational Review +/- ARCP	June Educational Review + ARCP	December Educational Review +/- ARCP	June Educational Review + ARCP	December Educational Review +/- ARCP	May Final Review + ARCP

VTS educational support

For every six-month post based in hospital, 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 six months. He or she 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. Educational Supervisors also provide general support and advice.
- Your **GP Programme Directors**, who will co-ordinate the teaching sessions for GP Specialist Trainees. They oversee the rotation and are also available for career advice and general support.

ST1 and ST2

Starting in ST1

Ensure that you know which post you are starting and that you are punctual on your first day. You can expect to have a hospital and departmental induction in the first week.

You will need to register as soon as possible with the Royal College of General Practitioners (RCGP) in order to gain access to the ePortfolio. The ePortfolio 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). The ePortfolio enables you to record a wide range of learning experiences through Work Place Based Assessments, the Personal Development Plan and the Learning Log. 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.

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 a period of a year and give you wide and varied experience in aspects relevant to your future GP career. If you have a preference for an ICC post or wish to learn more, please email [Inga Janmere](#), GPEU Administration Manager, for more details.

Before each hospital post

- Talk to predecessors
- Work out a rota in advance to plan study leave and annual leave
- Investigate what courses/exams are available
- Reading around your learning needs in the post

During the post

Start

- Meet with your Clinical Supervisor (there is an optional 'placement planning meeting' log entry format which you can complete to record this)
- Identify areas for development how to overcome them
- Identify GP orientated needs and aims for the post (see Personal Development Plan section)
- Liaise with colleagues in the same job
- Aim to identify appropriate referrals
- Start early in achieving your CbDs, MSF and mini-CEX as leaving these assessments until the end of your post can make them difficult to achieve and cause unnecessary stress

Middle

- Continue to maintain learning log, PDP and achieve workplace-based assessments
- Take study leave and annual leave
- Reassess your learning needs and check above objectives are being achieved.

End

- Identify areas not covered
- Pass on information to successors

Other top tips

- With all posts you need to recognise the sick patient, identify emergencies and instigate initial management
- Go to the induction session
- Obtain any departmental guidelines that are up to date
- Ensure you have rehearsed for expected emergencies, such as cardiac arrest
- Organise yourself with a timetable, a list of useful numbers, and knowledge of where to get refreshments
- Be part of the team. Listen and learn from everyone, especially the nurses. Build your relationships as the others in the team will help you out when it is busy or you don't know
- 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, 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 for hospital posts.
- 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 [online](#)
- **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 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;

- You need to ensure that a **PAY1 form** is completed. This form can be found [here](#). Please note that this form needs to be sent in hard copy, by post to the address detailed on the form. This will ensure that you are paid whilst you are in your GP placement
- Join the **Performers List**. This needs to be done at the start of your ST2 GP post. More information can be found [here](#). To check if you are already registered please look at their website [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 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 [Karen Walsh](#) 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.

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 professional competency areas.

ST1 and ST2 educational supervisor reviews (ESRs) will take place in December and June – please ensure these are arranged 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 judgments that will be made about your progress. The minimum data set required is shown in the handbook section entitled “Checklist of Requirements for WPBA by Specialist Training Year” and on this [webpage](#).

In the self-rating, you are required to rate yourself in the competence areas and comment on the evidence in your portfolio to support this. You should reference at least three pieces of evidence per competence and then discuss how this evidence demonstrates this competence. 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.

The Educational Supervisor makes a recommendation to the Wessex Deanery regarding your competence. A failure to reach the standard will trigger a review by an expert Wessex Deanery panel called the Annual Review of Competency Progress (ARCP), which will make decisions and recommendations as to whether the Workplace Based Place Assessment has been completed satisfactorily.

Dr Jonathan Rial and Dr Janet Magee are the Wessex ARCP Associate Deans and queries regarding the ARCP should be directed to the Deanery by [email](#) or telephone direct dial 01962 718 440.

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 these 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 [Jane Carr](#), 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 in the Education Centre, C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

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 portfolios. 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 an 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 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 Kevin Reynolds, an experienced trainer, and Rachel Owers, programme director. The sessions are learner-led and involve topic-based presentations, discussion of interesting/challenging cases, e-portfolio queries and Enquiry Based Learning.

During your ST2 in General Practice post on Jersey 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 need to ensure that a **PAY1 form** is completed. This form can be found [here](#). Please note that this form needs to be sent in hard copy, by post to the address detailed on the form. This will ensure that you are paid whilst you are in your GP placement.

- 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 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 [Karen Walsh](#) 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.

Vocational Training Scheme (VTS) in ST3 (Teaching Sessions)

We run a weekly programme of educational sessions held on Wednesdays throughout the ST3 year in the Education Centre, C Level, South Academic Block, University Hospital Southampton NHS Foundation Trust, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD. The session starts at 9.00am and finishes at approximately 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, in preparation for the CSA exam. 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 [Kat Barnes](#) 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 monitor your development throughout the year.

Soap Box or KIC Presentations

We begin each session with a short presentation by a GP Trainee. The Trainee can either opt to do a 'soap box'; a 15 minute presentation on a non-medical topic of their choice. We encourage you to use a variety of media to support your presentation including; video clips and music. Alternatively use 'KIC' (Keep It Concise) which is a structured presentation of a clinical pearl or hot topic. For a quick guide to how to do a 'KIC' see below.

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 Kat Barnes, 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 [Kat Barnes](#).

'How To' KIC Clinical Pearls

15 slides, advancing automatically every 30 seconds (this can be set using Powerpoint settings).

Topic:

- a 'Hot Topic', relevant and useful to GP
- not supposed to cover all the knowledge, just key points .

Slides:

- less is more
- consider what will jog your memory

- avoid too many words/ tables on one slide

Structure:

- Consider what the take home messages are
- Narrative to help the flow
- Opportunity at the end for questions, insights and the discussion of relevant cases

Practice!

Small Group Work

We feel that 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 ePortfolio. 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 also include topic based seminars. These are linked specifically to curriculum statements and utilise external facilitators, communication workshops and simulated patients. The Seminar Programme can be found on the Southampton GP Education Unit website. Towards the end of the ST3 year the seminars focus on preparation for life after training and include a Practice Locum, careers day and a Life Skills course which is held at Minstead Lodge in the New Forest.

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.

Forest Day

In July, towards the end of your course, we meet in a picturesque part of the New Forest to take part in a team building ramble. You will be encouraged to work in a group to solve a series of tasks and navigate through woods and across heathland. You will have the opportunity to use or learn map and compass reading skills and exercise your legs as well as your minds.

Timeline for last 6 months of ST3

February	Complete minimum of 6 CBDs and 6 COTs. To be finished before the final review with Educational Supervisor		Complete 72 hours of Out of Hours experience with each session recorded in Learning Log with signed record sheet scanned and attached to log entry as supporting evidence	Continue to write learning log entries ensuring evidence of reflection on Significant Events, audit activity etc. Maintain appropriate PDP Complete Mandatory CEPS	Commence process of registering with GMC for on-line application for CCT:
March		Perform final MSF (minimum of 10 respondents)			
April		Perform PSQ (min. 40 completed questionnaires) Must be completed before review with Educational Supervisor			
May	<p>Review with Educational Supervisor before end of May – complete ‘Review Preparation’ section of the ePortfolio prior to review</p> <p>Educational Supervisor completes and submits report no later than 2 weeks before ARCP Panel</p>				
June	<p>ARCP Panel (first Wednesday in June). Results of panel available in Educators Notes section of ePortfolio shortly afterwards</p> <p>After satisfactory ARCP Panel report has been issued, successful Trainees should apply for CCT via ePortfolio.</p> <p>Unsuccessful Trainees will be sent email from Deanery offices asking them to come for face-to-face interview with Deanery staff to discuss their future</p>				
July				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					Start work as independent GP

Parking Permits for Southampton Teaching Sessions

All GP Trainees will be able to apply for a parking permit for the Wednesday Teaching Programme at no charge;

- A parking permit application form **MUST** be obtained from [Kat Barnes](#), GPEU Administrator and returned to Kat Barnes for processing (please **do not** contact Travelwise directly). Once this is ready for collection Travelwise will then contact you directly to arrange this
 - Please note that paper permits will only be valid in the main dual level car park
 - New, swipe card, permits will only be valid in the new multi-storey, car park 4 which is accessible from Coxford Road and require a £5 deposit to be paid on collection
 - 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.
- Any other training that is attended at the GP Education Unit, Southampton General Hospital 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
- If you are in a placement at Southampton General Hospital you may already be entitled to a permit that will cover you for the whole week. Please apply through your department in the first instance.

MRCGP and ePortfolio

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:

- Work Place Based Assessment (WPBA)
- Applied Knowledge Test (AKT)
- Clinical Skills Assessment (CSA)

There is a detailed curriculum available on the Royal College of General Practitioners website [here](#). The curriculum is broken down into 21 Statements which are relevant to Primary Care. Within each Curriculum Statement you can find a list of learning outcomes, which you will be expected to demonstrate competence in by the end of your training.

The Curriculum also states the 13 Professional Competences, which must be proficiently demonstrated through the WPBA and CSA examination.

Work Place Based Assessment (WPBA)

Please see this [webpage](#) for more details.

Work Place Based Assessment (WPBA) is a process through which evidence of competence in independent practice is gathered in a structured and systematic framework. Evidence is collected over all three years of training in the ePortfolio and used to make a holistic, qualitative judgment about the readiness of the GP Specialist Trainee for independent practice at each educational review. WPBA is a developmental process. It will therefore provide feedback to the GP Specialist Trainee and drive learning. It will also indicate where a doctor is in difficulty. It is learner led: the GP Specialist Trainee decides which evidence to put forward for review and validation by the Educational Supervisor.

How is evidence recorded in the ePortfolio?

The ePortfolio 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, Cbd, CEPS, MSF and PSQ are recorded
- **Review Preparation**; where you can see how many learning log entries have been linked to the curriculum statements and validated against professional competency 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.

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 Encounters, Professional Conversations, Tutorials, Audits/Projects, Significant Event Analysis, eLearning, Reading, Courses/Certificates, Lectures/Seminars or Out of Hours sessions.

Each entry can be linked to one or more of the relevant Curriculum Statements and you should try to demonstrate which competence area(s) you feel that the entry provides evidence for. If your Educational Supervisor feels that you have provided adequate evidence, the entry will be 'validated'. 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.

Half of your entries should be "Clinical Encounters". Quality is important as is linking against curriculum statements appropriately and demonstrating competencies. You should make a **minimum of 1 log entry per week in ST1, 2 per week in ST2 and 3 per week in ST3.**

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;

- **What happened?** A brief synopsis of the event that triggered your learning
- **What did you learn?** 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?
- **What will you do differently in future?** 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?
- **What further learning needs did you identify?** Thoughts about the boundaries of your current competence
- **How and when will you address these?** How can you develop your competencies 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**

New objectives should be added as old ones are achieved. When learning outcomes are achieved you should make a comment about how your practice has been affected and how you have achieved them, for example linking to a mini-CEx or learning log entry.

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

- MRCGP [Curriculum](#)
- “The Condensed Curriculum Guide for GP Training and the New MRCGP” by Ben Riley, Jayne Haynes and Steve Field published by Royal College of General Practitioners (second edition, 2012)
- Wessex ST1 and 2 [Guide](#)
- Wessex AiT [Handbook](#)

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 Competence areas is gathered in different settings during the three years of training.

The 13 areas of Professional Competence are:

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

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 the GP Specialist Trainee moves through the training programme.

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

- Case-Based Discussion (CBD)
- 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

The minimum number of each type of assessment required is shown in the section entitled “Checklist of Requirements for WPBA by Specialist Training Year” and on the following [webpage](#)

Clinical Examination and Procedural Skills (CEPS)

The assessment of Clinical Examination and Procedural Skills is an extremely important part of GP training. Competence in these psychomotor skills is integral to the provision of good clinical practice. 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 CSA. When they complete their training they must be competent to apply their skills unsupervised however complex the clinical context might be.

There is no prescribed list of Clinical Examinations or Procedural Skills which must be demonstrated, but it is essential to show evidence of competence in breast examination and in the full range of male and female genital examinations, as this is required by the GMC.

Similarly, 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 (similar to the old DOPS).

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

1. Are there any concerns about the trainee's clinical examination or procedural skills? If the answer is, "yes" please expand on the concerns and give an outline of a plan to rectify the issues
2. What evidence of progress is there in the conduct of genital and other intimate examinations (at this stage of training), with reference to any previous reviews? Please refer to specific evidence since the last review including Learning Log entries, COTs and CBDs etc
3. What does the trainee now need to do to improve their clinical examination and procedural skills?

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 at any point during their GP Specialty Training, after starting their ST2 year. We would recommend that the AKT should be taken during the ST2 primary care post. Exams are held in October, January and April

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

More information is available on this College [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 critical appraisal and evidence-based clinical practice and 10% on health informatics and administrative issues.

Examples of AKT questions may be viewed on the College [website](#)

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

[On Examination.com](http://OnExamination.com)

[Pass Medicine.com](http://PassMedicine.com)

Clinical Skills Assessment (CSA)

GP trainees are eligible to take the Clinical Skills Assessment (CSA) when they are within 12 months of the expected date of completing their training. The CSA is an assessment of a trainee's ability to integrate and apply clinical, professional, communication and practical skills appropriate for general practice. Information about the CSA may be found on the following College [webpage](#).

The examination takes place in a purpose-built centre at the RCGP Headquarters. Each candidate will be given a consulting room and will have appointments with 13 patients, each lasting ten minutes. Patients are played by role-players who have been trained and calibrated to perform their role in a consistent manner.

The assessment will be available in eight sessions of 6 – 12 days between October and May. The majority of candidates would be expected to take the CSA in the January/February cohort during their ST3 year.

The CSA will test mainly from the following areas of the curriculum:

Primary care management

- Recognition and management of common medical conditions in Primary Care

Problem-solving skills

- Gathering and using data for clinical judgement
- Choice of examination
- Investigations and their interpretation
- Demonstration of a structured and flexible approach to decision-making

Comprehensive approach

- Demonstration of proficiency in the management of co-morbidity and risk

Person-centred care

- Communication with patients and the use of recognised consultation techniques to promote a shared approach to managing problems

Attitudinal aspects

- Practising ethically with respect for equality and diversity, with accepted professional codes of conduct

The CSA will also test:

Clinical practical skills

- Demonstrating proficiency in performing physical examinations and using diagnostic/therapeutic instruments

The RCGP website provides a summary of characteristics of candidates who pass and fail. Candidates who failed were noted to be likely to 'show off' their knowledge – this is perceived as being doctor centred. Candidates who failed were also seen to be searching for a hidden agenda.

The teaching course run sessions and study groups which will help you to prepare for the CSA. We recommend that you form your own peer learning groups to study for the CSA. Facilitated study groups to help with CSA preparation are run in Southampton each year beginning in August. These are provided outside of teaching sessions and are free for Southampton trainees.

A mock CSA is run in January each year as part of the ST3 Teaching Sessions. It will be held at Southampton Football Club and consists of 4 cases. It is marked by the Programme Directors who also give written feedback.

Fees

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

MRCGP courses

The Wessex Faculty of RCGP runs two revision courses for the MRCGP: the AKT course and the CSA course.

Both courses are subsidised by the Wessex Deanery and details about the courses can be found on the faculty [website](#).

Revision Resources

The Wessex AiT (Associate in Training) team have in previous years funded a limited number of subscriptions to passmedicine.com and CSAcases. These subscriptions are advertised and it is important to reply as soon as possible because funding is limited.

The AKT revision subscriptions to passmedicine.com are initially offered to ST2s, and then opened to ST1s later if there are any remaining subscriptions available. The subscription is for 2 months. **The CSAcases subscriptions are offered only to ST3s and often go very quickly.**

Checklist of Requirements for WPBA by Specialist Training Year

General Practice Specialist Training Year 1

Hospital Post 1
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
Attend VTS Educational Sessions
3 X Mini-CEX
3 X CBD
1 X MSF – 5 Clinicians
CEPS
Clinical Supervisors Report
Self-Rating for Educational Review
6 Month Educational Review

Hospital Post 2
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
ePortfolio Audit
Attend VTS Educational Sessions
3 X Mini-CEX
3 X CBD
1 X MSF – 5 Clinicians
CEPS
Clinical Supervisors Report
Self-Rating for Educational Review
12 Month Educational Review

General Practice Specialist Training Year 2

Hospital Post 3
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
Attend VTS Educational Sessions
3 X Mini-CEX
3 X CBD
CEPS
Clinical Supervisors Report
Self-Rating for Educational Review
18 Month Educational Review

ST2 Primary Care Post
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
ePortfolio Audit
Attend VTS Educational Sessions
Attend ST2 in General Practice small group sessions
3 X Consultation Observation Tool (COT)
3 X CBD
1 X Patient Satisfaction Questionnaire (PSQ)
CEPS
36 Hours of Out Of Hours
Self-Rating for Educational Review
24 Month Educational Review

General Practice Specialist Training Year 3

ST3 Primary Care Post
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
Attend VTS Educational Sessions
6 X Consultation Observation Tool (COT)
6 X CBD
1 X MSF – 5 clinicians, 5 non-clinicians
CEPS
Out Of Hours (72 hours over whole ST3 year)
Self-Rating for Educational Review
30 Month Educational Review

ST3 Primary Care Post
ePortfolio Learning Log
ePortfolio PDP
ePortfolio Significant Event Analysis
ePortfolio Audit
Attend VTS Educational Sessions
6 X Consultation Observation Tool (COT)
6 X CBD
1 X Patient Satisfaction Questionnaire (PSQ)
1 X MSF – 5 clinicians, 5 non-clinicians
CEPS
Out Of Hours (72 hours over whole ST3 year)
Basic Life Support + AED Certificate
Self-Rating for Educational Review
34 Month Educational Review prior to ARCP

Towards the end of training, a final review is conducted. Successful completion of training requires achievement in each of the thirteen competency areas. When the Deanery has completed its final assessment, they trigger an acceptance of the ePortfolio. As long as all the components are signed off then a button will become available on the ePortfolio stating 'proceed to CCT'. This has to be clicked and will trigger the GMC process. The fee is paid when you register. 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](#).

Out Of Hours (OOH)

All ST2s in General Practice and all ST3s are required to gain Out Of Hours clinical experience for final certification by the RCGP. Out Of Hours is defined as work undertaken after 18:30hrs or before 08:00hrs Monday to Friday or anytime on weekends and Bank holidays - it does not include 'Extended Hours' surgeries. Your 'In hours' timetable will need to be adjusted to ensure that you stay within your contracted 40 hour working week (i.e. you take time off 'In Hours' in lieu of the time you work OOHs). You also need to schedule your OOHs sessions with reference to the Junior Doctors Terms and Conditions of Service (e.g. in ST3 you should not schedule work across more than 6 weekends per year) and ensure your working pattern is safe. This will require careful liaison with your trainer and training practice. It is your responsibility to arrange Out Of Hours sessions with appropriate providers. Further information can be found the 'Out Of Hours Guidance' section of the Health Education England (Wessex) [website](#).

You must record each Out Of Hours session as a learning log entry on your ePortfolio. You should use this to reflect on what you learnt from the session and how it has developed your competencies in the OOHs setting. You are required to complete an 'Out Of Hours Session Form' after each shift, which both you and the professional who supervised the shift must sign. This form must be scanned and attached to your ePortfolio learning log entry as evidence. It is useful to record the number of hours done in that session and the running total of hours at the start of each log entry, for example 'Session 3, Hours 6, Total 16/36, Twilight Nurses'.

ST2

During your ST2 primary care placement you are required to complete 36 hours of OOH experience. This forms part of your contracted hours and you cannot be paid again for your time. The OOH form, which must be completed for each session, can be found [here](#). In ST2 these sessions are **not** done with the Out Of Hours provider. They are intended for you to learn about other services which are available to the public outside of normal surgery opening hours.

GP Trainees are responsible for organising their own Out Of Hours sessions. Sessions should usually be a **maximum of eight hours** each and there should be experience in at least six different allied Out Of Hours areas or services.

A list of potential ST2 Out Of Hours experiences is provided below, and in the Wessex AiT handbook (see the Resource Section). You will need to discuss your plans in advance with your GP Trainer to ensure that they are suitable.

Ideas for Out of Hours Experience

- Minor Injuries Unit (Lyminster or RSH)

- Palliative Care Community Team
- Sure Start
- COAST Team
- Psychiatry Crisis Team
- Ashurst Birthing Centre
- Children's Social Services
- Local undertakers
- Police
- Fire Service
- Local out-of-hours pharmacy
- Community care teams
- Twilight district nurses or Rapid Response Team
- South Central Ambulance Service
- Safespace
- Street Pastor
- Lymington Coastguard
- Citizen Advice Bureau
- HOMER (Hampshire Operational Model for Effective Recovery) (alcohol addiction service)
- Prisons (via the prison matron)

ST3

During your ST3 year you are required to complete a minimum of 72 hours of Out Of Hours experience with the GP Out of Hours service (HDOCs, currently run by Portsmouth Health Limited, PHL). This forms part of your contracted hours and you cannot be paid again for your time. The three types of work are Telephone Triage, Primary Care Centre (face-to-face appointments) and Home Visiting (car). Gaining experience in a mixture of these with gradually reducing levels of supervision is the best preparation for working as an independent GP in the Out Of Hours setting. Each individual's OOH experiences will be looked at by their Trainer to assess whether they are appropriate and adequate. OOH working can be done with your Trainer, another GP Trainer or a GP who has done the relevant Out Of Hours Clinical Supervisors course. Out Of Hours sessions can be difficult to fit in amongst your other commitments and competition for shifts can be intense at times, so it is essential that you get organised early. Night shifts are not compatible with working the next day so need to be carefully arranged. You should aim to do a minimum of 6 hours per month – delaying starting your OOHs is likely to cause problems (if you have more than 12 hours of OOHs to complete at your final ARCP you will be given Outcome 5 while the outstanding hours are completed. Failure to complete the required OOH may cause a delayed CCT). The OOH form, which must be completed for each session can be found [here](#).

It is important to note that these sessions are supervised. Initially you should be working under direct supervision but as time goes by the supervision should become increasingly “at arms length” (e.g. you will be seeing and managing patients on your own but should always have a supervisor on hand to advise or review a case if necessary).

You need to register with HDOCs/PHL before you can do any sessions. PHL should contact you at the beginning of ST3 with a list of the documentation required and also arrange an induction where you will learn how to book sessions and arrange logins etc. If you have not heard from PHL by mid-August or are starting ST3 ‘out of sync’ then contact them [directly](#). Queries can also be directed to PHL’s admin team on 0333 3210942

Child 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 E- Portfolio. This should normally include reflection in their learning log which demonstrates their understanding of child safeguarding throughout their training and any relevant courses, elearning 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 GP Educational Trust [website](#)

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.

Study Leave

GP Trainees are entitled to 6 weeks study leave (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.

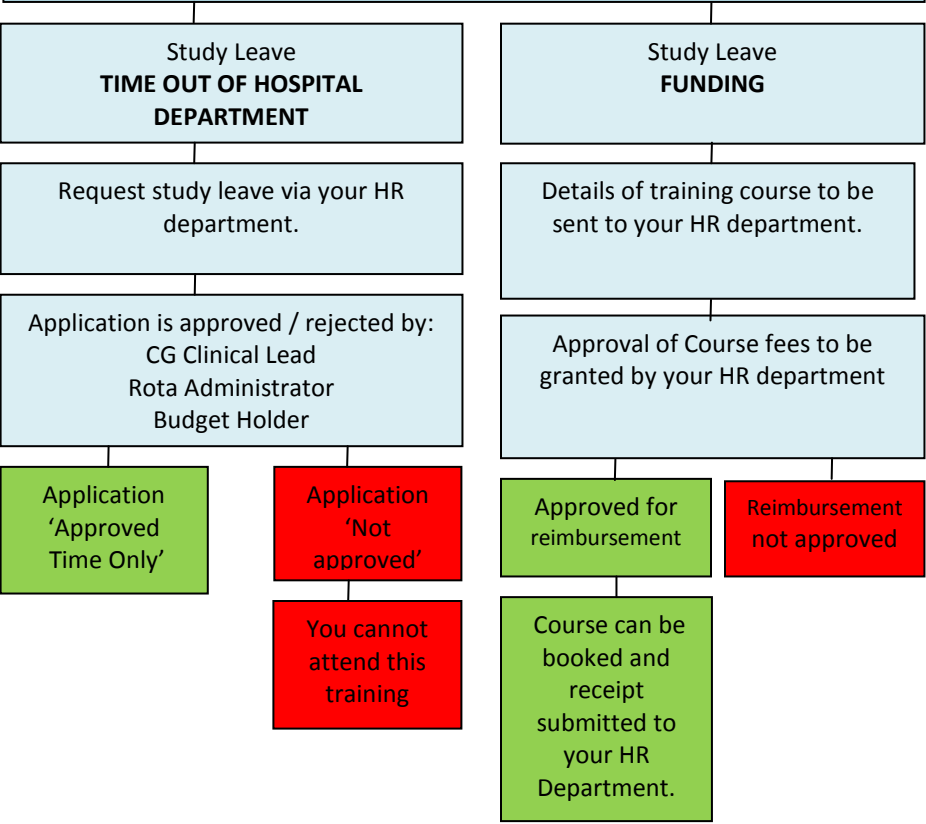
The 6 weeks entitlement is inclusive of both study and professional leave.

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. Please contact [Inga Janmere](#). 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.

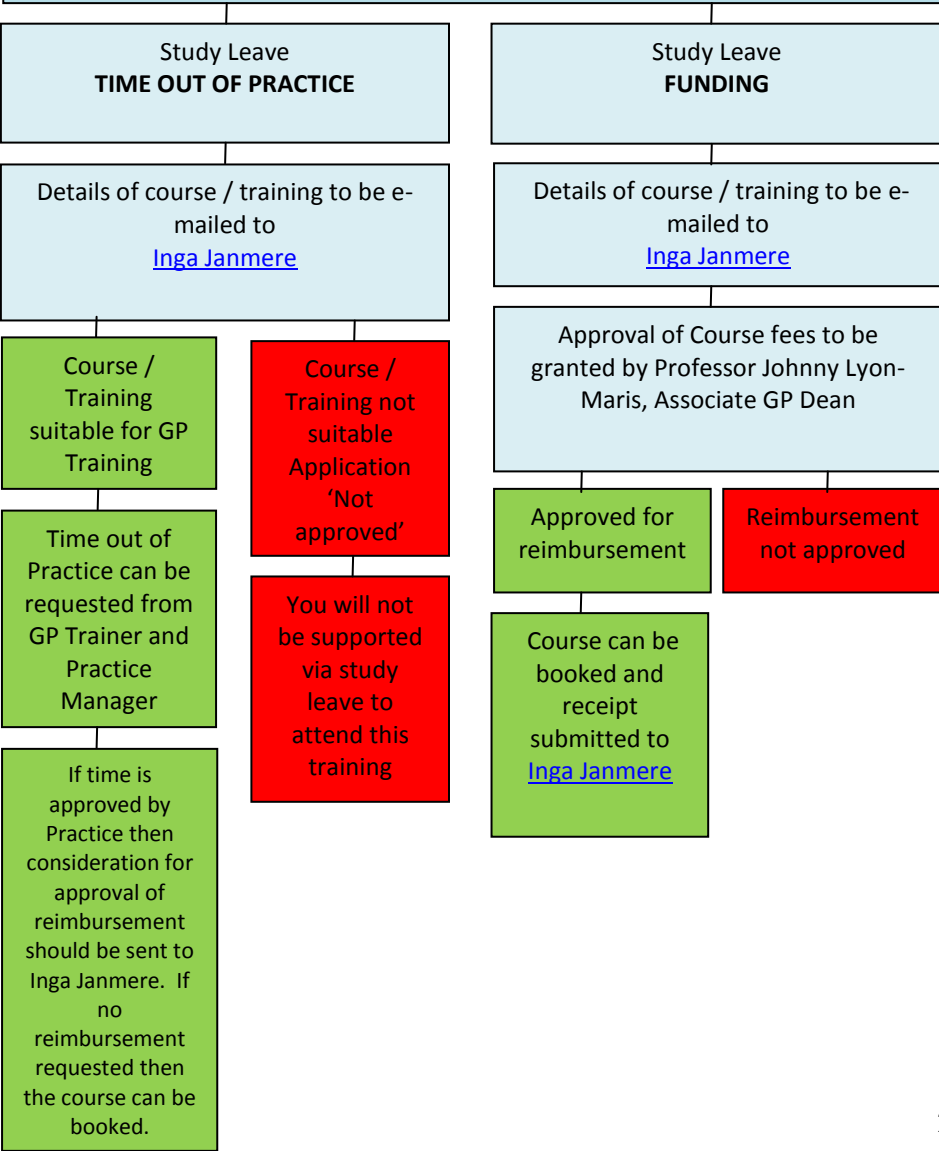
GP ST Study Leave

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
AKT Preparation Course	£150.00	Reimbursement amount for all trainees. Permission must be sort to attend this prior to booking. RCGP Wessex Faculty will provide this reimbursement at the time of booking.
CSA Preparation	£350.00	Reimbursement amount for all trainees. Permission must be sort to attend this prior to booking. RCGP Wessex Faculty will provide this reimbursement at the time of booking.
Dermatology Course	£100.00 £50.00	Reimbursement amount for ST1 and ST2 Can only be taken by ST1/ST2 when in Dermatology post or ST2 when in GP post Reimbursement amount for ST3

ENT Course	£60.00 £30.00	Reimbursement amount for ST1 and ST2 Reimbursement amount for ST3
Gynaecology Course	£60.00 £30.00	Reimbursement amount for ST1 and ST2 Reimbursement amount for ST3
GP Primary Care Mental Health Course	£150.00	Only available for reimbursement during ST1 and ST2
Hot Topics Course	£50.00	Reimbursement amount for all trainees
Joint Injection Course	£60.00	Reimbursement for ST2 or ST3 when in a GP post
Minor Surgery	£100.00	Reimbursement for ST2 or ST3 when in a GP post
Ophthalmology Course	£60.00 £30.00	Reimbursement amount for ST1 and ST2 Reimbursement amount for ST3
Paediatrics Course	£60.00 £30.00	Reimbursement amount for ST1 and ST2 Reimbursement amount for ST3
STIF Courses: STIF Foundation Day STIF Plus STIF– Both Days	£50.00 £50.00 £100.00	Only available for reimbursement during ST1 and ST2
Tomorrow's Teachers	£50.00	Reimbursement amount for all trainees

Maternity Leave

It would be really helpful if the trainee could let the [Inga Janmere](#), GPEU Administration Manager, know as soon as they are aware of their pregnancy. This will enable the Patch Office to let the relevant colleagues at the GP School know and to ensure that the GP Trainee has the information they initially need. In order 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.

Trainees should also follow the procedure as detailed by their employing Trust's Maternity Leave policy.

We always do our best to ensure that the trainee is aware of their next placement prior to them going on maternity leave, but this is not always possible.

Any queries in relation to pay or accrued annual leave for a GP Trainee should be directed to their employing Trust's HR department.

Trainees in GP Practice

Once the GP Trainee has their MATB1 form, this needs to be sent to the GP School, with a PAY2 form.

We will confirm with the trainee when the maternity date start is and they need to ensure that the GP Practice is also kept up to date, but we will ensure that the Practice Manager is kept copied in on any relevant information.

We do always do our best to ensure that the trainee is aware of their next placement prior to them going on maternity leave, but this is not always possible. It is not always possible (due to a number of factors) for a GP Trainee to return to the practice that they commenced their maternity leave at.

Any queries in relation to pay or accrued annual leave for a GP Trainee should be emailed to the [GP School](#) in the first instance or telephone 01962 718445

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

Less Than Full Time Training

An application must be completed and submitted to the [Less Than Full Time Training Team](#) at the **GP School**. Once this has been approved by the relevant parties, a letter of confirmation will be sent to the applicant via email from the GP School. Once approved, the percentage of training can be altered but must be approved via the Less Than Full Time Training team.

As a reduction in training percentage will affect current and future posts, as well as the length of time taken for a trainee to complete their training, it is important that this change is discussed with the Educational Supervisor or a relevant member of the GPEU Southampton team. Please note that an increase to your training time may result in you repeating your ST2 teaching year (depending on your stage of training). 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 the LTFTT application has been approved an additional Less Than Full Time Training **Funding** form needs to be completed. This form is obtained via the Trust HR department that you are employed by, usually Southampton University Hospital Trust.

Once the LTFTT application has been approved, if you are in a current GP Post, a PAY2 needs to be completed and submitted (in paper copy, by post) needs to be submitted to the GP School.

For further information on LTFTT please refer to the Health Education England (Wessex) [website](#), or you can contact [Inga Janmere](#) at GPEU Southampton you will assist or direct your enquiry accordingly.

Sick Leave

If a GP Trainee is out of training for 14 days during a teaching year (Aug – Jul), due to sick 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 ePortfolio is kept up to date.

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.

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. 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. They are able to assist you with any general enquiries you may have.

[Inga Janmere](#) (02381 20 6751) is the GPEU Southampton Administration Manager directly assists Professor Johnny Lyon-Maris and provides support to Dr Peter Haig in relation to post allocations and queries, as well as assisting all GP Trainees, GP Trainers and GPEU Southampton colleagues with enquiries and support.

[Kat Barnes](#) and [Jane Carr](#) (02381 20 6579/6751) are our GPEU Southampton Administrators and provides support to the wider GPEU Southampton team, organises courses, trainee teaching sessions and are able to provide GP Trainees with assistance in relation to their 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 Peter Haig](#) Associate GP Dean for Recruitment is responsible for the allocation of posts for ST1s, ST2s and ST3s. Peter can be contacted via e-mail or through [Inga Janmere](#)

Educational Team

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

The Programme Directors will usually be at Education Centre (the address for the administration team) on Wednesdays and can be contacted there via the Administration Team.

Programme Directors

- Dr Emily Chamberlain
- Dr Julie Chinn
- Dr Peter Haig
- Dr Olie Morris
- Dr Nicola O'Shaughnessy
- Dr Rachel Owers
- Dr Duncan Platt
- Dr Sam Powell
- Dr Jonathan Rial

GP Education Facilitators

- Dr Richard Crane
- Dr Kevin Reynolds
- Dr Laura Sheldrake (Fellow)
- Dr Suzanne Bates (Fellow)

Research

Wessex Primary Care Research Education Lead

- Dr Samantha Scallan

Resources

Websites

- [Southampton GP Education](#)
- [Health Education Wessex](#) – Main website
- [Health Education England \(Wessex\) ST1 and ST2 Guide](#)
- [Health Education England \(Wessex\) AiT Handbook](#)
- [Royal College of General Practitioners](#)
- Royal College of General Practitioners [ePortfolio](#)
- [General Medical Council](#)
- AKT Revision [On Examination.com](#) and [Pass Medicine.com](#)
- [The Wessex GP Educational Trust](#)

Acknowledgements

Great thanks to Health Education England (Wessex) for their help and generosity in the compilation of this booklet.