



Portsmouth, SE Hampshire and Isle of Wight General Practice Specialist Training Handbook

Portsmouth GP Education Unit
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Portsmouth and Isle of Wight General Practice Specialist Training

Welcome to the Portsmouth and Isle of Wight General Practice Specialist Training Scheme!

Portsmouth and Isle of Wight really is one of the best places in the country to embark on your career in general practice.

We have a great reputation for supportive training, engaging and helpful trainers, an innovative course, and we have the stunning coast and the idyllic South Downs on our doorstep. The Isle of Wight & Portsmouth have their own separate training schemes where the rotations are organised separately and each scheme has its own dedicated programme directors, but they share resources at the study days.

This information pack is designed to guide you through your specialist training programme and to be used as a quick-reference guide.

Things do change from time to time and we advise you to look at the the Portsmouth & IoW GP education website (<https://gp-training.hee.nhs.uk/portsmouth/>) and also the Health Education England - Wessex website (<https://wessex.hee.nhs.uk/>) for up-to-date information.

Look after yourself

Doctors are only human and occasionally we all get ill. Looking after yourself is really important. If you feel physically and mentally well, you will enjoy your work and will work to the best of your ability, which helps your patients!

Stress is a normal part of everyone's life. Those in the caring professions have to cope with stressful situations every day and usually have high expectations of their abilities. It is OK to be stressed. It is the way in which each of us handles our stress that is important.

If you can identify specific sources of stress in your job which you feel are excessive, it is worth approaching the clinical supervisor for your post. He or she should lend a listening ear and may be able to help resolve some of the sources of stress or help you manage them better. If issues are not resolved this way, speak to your Educational Supervisor, or an alternative is your allocated GP Training Programme Director.

If you require greater confidentiality, contact the occupational health department at the hospital. They can provide contact with the dedicated staff counselling service.

An independent confidential source of support is your general practitioner, who can signpost you to local services and co-ordinate support for you. This is particularly important where different services are involved or sick certification is needed. Do not forget to register with a GP at the outset. None of us knows when we might need our GP and it is very important to be registered with one.

[Wessex Professional Support and Wellbeing Unit \(PSW\)](#)

The Deanery offers the professional support unit to provide additional support to some trainees (<https://wessex.hee.nhs.uk/wellbeing-and-support/psw/>)

Please speak to the Associate Deans Dr Bryony Sales/ Dr Rachel Elliott or your trainer should you feel you may benefit from this additional support.

Other sources of support include:

- NHS England Support Available for all NHS Staff <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/>
- BMA Stress Counselling Service: 03301231245 (24 hour counsellor at local rates).
- National Counselling Service for Sick Doctors: 0870 241 0535 (Information, advice and counselling)
- Practitioner Health - <https://www.practitionerhealth.nhs.uk/> - 0300 0303 300 (free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals.)
- Sick Doctors Trust - <http://sick-doctors-trust.co.uk/> 0370 444 5163 (Advice and treatment for alcohol and drug dependency)
- Doctors Support – www.doctorssupport.org – 0870 765 0001
- Lifestyle patterns that help most of us to handle stress include: exercise, time out in a different setting or hobby, and talking to others. If you find stress is becoming a problem, the main thing is to talk to someone about how you feel.

Who are we?

As Programme Directors, we 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
- 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

We are Programme Directors because we choose to be! We enjoy general practice and running the course. All the topics on the course are of relevance to general practice as well as covering topics you are likely to be presented with at MRCGP.

We want to help you to learn to be a good GP, to learn how to stay a good GP in the future and to pass the MRCGP. We thrive on feedback! We want to know what you want and what you think. Please tell us. Your evaluations of the sessions we deliver on the VTS course are used to help us with future planning. We are all available to help! We are also available privately if you have any problems you prefer not to share with your group. Please make an appointment through Tracy Dickinson at england.portsmouthgpenquiries.se@nhs.net

A few pleas from the team...

Mobile phones

We understand that as busy professionals (and potentially parents of young children) you may occasionally have to make or take calls on your mobile phone. To minimise disruption, please either switch off your mobile during the sessions or switch your phone to silent and take any calls outside of the lecture room.

Moving house? Changing email? New phone?

If your contact details change whilst on the course, please inform Tracy Dickinson, our Course Administrator and Health Education England - Wessex. It is important for our records and for the GP School to have up to date details for you.

Pharmaceutical Sponsorship

The financial well-being of the course depends upon pharmaceutical company sponsorship. The pharmaceutical representatives give a comprehensive update on modern drug treatment and we support the principle of constructive and critical conversation with them at break times.

Contacts

Associate Deans

Dr Bryony Sales and Dr Rachel Elliott are the Associate Deans for Postgraduate GP Education, Portsmouth. They may be contacted via e-mail or through Tracy Dickinson.

Educational Team

The following Programme Directors run the half day release course throughout the three years of your GP Training. We encourage the Trainees to 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 the Education Centre (the address for the administration team) on Wednesdays and can be contacted via the Administration Team.

Programme Directors

- Dr Alex Macdonald
- Dr Shu Li Tan
- Dr Lizzie Smiley
- Dr Penny Wilson
- Dr Janet Naylor
- Dr Megan Johnston
- Dr Camelia Zamfir

Administration Team

Our administration staff are based at Block C1, St Mary's Hospital, Portsmouth PO3 6AD. They are able to assist you with any general enquiries you may have - the email address is:

england.portsmouthgpenquiries.se@nhs.net

Tracy Dickinson (Tel: 01962 690476) is the GP Team Administration Manager and deals with all finance reimbursement and directly assists Dr Rachel Elliott and Dr Bryony Sales with their administration needs, as well as assisting all GP Trainees and GP Education Team colleagues with enquiries and support. Tracy is the Administrator of CPD events for qualified GPs, including Trainers conferences.

Lisa Jordan is our Project officer for TARGET events in Portsmouth. She is also administration lead for the F2 rotations in GP placements. Lisa is responsible for arranging and organising GP Trainer Re-approval visits for GP Trainers.

The Isle of Wight HR contact email address is: lownt.MedicalHR@nhs.net

Portsmouth Hospitals University NHS Trust email: MedicalHR@Porthosp.nhs.uk

Structure of the Vocational Training Scheme (VTS)

ST1		ST2		ST3	
ST1 Hospital Post (6 months)	ST1 Hospital Post (6 months)	ST2 Community Primary Care Post (6 months)	ST2 Primary Care Post (6 months)	ST3 Primary Care Post (12 months)	
			Learning Set Group Sessions		
ST 1 + 2 Monthly Half Day Release				ST3 Weekly Half Day Release	
e-Portfolio and Workplace-Based Assessments (WPBA)					
Register with RCGP at start of ST1			Applied Knowledge Test (AKT) October/January/April	Recorded Consultation Assessment (RCA) September/November/+/- July	
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 at least two appraisals during your post. You should have informal access to your Clinical Supervisor each week if you need it.
- Your Educational Supervisor. This is usually your GP Trainer, who in general will remain the same throughout your training. 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 Half Day Release teaching for GP Specialist Trainees. They oversee the rotation and are also available for career advice and general support.

Portsmouth GP Training Scheme

Portsmouth offers the opportunity to work in a range of practices from inner city to rural Hampshire, and it is only 90 minutes by train direct from London Waterloo. This means there is something for everyone!

Portsmouth is a naval town with great historical significance and many museums and sights to see. Portsmouth sailing clubs offer easy access to the whole Solent, and just outside the city are the South Downs National Park, Queen Elizabeth Country Park and the Meon Valley, which offer fantastic countryside and country pubs. Whether you are an outdoors person or a city dweller, Portsmouth has it all.

How we allocate hospital posts in Portsmouth

The process of allocating hospital posts when you join a VTS can cause trainees a lot of anxiety. We try to make the process as fair and open as possible.

After you have accepted a post on the Portsmouth VTS, we will ask you to rank all of our hospital posts and we allocate them according to your rank in the admissions process and your previous experience.



If you have been a Registrar or Consultant in a specialty we do our very best to avoid you having to repeat that specialty in GP training. If you have been an SHO or ST1/2 in a specialty we can't guarantee that you won't have to repeat that specialty (for example many applicants have done core medical training prior to applying for GP and most of our rotations will include some medicine). Paediatrics and O&G are especially popular posts and we generally can't offer rotations that include both of these posts. Most trainees who apply to our VTS have very similar experience at F1/F2 level and many will have to repeat specialties, which they did as an F1/F2.

We try very hard to offer every trainee a broad variety of hospital posts, and take into account your own preferences. Reassuringly, we're usually able to offer almost all our trainees their top choice of post at some point in their rotation.

Isle of Wight GP Training Scheme

The Isle of Wight has its own Specialist Training Scheme for General Practice (IWGPSTS) and we are proud of what we are able to offer our Specialist Training Registrars. The island offers much in terms of geographical and demographical variation. Our training practices provide primary medical care facilities to urban/semi-rural/rural populations.

ST1/2 Posts on the Isle of Wight

Our island hospital provides the specialties you would expect at a district general and consequently our training rotations include a selection of posts from the following core specialties: A&E, O&G, psychiatry, paediatrics and medicine (respiratory, gastro, cardiology, stroke & rehab and elderly). All our GPSTRs gain some experience in ENT, ophthalmology, palliative care and public health during their 6-month training module in general practice done during ST1 or ST2. Additionally, our paediatric post includes experience in rheumatology and we now have a six month post in palliative care which features in two of our training rotations.

Why the Isle of Wight training scheme is special

Our scheme is relatively small and, in our case, small is beautiful! We have a tight-knit trainer group which meets regularly to discuss progress and develop/improve our training scheme. We all know each other pretty well and the Programme Director along with the Trainer Group usually organises one or two educational/social events during the year to help the whole scheme (Trainers and Trainees) get to know each other. This helps to foster a mutually supportive ethos. General practice training is a stressful business and we all need to help one another along at times.

On our training scheme, the GP Trainer detailed for your GPST3 year is normally your Educational Supervisor for the entire three years. Your Educational Supervisor/Trainer will help you to settle into your training and give you advice on how to get the most out of each post you do. In addition, they will introduce you to the ePortfolio and the various workplace based assessment tools with which you will develop a love/hate relationship as you move through ST1, ST2 and ST3. They will also encourage you to spend periods of study leave in the training practice so that you can begin to focus the experiences you are gaining in your secondary care training modules onto your eventual role as a GP.

This early association with your GP Trainer really helps to cement a strong learner/teacher relationship, which is something that our STRs have told us over the years that they value very highly.

Allocation of Isle of Wight posts

On our training scheme, the rotations (including the training practice for ST3) are laid out from day one. Allocation of trainees to these rotations is done by the Programme Director based on selection centre scores, previous experience and the personal preferences of the individual trainee.

It only takes 10 minutes to get to Portsmouth from Ryde on the hovercraft and 15 minutes on the high-speed catamaran. Southampton is only 23 minutes from Cowes by fast Catamaran. The car ferries take between 30 minutes and an hour depending on the route travelled. What we would say to anyone contemplating training here is to come and live here for the three years. Commuting is a really bad idea and, like all commuting, gets to be a real drag after a few months, especially when you are a doctor and work funny hours.

Starting 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 (RCGPs) in order to gain access to the Fourteen Fish ePortfolio.

The ePortfolio is the online training log, which is required to be completed, and signed off to gain the Certificate of Completion of Specialist Training in General Practice (CCT). The ePortfolio enables you to record a wide range of learning experiences including Workplace-Based Assessments, the Personal Development Plan (PDP) and the Clinical Case Reviews. Registration can be completed via the RCGP Website. You will need to quote your GMC number and give your training Deanery. You should be ready to pay a registration fee.

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. 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)
- 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.

Isle of Wight contact

In order to get things moving when you join as a ST1 on the island please contact the Human Resources [HR] department at St Mary's Hospital jownt.MedicalHR@nhs.net. Their phone contact is 01983 822099 ext. 3760. Contact your GP Trainer's Practice Manager for information about how to get onto the Performers List. This is especially important if your first post is in General Practice. It can take up to 8 weeks to get onto the performers list and if you are not on it, you won't be able to see patients on your own in General Practice.

ST1 and ST2

Study Sessions (Half Day Release)



Portsmouth and Isle of Wight ST1s and ST2s (sometimes joined by military GP trainees, who are always welcome) meet on the third Wednesday of the month for protected GP-orientated education sessions. The Portsmouth trainees meet for the majority of the sessions at Block C, St Marys Hospital, Portsmouth, PO3 6AD.

The Isle of Wight Trainees meet in the Education Department at St Marys Hospital on the Isle of Wight. Some sessions may be held at other regional locations. When a face to face session is not possible, the sessions may be delivered virtually – commonly via Zoom or MS Teams. The sessions cover a wide variety of clinical, communication, management and career development topics and are organised by our ST1/2 Programme Directors. The sessions 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 study half day begins promptly at 9.00am and finishes at 13.00. Trainees are expected to attend the whole session, and should arrange for their clinical commitments to be covered. You are expected to return to work for the afternoon if you are scheduled to be at work, otherwise you can use the rest of the day as private study.

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 Tracy Dickinson GP Course Administrator to provide your apologies and the reason for your absence.

GP ST1s must bring their completed Transfer of Information form with them to the first GP ST1/2 Half Day Release educational session. 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.

Joint sessions

Twice a year the ST1s, ST2s & ST3s in both Portsmouth and the Isle of Wight all have a joint teaching day. One of these each year is on the Isle of Wight in the summer– the ‘buckets-and-spades’ day. In the past, the topics that have been covered are genetics, sexual health and evidence-based medicine. The joint day in Portsmouth will cover safeguarding, a mandatory requirement for GP training, as well as life as a qualified GP.

ST2 and ITP GP Learning Set

During your ST2 GP post you will be expected to spend most days per week at your surgery. You will continue to attend the Half Day Release teaching on every third Wednesday of the month; in addition, you will be expected to attend a once monthly afternoon ‘learning set’ which is a facilitated-learning group. Some trainees find this stage of their training professionally isolating as the weekly half day release course doesn’t start until ST3. This extremely popular group gives trainees the opportunity to share experiences, learn from one another and to network. The sessions are facilitated by the Programme Directors. The learning sets count as a structured educational session (not private study) in the second week of month for ITP group

and fourth week of the month for ST2 group.

[Patient Safety Course](#)

All ST1 Trainees in Wessex must attend the Patient Safety First training day and must provide evidence of patient safety activity in each year of training and have this signed off at their ARCP. These days are arranged by Health Education England - Wessex and are held at Southern House, Otterbourne or virtually when applicable for free. Further information is available from the Intrepid Website [here](#) .

[Feedback](#)

We aim to provide you with the best training we can, so we really appreciate your feedback, both good and bad. This gives us the opportunity to improve training for the future. Towards the end of each post you will be asked to complete a feedback questionnaire.

If you are having problems at any time in a post, contact your Clinical Supervisor initially. If issues are not resolved this way, speak to your Educational Supervisor and Programme Director. We can only help if we know there is a problem.

How to get the most out of your hospital rotations

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

During the post

Start:

- Meet with your Clinical Supervisor and complete a Placement Planning Meeting entry
- 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/COT as leaving these assessments until the end of your post can make them difficult to achieve and cause unnecessary stress

Middle:

- Continue to record learning logs, PDP and achieve workplace-based assessments
- Take study leave
- Reassess situation, 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 Portsmouth GP Education website links to GP specific learning objectives for hospital specialities, review these guides to help address your learning needs for your rotation.

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 twelve professional competency areas.

ST1 and ST2 reviews usually occur 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 curriculum areas and comment on the evidence in your portfolio to support this and how you will develop in the area. You should reference at least three pieces of evidence per competence and then discuss how this evidence demonstrates this competence. Please try and make your ‘actions’ SMART (see PDP). 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 Health Education England - Wessex regarding your competence. A failure to reach the standard will trigger a review by an expert Health Education England - Wessex 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 Mcgee are the Wessex ARCP Associate Deans and queries regarding the ARCP should be directed to accreditation.wx@hee.nhs.uk, the support team at the deanery who should be able to put you in touch with the correct individual.

The Wessex ST2 and 3 Working Week in General Practice

Sample rotas taken from Wessex LMC website [wessexlmc link](#)

ST1-3 Sample Rota FT (100%)

Sample 40 hours' week; OOH if worked requires equivalent time off in lieu from clinical sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00	Admin	Admin			Admin
8.30	Surgery	Urgent care			Surgery
9.00	Surgery	Urgent care	Personal Study		Surgery
9.30	Surgery	Urgent care	Personal Study		Surgery
10.00	Surgery	Urgent care	Personal Study		Surgery
10.30	Debrief	Break	Personal Study		Debrief
11.00	Break	Urgent care	Personal Study		Break
11.30	Visit	Urgent Care	Personal Study		Visit
12.00	Visit	Urgent care	Personal Study		Visit
12.30	Visit	Debrief	Personal Study		Visit
13.00	Visit	Meeting	Break		Visit
13.30	Break	Meeting	Break		Break

14.00	Admin		Tutorial		Half day release			Admin	
14.30	Admin		Tutorial		Half day release			Admin	
15.00	Surgery		Tutorial		Half day release			Surgery	
15.30	Surgery		Tutorial		Half day release			Surgery	
16.00	Surgery		Break		Half day release			Surgery	
16.30	Surgery		Admin		Half day release			Surgery	
17.00	Surgery		Admin		Half day release			Debrief	
17.30	Admin		Admin		Half day release			Admin	
18.00	Debrief							Admin	
18.30								Admin	
Clinical	7.5		4		0		0	7	18.5
Admin	2		2		0		0	2.5	6.5
Break	1		1		1		0	1	4
Education	0		3		8		0	0	11
Total	10.5		10		9		0	10.5	40

ST1-3 Sample Rota FT (100%)

Sample 38.5 hours' week;OOH has been taken from overall weekly working - so no extra time off in lieu

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00					Admin
8.30		Admin			Surgery
9.00		Urgent care	Personal Study		Surgery
9.30	Admin	Urgent care	Personal Study		Surgery
10.00	Surgery	Urgent care	Personal Study		Surgery
10.30	Surgery	Break	Personal Study		Debrief
11.00	Surgery	Urgent care	Personal Study		Break
11.30	Surgery	Urgent Care	Personal Study		Visit
12.00	Debrief	Urgent care	Personal Study		Visit
12.30	Visit	Debrief	Personal Study		Visit
13.00	Break	Meeting	Break		Visit
13.30	Break	Meeting	Break		Break

14.00	Admin		Tutorial		Half day release			Admin	
14.30	Admin		Tutorial		Half day release			Admin	
15.00	Surgery		Tutorial		Half day release			Surgery	
15.30	Surgery		Tutorial		Half day release			Surgery	
16.00	Surgery		Break		Half day release			Surgery	
16.30	Surgery		Admin		Half day release			Surgery	
17.00	Surgery		Admin		Half day release			Debrief	
17.30	Admin		Admin		Half day release			Admin	
18.00	Debrief							Admin	
18.30								Admin	
Clinical	6.5		3.5		0		0	7	17
Admin	2		2		0		0	2.5	6.5
Break	1		1		1		0	1	4
Education	0		3		8		0	0	11
Total	9.5		9.5		9		0	10.5	38.5

ST1-3 Sample Rota FT (100%)

Sample 38.5 hours' week;OOH has been taken from overall weekly working - so no extra time off in lieu

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00					Admin
8.30		Admin			Surgery
9.00		Urgent care	Personal Study		Surgery
9.30	Admin	Urgent care	Personal Study		Surgery
10.00	Surgery	Urgent care	Personal Study		Surgery
10.30	Surgery	Break	Personal Study		Debrief
11.00	Surgery	Urgent care	Personal Study		Break
11.30	Surgery	Urgent Care	Personal Study		Visit
12.00	Debrief	Urgent care	Personal Study		Visit
12.30	Visit	Debrief	Personal Study		Visit
13.00	Break	Meeting	Break		Visit
13.30	Break	Meeting	Break		Break
14.00	Admin	Tutorial	Half day release		Admin

14.30	Admin		Tutorial		Half day release			Admin	
15.00	Surgery		Tutorial		Half day release			Surgery	
15.30	Surgery		Tutorial		Half day release			Surgery	
16.00	Surgery		Break		Half day release			Surgery	
16.30	Surgery		Admin		Half day release			Surgery	
17.00	Surgery		Admin		Half day release			Debrief	
17.30	Admin		Admin		Half day release			Admin	
18.00	Debrief							Admin	
18.30								Admin	
Clinical	6.5		3.5		0		0	7	17
Admin	2		2		0		0	2.5	6.5
Break	1		1		1		0	1	4
Education	0		3		8		0	0	11
Total	9.5		9.5		9		0	10.5	38.5

ST1-3 Sample Rota LTFT (80%)

Sample 40 hours' week - pro rata - 32 hours; OOH if worked requires equivalent time off in lieu from clinical sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00			Admin		Admin
8.30		Admin	Surgery		Surgery
9.00		Surgery	Surgery		Surgery
9.30		Surgery	Surgery		Surgery
10.00		Surgery	Surgery		Surgery
10.30		Break	Debrief		Debrief
11.00		Urgent care	Admin		Break
11.30		Urgent Care	Personal Study		Urgent Care
12.00		Visit	Personal Study		Urgent Care
12.30		Visit	Personal Study		Visit
13.00		Admin	Break		Meeting
13.30		Break	Break		Meeting
14.00		Tutorial	Half day release		Admin
14.30		Tutorial	Half day release		Admin
15.00		Tutorial	Half day release		Surgery
15.30		Surgery	Half day release		Surgery

16.00			Surgery		Half day release			Break	
16.30			Surgery		Half day release			Surgery	
17.00			Break		Half day release			Surgery	
17.30			Surgery		Half day release			Surgery	
18.00			Surgery		Personal Study			Admin	
18.30			Debrief		Personal Study			Debrief	
Clinical			6.5		2		0	7	15.5
Admin			1		1		0	2	4
Break			1.5		1		0	1	3.5
Education			1.5		6.5		0	1	9
Total			10.5		10.5		0	11	32

ST1-3 Sample Rota LTFT (80%)

Sample 38.5 hours' week - pro rata 31 hours

OOH has been taken from overall weekly working - so no extra time off in lieu

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00			Admin		Admin

8.30		Admin	Surgery		Surgery
9.00		Surgery	Surgery		Surgery
9.30		Surgery	Surgery		Surgery
10.00		Surgery	Surgery		Surgery
10.30		Break	Debrief		Debrief
11.00		Urgent care	Admin		Break
11.30		Urgent Care	Personal Study		Urgent Care
12.00		Visit	Personal Study		Urgent Care
12.30		Visit	Personal Study		Visit
13.00		Admin	Break		Meeting
13.30		Break	Break		Meeting
14.00		Tutorial	Half day release		Admin
14.30		Tutorial	Half day release		Admin
15.00		Tutorial	Half day release		Surgery
15.30		Surgery	Half day release		Surgery
16.00		Surgery	Half day release		Break

16.30			Surgery		Half day release			Surgery	
17.00			Surgery		Half day release			Surgery	
17.30			Debrief		Half day release			Surgery	
18.00					Personal Study			Admin	
18.30					Personal Study			Debrief	
Clinical			6		2		0	7	15
Admin			1		1		0	2	4
Break			1		1		0	1	3
Education			1.5		6.5		0	1	9
Total			9.5		10.5		0	11	31

ST1-3 Sample Rota LTFT (60%)

Sample 40 hours' week - pro rata - 24 hours

OOH if worked requires equivalent time off in lieu from clinical sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00					
8.30		Admin			Admin

9.00			Surgery		Half day release			Admin	
9.30			Surgery		Half day release			Surgery	
10.00			Surgery		Half day release			Surgery	
10.30			Break		Half day release			Surgery	
11.00			Urgent care		Half day release			Surgery	
11.30			Urgent Care		Half day release			Debrief	
12.00			Visit		Half day release			Break	
12.30			Visit		Half day release			Visit	
13.00			Admin		Break			Meeting	
13.30			Break		Break			Meeting	
14.00			Tutorial					Admin	
14.30			Tutorial					Admin	
15.00			Tutorial					Surgery	
15.30			Surgery					Surgery	
16.00			Surgery					Surgery	
16.30			Surgery					Debrief	
17.00			Surgery						

17.30			Debrief						
18.00			Admin						
18.30			Admin						
Clinical			6		0		0		5 11
Admin			2		0		0		2 4
Break			1		1		0		0.5 2.5
Education			1.5		4		0		1 6.5
Total			10.5		5		0		8.5 24

Sample Rota Full time (100%) but with allowance for OOH built in

JR 100% (40 hour) trainee Rota

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Total	
AM	Surgery 8:30-10:00 Coffee: 10:00-10:20 Surgery: 10:20-11:00 Paperwork 11:00-12:00 Lunch 12:00-12:40 Visits 12:40-13:40 Paperwork 13:40-14:00	Surgery 8:30-10:00 Coffee: 10:00-10:20 Surgery: 10:20-11:00 Paperwork 11:00-12:00 Lunch 12:00-12:40 Visits 12:40-13:40 Paperwork 13:40-14:00	Day Release course (or surgery if not on) 9:00-13:00	Surgery 8:30-10:00 Coffee: 10:00-10:20 Surgery: 10:20-11:00 Paperwork 11:00-12:00 Lunch 12:00-12:40 Visits 12:40-13:40 Paperwork 13:40-14:00	Surgery 8:30-10:00 Coffee: 10:00-10:20 Surgery: 10:20-11:00 Paperwork 11:00-12:00 Lunch 12:00-12:40 Visits 12:40-13:40 Paperwork 13:40-14:00	Surgery 8:30-10:00 Coffee: 10:00-10:20 Surgery: 10:20-11:00 Paperwork 11:00-12:00 Visit 12:00-13:00	
PM	Tutorial 14:00 – 17:00	Surgery 14:00 – 17:00 Paperwork: 17:00 – 18:00	OFF	Surgery 14:00 – 17:00	CPD 13:00-17:00		
Total	8.5 hours	9 hours	4 Hours	8.5 hours	8.5 hours	38.5hours	

Documentation Requirements for ST2/3 General Practice Posts

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

- A Disclosure and Barring Service (DBS) check, with enhanced search to show Child Safety. 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)
- Medical Indemnity. As a doctor, you have a professional responsibility to ensure you are indemnified for your full scope of practice as a doctor in training. Doctors who undertake training in General Practice or in a non-NHS setting (e.g. local authority, voluntary and third sector, hospice etc) need to arrange for additional indemnity cover. NHS England has an arrangement with Medical Protection Society (MPS) which gives all Wessex GP Doctors in Training access to free medical indemnity. NHSE provides details of new trainees to MPS who make direct contact. If you are a current DiT and haven't already signed up, more information can be found [here](#), with the steps you need to take to register to gain your indemnity cover.
- Make sure that you have insured your car for business use as you will not be insured for home visits without this amendment
- Join the Performers List. This needs to be done in the last 3 months of ST3 year. Please see the Health Education England – Wessex website for up to date information on how to join the performers list [here](#)

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 (Half Day Release)

We run a weekly programme of educational sessions held on Wednesdays throughout the ST3 year remotely via Zoom or MS Team or face to face in the Block C1 Entrance, St Mary's Community Hospital, Milton Rd, Portsmouth, PO3 6AD for both Portsmouth and Isle of Wight trainees. The session starts at 9.00am and finishes at 13.00. The sessions are organised by our ST3 Programme Directors Alex Macdonald, Shu Li Tan, Lizzie Smiley, Penny Wilson and Yasmin Khatun. 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 SCA exam. You will have the opportunity to discuss your training with your peers and more experienced GPs.

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 Tracy Dickinson GP Course Administrator to provide your apologies and the reason for your absence. The only exceptions are annual leave, sickness and one attendance each at the Deanery-approved AKT & SCA courses. Whilst you will be offered many other educational opportunities throughout your training, the half day release course must take precedence. Any attendances at other educational events which preclude attendance at the half day release course will be recorded as unapproved absence and notified to the Associate Dean and to your Trainer. They will be taken into account when assessment of your academic progress is made at your ARCP.

It is useful to make a record of the Half Day Release Sessions as part of your learning log to enable your GP Trainer to monitor your development throughout the year.

The education programme includes two off-site educational sessions and a joint session with ST1 and ST2. We aim to cover a wide range of curriculum topics using a variety of teaching styles in both large and small groups, tailored to the August and February intake streams.

Small Group work

At the start of the year trainees will be allocated to a small group each run by one of the Programme Directors – it is within these groups that you will do most of your small group work on the half day release course. 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.

Lectures

These will generally be short, pertinent and interactive, responding to your needs.

Practical exercises

In which you can have fun as well as comfortably explore your own feelings, and those of others.

Videos

Video consultations form an essential part of the MRCGP. It is imperative that you bring a video consultation to the video sessions, which will be held twice a year.

Visits

These are intended to extend your knowledge and understanding of the role of the GP in the community and to give the users of our services an opportunity to tell you what they expect.

Self-directed learning

As adult learners you will need to identify & address areas of your learning need. Some sessions on the course are specifically designed to give you time and space to address these areas in a supportive learning environment with colleagues.

[Extended Learning Activity](#)

The aim of the extended learning activity is for the ST3s to get to know one another and the Programme Directors, and focus on learning in a more relaxed setting. You will also establish groups which will form the basis of small group learning for the rest of the year. We will look at what kind of doctor you are aiming to become. Overnight accommodation is not currently provided, but this may be subject to change so please check with your programme directors.



[Summer Term Non-Residential](#)

This event is usually based at the Holiday Inn, Portsmouth and starts on the Tuesday afternoon followed by a meal at a local restaurant. The event continues all day Wednesday. The teaching for this event is based around practice management. Catering at the Holiday Inn is provided at no cost to you but the evening meal is not covered.

[CbD Half Day](#)

This is a morning session of “live” case-based discussions. Each GPR prepares five case-based discussions prior to the session. You then have three or four case-based discussions with different trainers. The trainers complete a paper document for each assessment and feedback, and then enter the data online in the ePortfolio afterwards. This fulfills a good proportion of the CBD requirements for the first six months of the ST3 year, taking the pressure off tutorial time. It also gives each ST3 the opportunity to complete CBDs with more than one trainer and is a useful calibration exercise both trainers and ST3s.

[Three-month interviews](#)

During the ST3 year there are interviews at three months for mutual feedback. These are an opportunity to review the training that you are receiving in your practice, as well as your self directed learning. The Programme Directors are there to provide support and advice. An interview form needs to be completed prior to the meeting.

[Self-directed learning & revision groups](#)

We encourage ST3s to form learning sets to enable self-directed learning and in preparation for the two external components of the MRCGP examination: the AKT and the SCA. Please check with the Administrators and Training Programme Directors whether space and rooms for self-directed learning and CSA groups can be provided if requested around the half day release course for trainees to use.

[Trainer re-approval visits](#)

The Associate Dean of General Practice may ask you to attend a Trainer re-approval visit. Not only does attending one of these formal visits give you an insight into the role of the GP Trainer, they are also an excellent opportunity to gain further experience of the practices and surgeries in the Portsmouth and Isle of Wight region.

[IoW Trainee Travel Costs](#)

We appreciate that there are extra costs incurred by trainees on the Isle of Wight in attending the half day release teaching. Travel costs are therefore reimbursed via St Mary’s Hospital, IOW (cost of ferry fare and shared taxi from terminal to St Mary’s Hospital only). Please ask the administrators for further information.

Portsmouth and Isle of Wight GP Trainee Education Timetable

Below is an outline of the GP Education timetable for trainees. Please note ITP/ST2 learning sets dates can be subject to change. Our admin officers will send you the dates at start of each set period .

Week	1	2	3	4	5 (twice per year)
AM 09.00-13.00	ST3 Half Day Release Course	ST3 Half Day Release Course	ST1 and ST2 Half Day Release Course	ST3 Half Day Release Course	Time in practice
PM	Foundation Learning Set (14.00-17.00) Out of Sync GP Learning Set (14.00-17.00)	ITP Learning Set (14.00-17.00)	Portfolio drop in	ST2 GP Learning Set (14.00-17.00)	Time in practice

Out of Sync GP Learning Set

Trainees are entitled to attend a calendar year of ST3 GP Half Day Release course and 6 calendar months of GP ST1/2 Learning Set. The Programme Directors recognize the less than full time trainee workforce can feel isolated if they have attended their quota of GP Half Day Release and Learning Set sessions. A GP Programme Director facilitates the Out of Synchron GP learning set. You will be invited to attend this session if you are an ST3 trainee and fall into this group of trainees. Sessions are run in a similar format to the ST1/2 GP Learning Sets

Foundation GP / CEPEN Learning Sets

On the second and fourth Wednesday we hold additional learning set sessions for Foundation doctors on a GP rotation and CPEN (Community Education Provider Networks) staff. GP trainees are not routinely involved in these sessions however we would encourage you to make all trainees/primary care staff welcome and integrated into the GP Education Unit.

MRCGP and e-Portfolio

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

The MRCGP consists of:

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

There is a detailed curriculum available on the Royal College of General Practitioners website. 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 SCA examination.

Workplace-Based Assessment (WPBA)

Workplace-Based Assessment (WPBA) is a process through which evidence of competence in independent practice is gathered in a structured and systematic framework. Evidence is collected over all three years of training in the e-Portfolio 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 e-Portfolio?

The e-Portfolio consists of a number of sections:

- Learning Log; where you can reflect on learning experiences
- Personal Development Plan; where you can record learning needs and how they are met
- Evidence; where clinical assessments such as Mini-CEX, CBD, CEPS, MSF and PSQ are recorded
- Skills Log; where you can reflect on the CEPS you have performed
- 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 before each six monthly educational review

Further information can be found via the RCGP WPBA Website : <https://www.rcgp.org.uk/mrcgp-exams/wpba>

The Learning Log

Here you have the opportunity to reflect on the learning from your various Clinical Encounters, Professional Conversations, Tutorials, Audits/Projects, Significant Event Analysis, E-Learning, 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 Professional Competence areas 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. Half of your entries should be "Clinical Encounters". Quality is important, 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 potential impact of your learning on your future practice
- 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 “SMART” entries per six-month post

- 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.

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

- MRCGP Curriculum [link here](#)
- GP Curriculum Super Condensed Guides [link here](#)
- Wessex AiT Handbook (via Portsmouth Education Website)

Evidence – Assessment Tools

There is a required minimum amount of evidence that must be collected prior to each review. It is, however, perfectly acceptable, and indeed recommended, for more assessments to be performed in order to build up a richer picture. Evidence in each of the 13 Professional 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. As the evidence in the e-Portfolio begins to demonstrate where there are areas of strength and where there are areas for development, then Educational Supervisors will adapt the learning programme to facilitate the collection of new evidence. 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 Specialist 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 via the RCGP WPBA website [here](#)

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 and evidence progress in applying these skills in the GP workplace, as this is no longer assessed in the SeA examination. When they complete their training they must be competent to apply their skills unsupervised however complex the clinical context might be.

Whilst there is a list of mandatory Clinical Examinations or Procedural Skills which must be demonstrated, there are additional clinical examinations that are highly recommended to fulfil to demonstrate competence in as they are likely to become mandatory in the near future.

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 e-portfolio:

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 competence in applying knowledge at a level, which is sufficiently high for independent practice.

All questions will address important issues relating to UK general practice and will focus mainly on higher order problem solving rather than just the simple recall of basic facts.



While candidates will be eligible to attempt the AKT at any point during their time in GP Specialty Training, we would recommend that the AKT should be taken during the ST2 primary care post. The AKT takes place four times a year at Pearson VUE test centres across the UK. (subject to change)

More information is available on the RCGP website [link](#)

Format of the test

Currently, the test takes the form of a three hour and ten minute multiple-choice test of 200 items. This is due to change in October 2025, reducing to a two hour forty minute duration, and with 160 questions.

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.

Trainees have found the following sites useful (no responsibility is taken for their content):

<https://elearning.rcgp.org.uk/course/index.php?categoryid=56>

<http://www.onexamination.com>

<http://passmedicine.com>

<https://www.fourteenfish.com/about/akt>

Revision Resources and Exam Preparation Courses

The Deanery funds one RCGP accredited AKT preparation course in ST 2/3 and one RCGP accredited CSA preparation course

Military trainees are not being funded by our Deanery.

Wessex RCGP - Accredited AKT Course

The Wessex RCGP AKT Preparation course has been developed specifically to help prepare for the exam. It is the only local accredited course.

- Delivered by an experienced team of GPs
- This is a single day event giving you all you need to be able to prepare for the exam
- Material has been developed with your feedback making it relevant and accessible
- Includes a unique RCGP Mock Exam & individual feedback which you may not see elsewhere
- Sessions on how to prepare, statistics, all those things you forget to revise and hot topics for the exam
- Comprehensive statistics presentation and practical session and all those things you forget to revise revision pack with comprehensive handouts and documents.

Simulated consultation assessment (SCA)

GP Specialist Trainees will be eligible to take the SCA when they are within 12 months of the expected date of completing their training. Therefore, the SCA will be sat during the ST3 year or beyond of training.

The SCA is a permanent replacement for the Consultation Skills Assessment (CSA) and Remote Consultation Assessment (RCA). The SCA aims to be reflective of real-life general practice, and measure the skills required for competent consulting.

This exam aims to test various aspects of General Practice through virtual consultations taken live. The areas tested include clinical, practical, communication and professional skills related to General Practice.

SCA is delivered through an online exam platform, from a local GP practice. It consists of 12 simulated, live consultations with a role-player which are assessed remotely by an assessor. Role-players are trained, calibrated, and standardised.

Each case is 12 minutes long. There will be 3 minutes reading time between cases. The cases can be either video or telephone consultations. Role-players will usually be playing patients directly, however there may be cases with parents, carers or other healthcare professionals.

Trainees will sit the SCA in a local GP surgery via an online IT platform. Generally, this will be your own surgery, and RCGP is working with deaneries and practices to ensure as many accredited training practices can meet the necessary IT requirements.

The examination will be recorded remotely and will be viewed and marked later by examiners. Each case will be independently marked by a different examiner.

RCGP will be providing 9 sittings of the SCA, available throughout the year. You will have the ability to reserve your place up to 12 months in advance of your intended sitting, and will book and pay seven weeks ahead of your examination date.

[Fees for AKT and SCA](#)

For current fees, see the RCGP website by clicking the link below:

[MRCGP exam fees](#)

Timeline for last 6 months of ST3

February				Continue to write learning log entries ensuring evidence of reflection on Significant Events, audit activity, prescribing assessment, leadership evidence etc.	Commence process of registering with GMC for on-line application for CCT:
March	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)	Complete Out of Hours experience with each session recorded in Learning Log with signed record sheet scanned and attached to log entry as supporting evidence	Maintain appropriate PDP	
April		Perform PSQ (min. 40 completed questionnaires)			
May		Must be completed before review with Educational Supervisor			
<p>Review with Educational Supervisor before end of May – complete ‘Review Preparation’ section of the e-Portfolio 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 e-Portfolio shortly afterwards</p> <p>After satisfactory ARCP Panel report has been issued, successful Trainees should apply for CCT via e-Portfolio.</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

[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 <https://www.wessexlmcs.com/traineegps>

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 e-Portfolio. As long as all the components are signed off then a button will become available on the e-Portfolio 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 to the GMC website gives information on this process <http://www.gmc-uk.org/doctors/fees/certfees.asp>.

This document helps track WPBA requirements for each Training year. You can add it to your Trainee Portfolio (Supporting Documentation) for ARCP preparation. You can track progress by adding numbers and dates etc next to each assessment, and click each assessment/evidence type to be taken to the relevant section of the RCGP website (make sure you save this document and your work first as opening a web page may close this document!)



Date:

Your name:

Training Year:

Assessments & Evidence	ST1		ST2		ST3	
	Requirement	Date/Number	Requirement	Date/Number	Requirement	Date/Number
Mini-CEX/COTs all types ^a	4 ^a		4 ^a		7 ^a	
CBDs / CATs	4 CbD		4 CbD		5 CAT	
MSF ^b	1 (min. 5 clinical 5 non clinical) ^b		1 (min. 5 clinical 5 non clinical) ^b		2 (1 MSF 5&5 resps ^b , 1 Leadership MSF) ^b	
CSR	1 per post ^c		1 per post ^c		1 per post ^c	
PSQ	0		0		1	
CEPS ^d	Ongoing: some appropriate to post (including some 'system'/'other' CEPS) ^d		Ongoing: some appropriate to post (including some 'system'/'other' CEPS) ^d		For CCT: 5 intimate + a range of others (including 7 'system'/'other' CEPS) ^d	
Learning logs	36 Case reviews ^e		36 Case reviews ^e		36 Case reviews ^e	
Placement planning meeting	1 per post		1 per post		1 per post	
QIP	1 (if in GP) assessed by Registrar & ES		1 (if in GP) - if not done in ST1		0	
Quality improvement activity	Involvement in Quality Improvement must be demonstrated each training year ^f					
Significant event	Only if reaches GMC threshold of potential or actual serious harm to patients-any Fitness to practise issues should be considered and commented upon. Must be declared on Form R.					
Learning event analysis	1		1		1	
Prescribing	0		0		1	
Leadership activity	0		0		1	
Interim ESR	1 ^g		1 ^g		1 ^g	
ESR	1		1		1	
Safeguarding adults level 3 ^h	Certificate and reflective log entry ^h		Certificate, knowledge update every 12 months, and reflective log entry ^h		Certificate, knowledge update every 12 months, and reflective log entry ^h	
Safeguarding children level 3 ^h	Certificate and reflective log entry ^h		Certificate, knowledge update every 12 months, and reflective log entry ^h		Certificate, knowledge update every 12 months, and reflective log entry ^h	
CPR/AED ⁱ	Annual evidence of competence in CPR & AED(Adults & Children) ⁱ		Annual evidence of competence in CPR & AED(Adults&Children) ⁱ		Annual evidence of competence in CPR & AED(Adults & Children) ⁱ	
Form R or SOAR (Scotland)	1 per ARCP ^j		1 per ARCP ^j		1 per ARCP ^j	
PDP (Action plans and PDP combined)	3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review related to capabilities and one not related. At least one of each type achieved in each year.		3 proposed in each review, including final, related to capabilities and one not related. At least one of each type achieved in each year.	
Any requirements of last ARCP	Check (even if Outcome 1)		Check (even if Outcome 1)		Check (even if Outcome 1)	

^a COTs of all types to be completed over the training time including audio, face to face/in person (i.e. patient is in the same room as the registrar) and virtual/remote. At least 1 Audio COT and 1 face to face/in person COT should be completed.

^b The Leadership MSF should be completed after the Leadership Activity. You are required to have a minimum of 10 respondents, with an appropriate mix of clinical and non-clinical team members.

^c CSR to be completed in a primary care post if any of the following apply: 1) The clinical supervisor in practice is a different person from the educational supervisor. 2) The evidence in the Portfolio does not give a full enough picture of the registrar and information in the CSR would provide this missing information, and 3) if either the registrar or supervisor feel it is appropriate.

^d Throughout your training, you should be completing some, relevant to post, CEPS added in each training year (ST1 and ST2). For complete clarity, if you had not completed any CEPS relevant to post, this would not allow you to meet the requirements for ST1 or ST2. By the end of ST3, and to be awarded your CCT, evidence for the five (observed) mandatory intimate examinations must be included, and you must have a range of additional CEPS relevant to General Practice which demonstrate competence. 7 "system" GP focussed observed CEPS categories are included in the Clinical Examination and Procedural Skills section of the Portfolio. For complete clarity, a range cannot be demonstrated with just 2 CEPS, nor could it be demonstrated with CEPS of only one type (i.e. 3 "ENT" CEPS). It will always be up to the judgement of the Trainer/Educational Supervisor as to what evidence is required for CEPS. As such, there are no set numbers for how many 'non intimate'/'other'/'system' CEPS should be completed. However, being graded as "able to complete unsupervised" in all of the 7 "system" GP focussed observed CEPS would provide strong evidence of competency in the capability of CEPS, and strong evidence that he CEPS requirements for WPBA have been met.

^e Clinical Case Reviews (CCRs) must be about real patients that you have personally seen. Registrars should have more than one log entry which addresses each capability in each 6-month review period. Therefore a range of logs should be completed, not only CCRs, in order to capture capabilities such as organisation, management and leadership, ethics, and fitness to practice. Other logs that don't demonstrate clinical learning, or are not about patients that you have personally seen, should be recorded in the other learning log formats available, such as Supporting Documentation.

^f QIA is required in every training year. If you do a QIP in ST1 or ST2 this can count as the QIA for that year (the QIP must be in a GP post and assessed using the QIP form by the registrar and trainer). Please see RCGP website for further details of what counts as a QIA. An LEA, reflection on feedback, or leadership project do not count as the mandatory QIA.

^g The interim ESR review can be completed at the mid point of each year only if the registrar is progressing satisfactorily. If there are any concerns about the registrar's performance, or they have had a developmental outcome in their previous ARCP then the full ESR will be required.

^h If a registrar does not have a placement within a specific training year that includes children, then it is not mandatory (but still recommended) to record and document their learning on Child safeguarding. Safeguarding certificates may last 3 years but a knowledge update is needed in addition every 12 months (even if Level 3 LTFT) if not completing the full level 3 in that year. Demonstration of the application of knowledge should be presented in the portfolio using a CCR in each training year (ST1/2/3). Certificates should be added to Supporting Documentation and the Compliance Passport and application of knowledge recorded in CCRs.

ⁱ All initial and refresher training in CPR and AED for both adults and children must be face-to-face and include active participation. ALS though lasting for 3-4 years needs to be updated every 12 months with evidence of competence in CPR and AED. Certificates (such as a BLS certificate) should be added to Supporting Documentation and the Compliance Passport.

^j Form R or SOAR (Scotland) should be uploaded to your learning log and is required for ARCP at least annually. Ensure Time out of Training ('TOOT') days match between the form R and the portfolio and any complaints are declared and reflected on in a LEA.

Assessments should be spread throughout the training year with roughly half being done in each review period.

Registrars on Less Than Full Time programmes are expected to do the same total number in the full training year but pro-rata in each review period dependent on their percentage of time training. CPR&AED and Safeguarding knowledge update requirements are not pro rata, and evidence must be provided every 12 months. The ESR requirements are also pro-rata and an ESR is also required every 6 months. See roadmaps for further details.

Version 1.4 Updated
15/10/2024

[Trainees remaining on the “old” programme of WPBA prior to August 2020 should consult those minimum requirements.](#)

[Less Than Full Time Trainees \(LTFTTs\)](#)

Information on targets for completion of the e-Portfolio is available on the RCGP website:

<https://www.rcgp.org.uk/training-exams/training/workplace-based-assessment-wpba/assessments.aspx>

LTFTTs generally need to complete Workplace Based Assessments as described above however an Educational Supervisors Report is required every 6 months (see ePortfolio section).

Urgent and Unscheduled Care and Out of Hours (OOH)

The aim of doing Out of Hours work is to experience urgent and unscheduled care.

The requirements for Out of Hours and Urgent Unscheduled Care changed in August 2019 and updated in 2021.

The full updated UUC/OOH policy is [here](#) .

The new guidance 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 **five key OOHs competencies**:

Knowing yourself and relating to others
Applying Clinical Knowledge and Skill
Managing complex and long-term care
Working well in organisations and systems of care
Caring for the whole person and the wider community

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. 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.

Use this document to link the OOH/UCC to learning outcomes to your log entries [here](#) .

UUC and OOHs in ST2 GP training posts

There is no mandatory number of hours – the focus should be on demonstrating capabilities.

All trainees must demonstrate capability in providing UUC in OOH settings away from their usual GP training practice. Each trainee, with ES support, should tailor their sessions (according to their individual educational needs. UUC capabilities can be developed through working in acute medical / surgical / psychiatry on call, duty GP in hours sessions, urgent care centres and extended access hubs: each trainee will have different experiences of these and thus different learning need.

In ST2 you could 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, 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 a Supporting Documentation/CPD learning log entry, then it could provide an effective piece of evidence towards attainment of UUC capability. 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.

Urgent and Unscheduled Care Evidence

You should demonstrate capabilities across a range of different UUC settings in your area. Use the Evidence Grid to show how your chosen pieces of evidence support your capabilities in at least two settings for each consultation type (Telephone/Video, Face-to-Face and Home Visiting). You should also demonstrate capabilities in at least two types of consultation in the OOHs setting.

	Telephone/video	Face-to-face	Home visiting
In Training Practice Primary care records available Patient known to Team Full daytime service available			
Outside Training Practice Primary care records available Full daytime services or more limited OOHs services available depending of time of day			
Out of Hours Setting No/limited primary care records available Limited OOHs services available			

UUC and OOHs in ST3

There is no mandatory number of hours – the focus is on demonstrating capabilities.

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.

There are specific agencies who have the contract for the Clinical Assessment Service (telephone triage) and are subcontracted to provide OOHs home visiting service across Hampshire. Please ask your Educational Supervisor who is providing these services in your area.

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. 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 e-portfolio 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.

For more details and links to all the forms mentioned above, please see the [HEE website](#) and our website.

[Ideas for ST1/2 Out of Hours Experience in Portsmouth PLEASE NOTE THAT BELOW CONTACT DETAILS AND AVAILABILITY MAY BE SUBJECT CHANGE](#)

1. South Coast Ambulance Service

- a. SCAS Introduction session - Deanery organised introduction session – covers 4 hours and gives you all the numbers to contact people. Need to complete observer application form before can do shifts with SCAS.
- b. SCAS Ambulance shift - this can take time to arrange – start early. Ambulance shifts are 12 hours and may be impractical to be dropped back mid-shift – plan for this.
- c. SCAS – 999 & 111 EOC - South Central Ambulance Service (Hampshire) / Emergency Operations Centre (Southern House, Otterbourne)
- d. SCAS “Safe space” -11.00pm to 3am on Fridays and Saturdays, Paramedics based at Hippodrome House on Guildhall Walk, Portsmouth

2. Alcohol intervention team

- a. Best via the hospital team who are very accommodating to have GP trainees sit in with them on Saturday and Sunday clinic
- b. Bleep alcohol team via QA switchboard (02392286000)

3. Palliative care

- a. Rowans generally won't allow GP trainees to do OOH there but Jubilee house and the Macmillan nurses are accommodating
 - i. Jubilee house: 02392 324034
 - ii. Macmillan nurses: 02392 386257

4. Minor injuries unit - Welcoming, friendly team, really useful to see how walk in centres work.

- a. Various units including the St Marys ISTC CareUK unit or Gosport minor injuries
- b. Contact them via their switchboards and find out who lead nurse/ ENP is – often changes hence no contact details on here
- c. Can do weekends or late evenings

5. Crisis Resolution / Home treatment team, The Orchard Centre, St James' Hospital

- a. Telephone **0300 123 3924**
 - b. Many assessments take place “in hours”. Evenings can be quiet but are still useful e.g. to look at GP referrals to the crisis team.
5. COAST - Paediatric outreach team
 - a. Telephone **07990 805317**
 - b. An excellent option for those with no specific paediatric experience
6. PRRT - Portsmouth rehab and re-enablement team
 - a. Admission avoidance team of DN, community matron, OT and physio and work with social services
 - b. Telephone 03003002012
7. Modern matron/ District Nurse
 - a. Speak to your trainer and contact local team members in your area
 - b. Excellent for making links with community nursing teams and understanding their skills and roles
8. Adult social care - Will vary depending on what area you work in
 - a. Portsmouth: 02392606080
 - b. Hospital Team: Duty (OOHs) team based at QAH: 02392 286000 ext. 3767
 - c. The hospital team covers all out of hours social work. This is mostly related to hospital discharges – which are hugely community related. They occasionally become involved with safeguarding in the community.
9. Eye casualty
 - a. Run a clinic on Saturdays
 - b. Phone QAH and ask to be put through or contact ophthalmology department directly
 - c. Very happy to have GP sit in on clinics
10. Community midwives
 - a. Speak to midwife attached to your surgery and see if can shadow one on the weekends
11. Police car shift
 - a. Trainees have organised through Waterlooville police station previously

Ideas for ST1/2 Out of Hours Experience on Isle of Wight

POLICE	Friday and Saturday night would be the best as you will get to see more interesting cases You will also get the chance to ride in the car patrol	Newport Police Richard.hindle@hampshire.pnn.police.uk
AMBULANCE	Going around with paramedics in the ambulance See what equipment is available in the ambulance	Ambulance headquarters simon.cornes@iow.nhs.uk ian.yeo@iow.nhs.uk
111 SERVICE THE HUB	Get to know how the service works and who are they - Clinical advisor, Dispatcher, District nurse, Crisis team, etc. You can listen to the calls coming through and see how the calls are 'triaged'	Arrange through ambulance services
DISTRICT NURSES	Home visits and helping around with dressings, catheters, etc.	newportdistrictnurses@iow.nhs.uk ryde.communitynurses@nhs.net sandown.communitynurses@nhs.net
CRISIS RESOLUTION AND HOME TREATMENT TEAM (CRHT)	Going around home visit and reviewing mental health patients in the community	Mark South Clinical lead CRHT mark.south@iow.nhs.uk
EARL MOUNTBATTEN HOSPICE / MACMILLAN NURSE	Just telephoned Earl Mountbatten Hospice and asked to speak to the community team. You can shadow a nurse specialist or another team of nurses (can't remember their name) that do more of the setting up syringe drivers, giving meds, changing catheters etc.	Dr David Isaac David.Isaac@gp-j84011.nhs.uk Tel: 529511

Study leave

The Wessex GP School study leave guidance has recently been updated and can be found here [Study-Leave-for-Wx-GP-School.pdf](#). Please note that study leave needs to be approved and agreed with your Educational Supervisor as being appropriate for your educational needs.

We often receive requests for extended periods of study leave to prepare for exams. We know the best way to learn is by being in practice, and all resident doctors have scheduled private study time in their working week which should be used for revision if needed. Whilst it can be acceptable to take 1-2 days of study leave prior to an exam, taking extended periods of leave to revise is not appropriate and is likely to be declined.

ST1/2

Study leave cannot be rolled over between posts. ST1/2 doctors have an allowance of 30 days of approved study leave per 12 months (pro-rata for LTFT) i.e. 15 days per 6 months post. A total of 6 days per 12 months will be allocated to the mandatory core ST1/2 teaching programme and another 5 days per 12 months to core in house trust training. This leaves 12 days per 12 months for offsite courses/training, which is to be arranged with the guidance of your GP Trainer.

The aim of GP/ ST1 & 2 study leave is to enhance and widen GP Trainee learning and provide the opportunity for a wider range of experience in GP training and is not simply to be just further GP ST3 experience.

ST3

During the ST3 year, trainees are entitled to a total of 38 days study leave per year (pro rata for less than 12 months):

- 30 of these are allocated to the VTS (non-transferrable)
- 8 days are flexible and can be used for:
 - Courses
 - Visits to other agencies (e.g. time with district nurse)
 - Visits to outpatient clinics and hospitals for learning opportunities
 - Visits to observe and undertake supervised work in other GP surgeries
 - CPD events
 - Study at home

Please note, attendance at the AKT exam is included in your 5 days flexible study leave entitlement. Unfortunately, annual leave during VTS course sessions doesn't give you annual leave or study leave back. Study leave should be based on the learning needs plan made with the trainees' Educational Supervisor.

You are required to provide suitable explanation for non-attendance at this compulsory part of the GP Training Programme and this should be notified to your Trainer and Programme Directors (via Tracy) at the first opportunity. Attendance at the mandatory teaching programme (half day release courses) is a condition of employment.

Professional leave

Professional leave of up to 5 days per 12 months post for GP Specialist Trainees in GP placements is recognised for specific activities which will enhance the GP Specialist Trainee's professional journey and which are of value to the GP School and/or the local GP community.

Study leave funding

Study leave for courses directly relevant to GP training and held within Wessex may be funded. 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 (see approved courses list during your GP placements). Please contact Tracy Dickinson GP Education Unit Administration Manager in the first instance for any queries on courses that you may wish to attend, that are not listed within the guidance on the Portsmouth GP Education Website. All study leave course expenses must be approved prior to booking and paying as retrospective approval will not be allowed or funded.

<https://wessex.hee.nhs.uk/trainee-information/trainee-journey/study-leave/>

Green (automatic funding for curriculum requirements):

- Deanery [ST1 Patient Safety Course](#) (this is mandatory for all ST1's)
- [MRCGP Exam Preparation Courses](#) (AKT & SCA) RCGP accredited course - 1 each per trainee
- BLS training - must cover adults and children. One attendance per trainee in ST1/ST2/ST3 as exception case if not covered by trust or GP placement
- GP Update Course (such as Red Whale, NB Hot Topic etc) - 1 course per year ST1/2/3
- IMG/MSRA Support Programmes - Trainees will be contacted directly if eligible for the offer. Should be taken in self-directed.
- [Safeguarding](#)
 - Level 3 Safeguarding for adults and children is required for all clinical staff, and is a mandatory requirement to CCT
 - 1 course per trainee is funded if not offered by the trust or GP placement
 - The following link to the e-learning for Healthcare website which will allow you to complete [Level 2 and Level 3 courses](#): (you need to register to use the site)

Amber (approval request must be submitted to the GP Associate Dean at least 6 weeks in advance of the course):

Please provide screenshot of PDP item with ES approval on e-portfolio Aspirational Activity - We will also consider applications for 'aspirational' activities usually for GP trainees. These for example, may be areas trainees wish to further specialise in, leadership courses, etc. These will be on a case-by-case basis. The focus will be on curriculum activities, but we will consider other activities in those ST3s that have for example completed all their assessments and exams.

These would also need to be discussed with your educational supervisor, documented in the E-portfolio as a PDP entry, and approved by an ES, TPD and Head of School.

Examples of courses that may be aspirational:

- Dermatology update
- Women's health/contraception/HRT
- End of life courses
- ENT/Ophthalmology courses
- MSK courses
- Leadership activities
- RCGP conference-if presenting poster/abstract or speaker
- Other conferences including international if relevant to placements or primary care if presenting abstract/poster or speaker

Red (un-supported courses):

Not exhaustive list but for example below courses:

- Diplomas
- Certificates
- Minor surgery / Joint injections / Implant / IUCD courses
- Dermatoscopy
- Aesthetic / Botox / Fillers courses
- Acupuncture

ST1/2 course funding

Any courses attended during hospital posts will need to be applied for in the usual way through the hospital's trust. Please contact Tejaswini Premkumar or Jane Young at Queen Alexandra Hospital to get more information regarding the course fees incurred during secondary care posts.

We hope to reimburse at least a portion of course fees incurred by ST1s and ST2s during a general practice post. Unfortunately, our funding is fairly limited so we cannot guarantee full reimbursement. In your GP ST1 or ST2 6 month post all of your allocated study leave funding is managed by the Patch Office, with the majority being pre-allocated to the GP Training Programme.

Please note, all requests for reimbursement must be made prior to booking and therefore done prospectively. Any reimbursement requests made after a course is booked (retrospectively) are unlikely to be reimbursed. We therefore ask that you discuss the course you are interested in attending with Dr Bryony Sales or Dr Rachel Elliott, Associate Deans, via Tracy Dickinson, to see if we can offer reimbursement, and how much.

ST3 course funding

During the ST3 GP Post of one year duration, all study leave budget is allocated to the GP Training Programme and any additional GP Training needs should be discussed with your Patch Programme Directors.

Examinations for other qualifications

These qualifications are optional and not actively supported by the deanery. Preparing for them gives you an opportunity to study aspects of general practice in greater depth. The Day-Release Course will cover all the essential areas required for general practice and so these courses generally require self funding. Undertaking a diploma should not interfere with your GP training. The commonest of the courses considered by GP trainees are:

DCH: These are usually run at Southampton General Hospital. Details at their Postgraduate Centre.

DRCOG: This consists of a written examination taken at the Royal College of Obstetricians and Gynaecologists in London.

Diploma in Sexual & Reproductive Health: The Portsmouth course is organised by the Ella Gordon Unit, St Mary's Hospital.

Minor Surgery: Various courses in the region.

Child Health Surveillance: Various courses offered throughout the region and outside.

Money considerations

NUS Card

As a GP trainee you are entitled to a NUS Card (!) Please see the RCGP Website and NUS Website for further details <http://www.nus.org.uk/en/nus-extra/>

Tax

Trainees can now get tax relief on their AiT subscriptions and exam fees. You may wish to enlist the services of an accountant. It is also better to declare any income such as cremation fees rather than get a big bill later! You may also find if you use a good accountant and financial advisor that the Inland Revenue may end up owing you money! They can usually save you enough money to offset their fees.

GP Newspapers

It is worth adding yourself to the mailing list for newspapers relating to general practice e.g. Pulse or GP. It is a good way to keep in touch and up to date with general practice. Addresses are in each newspaper and they are free. They are both available on-line too.

Sick Leave

If a GP Trainee is out of training for 2 weeks or more, e.g. sick leave, it is important to inform the GP Education Unit as well as informing the employing trust. Those who have been out of training for 3 months or more will need a return to work meeting with Dr Rachel Elliott or Dr Bryony Sales Associate GP Deans, as well as any HR requirements.

Resources / Websites

- Portsmouth GP Education
- Health Education England - Wessex GP Education
- Health Education England - Wessex ST1 and ST2 Guide
- Health Education England 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
- Health Education Wessex
- The Wessex GP Educational Trust

Useful links:

RCGP website - Royal College of General Practitioners

<https://www.rcgp.org.uk/>

Fourteen fish- for learning resources and access to your e-portfolio.

<https://www.fourteenfis.com/audience/gptrainee>

NICE guidance - has all the latest evidenced-based clinical guidance for health and care in England.

<https://www.nice.org.uk/guidance>

BNF (British National Formulary)- drug formulary with guidance on prescribing medications.

<https://bnf.nice.org.uk/>

Hampshire & Isle of Wight Formulary

<https://www.hiowformulary.nhs.uk/default.asp?siteType=Full>

BMJ Learning - offers online courses and learning resources on a range of health care topics.

<https://new-learning.bmj.com/>

GP notebook - an online database of medical guidelines aimed at general practitioners.

<https://gpnotebook.com/en-gb/>

Patient. co.uk - information on a variety of health conditions for both patients and health care professionals.

<https://patient.info/>

Bradford VTS - free medical resources for GP trainees

<https://www.bradfordvts.co.uk/>

GMC guidance on Good medical practice - Good medical practice-english (gmc-uk.org)

<https://www.gmc-uk.org>

Wessex Palliative Care Handbook

<https://www.hee.nhs.uk/sites/default/files/documents/>

[Wessex%20palliative%20care%20handbook.pdf](https://www.hee.nhs.uk/sites/default/files/documents/Wessex%20palliative%20care%20handbook.pdf)

Resources for international medical graduate GP trainees

These pages have links to useful information and resources we hope international medical graduate (IMG) GP trainees may find helpful whilst training in the UK.

We also provide an induction course for IMG GP Trainees at the start of training.

In addition to this we run a 'Culture in practice' learning set across all patches. These are virtual group sessions run monthly and provide trainees with a safe environment to have open discussion about cultural differences and how this might impact their work and training in general practice.

Everybody is welcome to join the sessions and it gives trainees a valuable opportunity to share their own experiences with their peers and learn from them. Please ask your programme directors for more information and look out for invites if you would like to participate in these monthly sessions.

Advice for International Medical Graduates:

RCGP guide for overseas doctors living and working in the UK as a GP

<https://www.rcgp.org.uk/training-exams/discover-general-practice/overseas-doctors-guide.aspx>

Health Education England (HEE) GP recruitment page with resources for IMGs

<https://gprecruitment.hee.nhs.uk/recruitment/guidance-for-applicants/resources-for-imgs>

HEE Wessex induction for IMG doctors (via this link you will also find the 'Wessex Handbook for IMG doctors' and lots of other helpful resources).

<https://wessex.hee.nhs.uk/trainee-information/trainee-journey/international-medical-graduates/>

Bournemouth university advice on 'Living in the UK' for international graduates

Living in the UK | Bournemouth University

It's worth joining the BMA , they have various resources to support IMGs from practical advice such as setting up a bank account to communication with others

<https://www.bma.org.uk/advice-and-support/international-doctors/how-the-bma-can-help-you/bma-services-for-international-doctors>

BMA advice and support for IMG doctors on life and work in the UK

<https://www.bma.org.uk/advice-and-support/international-doctors/life-and-work-in-the-uk/being-an-international-junior-doctor-in-the-nhs>

UK CISA (UK Council for International Student Affairs) - Information and resources for international students in the UK

<https://ukcisa.org.uk/>

YouTube Vlog - "Day In The Life Of A Doctor, GP (General Practitioner)"

<https://www.youtube.com/watch?v=0GTj7C1yba0>

Visa and immigration information:

Information on Skilled work visas (replaced Tier 2 work visa)

<https://www.gov.uk/skilled-worker-visa>

Consultations and communication skills:

Spend a penny booklet – sent to all at induction
TALC- Teaching and Learning Consultation Skills

[https://www.gmthub.co.uk/talc?](https://www.gmthub.co.uk/talc?fbclid=IwAR2wbalGr4LPKM1u4qPM1JdcMcXz6D34xPyyR5UekuZEU2PL5Q8xqFjAxfM)

[fbclid=IwAR2wbalGr4LPKM1u4qPM1JdcMcXz6D34xPyyR5UekuZEU2PL5Q8xqFjAxfM](https://www.gmthub.co.uk/talc?fbclid=IwAR2wbalGr4LPKM1u4qPM1JdcMcXz6D34xPyyR5UekuZEU2PL5Q8xqFjAxfM)

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

E- portfolio:

Bradford VTS information on writing log entries and the e-portfolio requirements

<https://www.bradfordvts.co.uk/mrcgp/eportfolio/>

RCGP website advice on writing Log entries

<https://www.rcgp.org.uk/trainingexams/training/workplacebased-assessment-wpba/assessments/learning-log.aspx>

Information about the ARCP can be found here

<https://wessex.hee.nhs.uk/academic-training/academic-arcp-information/>

Exams:

RCGP AKT and SCA Exam Prep Courses are run throughout the year in Wessex look out for e-mails advertising this. You can also find information on courses run on their website.

Exam upskilling courses are available in Wessex please ask your programme directors for more information.

RCGP e-learning GP self-test questions

<https://elearning.rcgp.org.uk/course/index.php?categoryid=56>

RCGP e- learning Essential knowledge updates

<https://elearning.rcgp.org.uk/course/index.php?categoryid=2>

Bradford VTS RCA resource list

<https://www.bradfordvts.co.uk/mrcgp/rca/>

Pennine VTS videos (useful videos and examples of different types of consultations you may come across in general practice)

https://www.pennine-gp-training.co.uk/CSA_case_videos.htm

Matthew Smith YouTube videos (YouTube videos with example GP consultations to help prepare for exams)

<https://www.youtube.com/user/mattandhazelsmith/videos>

PSW exam support - there is a useful package of exam support called the 'Exam game plan' available if you look at the self-help video and resources on the website

<https://wessex.hee.nhs.uk/wellbeing-and-support/exam-support/>

Books:

Watching the English: The Hidden Rules of English Behaviour Paperback, by Kate Fox

Oxford Handbook of General Practice (Oxford Medical Handbooks)

Medical Statistics Made Easy, (any edition), by Michael Harris and Gordon Taylor

A paper copy of the latest BNF (it is useful to have the actual book as the first few pages of BNF have useful information about prescribing).

CSA Cases Workbook for the MRCGP Third edition, by Ellen Welch, Irina Zacharcenkova, Jennifer Llyall

CSA Scenarios for the MRCGP, 4th edition: frameworks for clinical consultations, by Thomas Das

CSA Revision Notes for the MRCGP, fourth edition, by Jennifer Stannett, Sarah Osmond

Further support:

