

GP Education Unit
Southampton, New Forest and Jersey



Southampton, New Forest and Jersey

General Practice Specialist Training Handbook

Southampton GP Education Unit

August 2019

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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. 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 (See Patch Office for details)	ST1 Hospital Post (6 months) <i>or</i> ICC Post (See Patch Office for details)	ST2 Hospital Post (6 months) <i>or</i> ICC Post (See Patch Office for details)	ST2 Primary Care Post (6 months) <i>or</i> ICC Post (See Patch Office for details)	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	
e-Portfolio and Work Place Based Assessments (WPBA)					
Register with RCGP at start of ST1			Applied Knowledge Test (AKT)	Clinical Skills Assessment (CSA)	
			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. They oversee 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, and also provide general support and advice.

- Your **GP Programme Directors**, who 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 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). 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 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 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 section)
- Start early in achieving your CbDs, MSF and mini-CEX 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 learning log, PDP and achieve workplace-based assessments
- Take study leave and annual leave
- Reassess your learning needs and update your PDP
- Check you have evidence in your ePortfolio for each competence area (see [page 19](#) for the list of competence 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, 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**. The form along with more information can be found [here](#). You will be notified by email when you have been added to the Performers List, and you can search 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 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.

ICC

Some programmes include a year of ICC. This comprises three four-month posts which are Medicine at Lymington Hospital, regular ST2 GP, 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, so give a really 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 i.e. 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 mini-CEX 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 competence areas (see page 17) .

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 judgments that will be made about your progress. The minimum data set required is shown in the handbook on the page titled “**Checklist of Requirements for WPBA by Specialist Training Year**” ([page 25](#)). You must also complete a self rating.

All the evidence should be in your ePortfolio 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 competence area 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 which can also be found [on this page](#) in the file “WPBA competences with IPU’s”.

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 as to whether the Workplace Based Place Assessment has been completed satisfactorily. For more information on ARCP, see the ARCP section of this handbook.

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 [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 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 ePortfolio 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 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 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 10.00am and end at 2.00pm.** 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 you and your practice complete a **Wessex TG form**. This form ensures you are paid. The form along with more information can be found [here](#).
- A **Disclosure and Barring Service (DBS) check**, with enhanced search to show Child Safety. This is requested through your employer, not through Health Education England (Wessex). You must apply for online updates as you need this for the Medical Performers List. Please keep your full copy
- Have up-to-date **GMC** registration with a licence to practice
- An **Occupational Health Check**
- A **Visa check** (if relevant)
- **Indemnity** - Health Education England, has agreed a block indemnity scheme with MDDUS for GP trainees in Wessex. This will allow these GP trainees to arrange their additional cover at a reduced rate. As MDDUS 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.

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

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 [Jane Carr](#), 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 should either be attending a pre-planned educational session (e.g. a speciality clinic that you and your trainer agree is a learning need) or be in practice doing a video surgery. Other options may be appropriate and agreed by you and your trainer.

Soap Box or KIC Presentations

We 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 Jane Carr, 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 [Jane Carr](#).

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 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 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 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.

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

Forest Day

In July, 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 <i>(August for February Starters)</i>					Commence process of registering with GMC for on-line application for CCT:
March <i>(September for February Starters)</i>	Complete minimum of 6 CBDs and 6 COTs. To be finished before the final review with Educational Supervisor	Perform final MSF (minimum of 10 respondents)	Undertake experience of Out Of Hours care, record this in your eportfolio 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 activity etc.	
April <i>(October for February Starters)</i>		Perform PSQ (min. 40 completed questionnaires)		Maintain appropriate PDP	
May <i>(November for February Starters)</i>		Must be completed before review with Educational Supervisor		Complete Mandatory CEPS	
Review with Educational Supervisor before end of May <i>(December for February Starters)</i>					
Educational Supervisor completes and submits report no later than 2 weeks before ARCP Panel					
June <i>(December for February Starters)</i>	ARCP Panel (first Wednesday in June, or January for February Starters). Results of panel available in Educators Notes section of ePortfolio shortly afterwards				
After satisfactory ARCP Panel report has been issued, successful Trainees should apply for CCT via ePortfolio.					
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					
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 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 [Jane Carr](#), 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
 - 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, 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

ST1 and ST2 trainees are not entitled to car parking permits or exit tickets for the once a month main 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 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)

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

You collect evidence over all three years of training in the ePortfolio, 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.

Prescribing Assessment: Full Time ST3s starting in August 2019 ONLY

This is a mandatory pilot for all full time ST3s starting in August 2019. You need to complete the prescribing assessment by 31st January 2020. It replaces 2 Case Based Discussions in the ST3 year, so you will require 10 CbdDs not 12.

This does not apply to Less Than Full Time ST3s or those beginning ST3 out of sync.

For more information visit the RCGP website [here](#).

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, 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 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 describe 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 linked to that competence 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.

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. Keep this description brief - one or two sentences is sufficient. Avoid using identifiable patient details such as ages.
- **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. What else might you need to know to manage this case in Primary Care?
- **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**

You should add new objectives as you have marked 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](#)
- “The Condensed Curriculum Guide for GP Training and the New MR-CGP” 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 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)
- 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 (full time ST3s starting in August 2019 only)

The minimum number of each type of assessment required is shown in the section entitled “Checklist of Requirements for WPBA by Specialist Training Year.

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 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.

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?
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 e-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 ES has completed the review beforehand, and you need to sign it off.

The Form R should include all the posts you have worked 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 ES, 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 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 two half-day sessions, in addition to the usual teaching sessions. You can only attend this course once.

Wessex trainees also are also eligible for a paid subscription for the Fourteen Fish AKT preparation resources. **You can only apply for this in your hospital posts.** To apply, email [Adam Batty](mailto:adam.batty@fourteenfish.co.uk) at Fourteen Fish.

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 critical appraisal and evidence-based clinical practice and 10% on health informatics and administrative issues.

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](#)

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 trainees 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 starting in August 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.

We recommend that you form your own peer learning groups to study for the CSA. Facilitated study groups to help with CSA 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.

A mock CSA is run each year as part of the ST3 Teaching Sessions. It consists of 4 cases which are marked by the Programme Directors who give 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

Trainees are also eligible for a paid subscription for the Fourteen Fish AKT preparation resources. **You can only apply for this in your hospital posts** and the subscription lasts until you have passed your examination, therefore apply for it early! To apply, email [Adam Batty](#) at Fourteen Fish.

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 including nurses and AHP (not admin)
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 (not admin)
CEPS
Clinical Supervisors Report
Self-Rating for Educational Review
Form R and GMC Survey log entry before ARCP
12 Month Educational Review

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
Out Of Hours
Self-Rating for Educational Review
Form R and GMC Survey log entry before ARCP
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 (e.g. admin)
CEPS
Out Of Hours (72 hours over whole ST3 year)
Self-Rating for Educational Review
Prescribing Assessment (for full time trainees beginning ST3 in August 2019 - if you do this, you will need only 10 CbDs for the ST3 year, not 12)
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 (e.g. admin)
CEPS
Out Of Hours
Basic Life Support + AED Certificate
Safeguarding
Self-Rating for Educational Review
Form R and GMC Survey log entry before ARCP
34 Month Educational Review prior to ARCP

tion 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'. 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.

Please note that all the documents referred to in green font are being added to this page: <http://www.gpeducation.org.uk/outofhours>

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.

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.

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, 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 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.

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

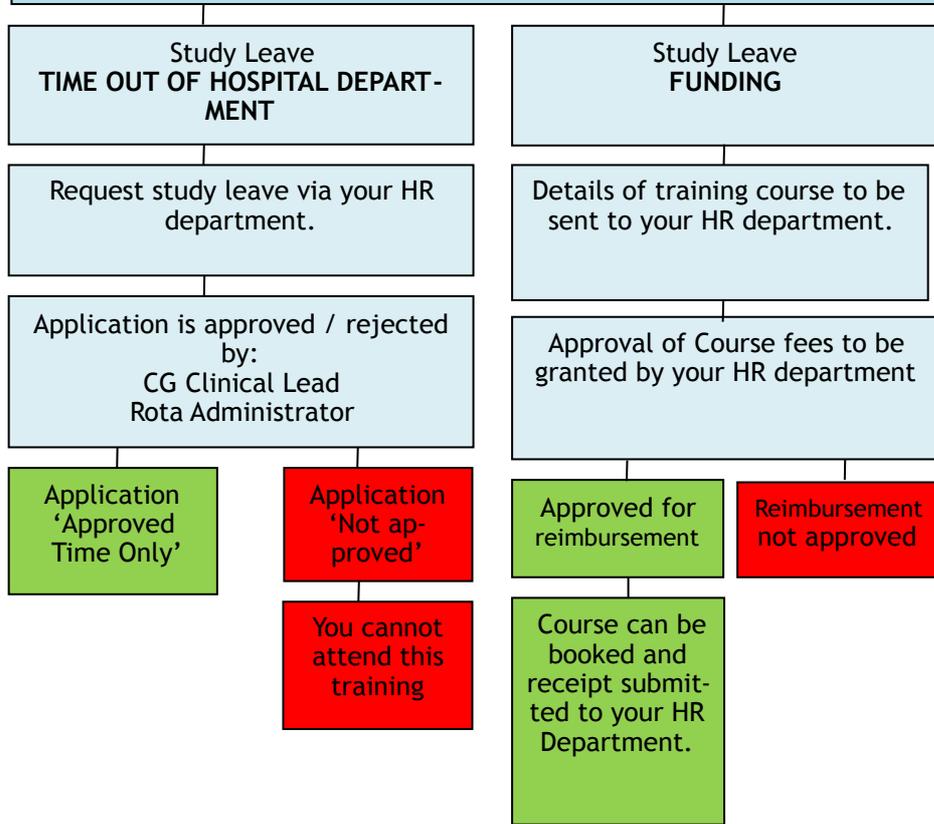
However, attendance at statutory and mandatory training (including any local departmental training) is not counted as study leave.

The entitlement is inclusive of both study and professional leave.

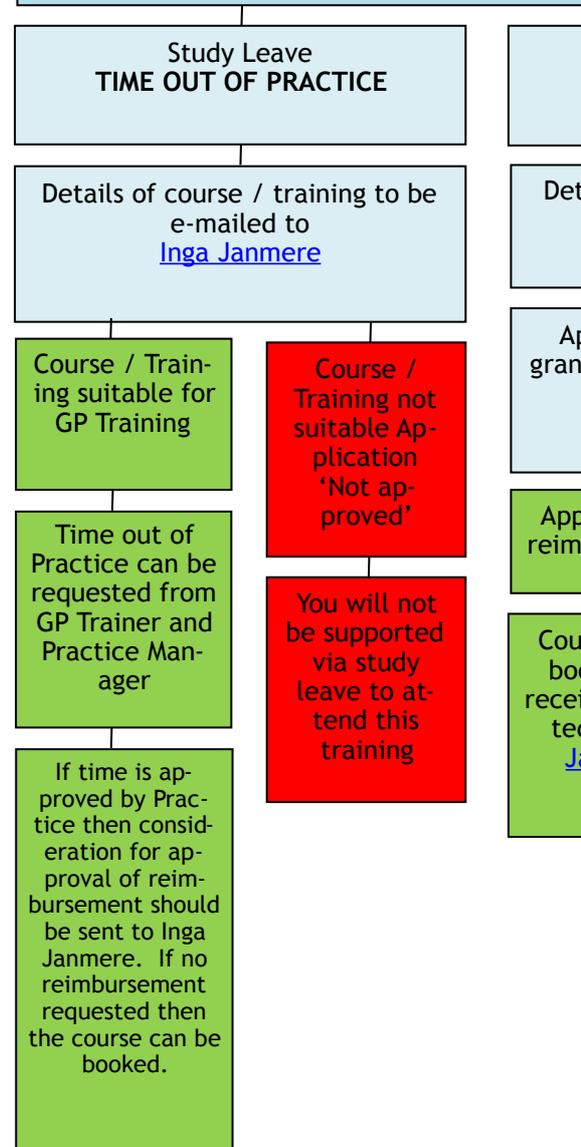
Study leave for courses directly relevant to GP training and held outside of Wessex may be funded for an amount of an equivalent course held in Wessex. Courses that are not directly relevant to GP training (e.g. DRCOG, DCH) will not be funded and study leave may not be granted. All study leave course 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 Application Process ing GP Practic



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
Fourteen Fish AKT Course	N/A	Apply in HOSPITAL POSTS only by emailing Adam Batty at Fourteen Fish

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.

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.

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 the GP School, with a PAY2 form.

We will confirm with you the start date of the maternity leave. We will ensure that the Practice Manager is kept copied in on any relevant information, but you should also keep the GP Practice up to date.

We do 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. It is not always possible (due to a number of factors) for a GP Trainee to return to the practice they were at before their maternity leave.

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

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 taken for a trainee to complete their training. Therefore it is important you **discuss this with your Educational Supervisor AND Peter Haig, Programme Director**. 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.

- 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.

- if you are in a current GP Post, a PAY2 needs to be completed and 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.

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.

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.

[Jane Carr](#) (02381 20 6579/6751) is our GPEU Southampton Administrator. 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.

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 Sandy Miles
- Dr Kevin Reynolds
- Dr Laura Sheldrake (Fellow)
- Dr Katie Collins (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](#)
- [The Wessex GP Educational Trust](#)