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GP Training Scheme

<https://gp-training.hee.nhs.uk/bolton/>

Education Centre
Royal Bolton Hospital

Structured Teaching Programme Attendance Policy

This Policy supplements the Lead Employer guidance on attendance: Lead Employer policy for Handling Concerns in respect of Medical and Dental Staff in Training.

Last Updated: 05/11/2025 by Sebastian Pillon

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Structured Teaching Programme (STP)

The STP forms part of the educational aspect of the GP Training Programme and is designed to supplement “on-the-job” learning whilst on hospital and community placements.

Education sessions are organised and often delivered by the Primary Medical Educator Team.

- In ST1, 19 sessions are provided over a rolling 12 month period, restarting each August.
- In ST2, 28 sessions are provided over a rolling 12 month period, restarting each August.
 - 10 sessions per 6-month semester are provided as Structured Education
 - An additional 9 sessions are provided as a Consultation Skills Course
- In ST3, at least 50 sessions are provided over a rolling 12 month period, restarting each August.

The teaching sessions form part of the educational time in GP Training Contracts, and attendance is expected as part of the job plan and contract with the Lead Employer.

It is a requirement to attend Programme teaching and education sessions and should be given the same priority as attending clinical sessions.

There may be optional educational opportunities separate from the STP which resident doctors can use study leave or other time to attend, but NHS England and the North West Deanery are clear that the default expectation is to attend the area teaching programmes whenever sessions are running.

Personnel

The Primary Care Medical Educators (PCMEs) co-ordinate and deliver the teaching programmes:

- ST1 is coordinated by Dr Kat Rothwell
- ST2 is coordinated by Dr Seb Pillon
- ST3A is coordinated by Dr Seb Pillon
- ST3B is coordinated Dr Kat Rothwell
- The ST2 Consultations Skills Course is coordinated Dr Julian Tomkinson

As of August 2025, the teaching staff are supported by Carole Kennedy (Education Centre Deputy Manager), Lisa Diamond (Speciality Resident Doctor Administrator) and Dr Reuben Pratheepan (Training Programme Director). The Associate Dean for Bolton is currently Dr Nick Walton.

Aims of the STP

The STP in each of the GP training years is designed to support the “on-the-job” learning gained in hospital and GP placements, as well as in speciality-specific tutorials and self-directed learning. The STP cannot and should not be considered sufficient alone to provide full coverage of the curriculum required to gain MRCGP. We therefore try to focus on areas where experience may be harder to come by for some or all resident doctors.



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We use principles of adult learning in the design of our programme given that by its very nature; all attendees are postgraduates with at least one university degree. Resident doctors are expected to be active participants and engineers of their education and cannot rely on the passive gain of facts to be sufficient to gain MRCGP.

What do we mean by attendance?

Attendance at the Wednesday teaching is considered mandatory by the Deanery and ARCP panels, unless appropriate leave has been taken (eg. annual, study or sick leave).

Attendance means “Present at the advertised start time, engaged in the session, and departing at the advertised session end time”.

Attendance means more than simply showing up or logging in to a planned STP session. All of our sessions require interactivity between the presenter(s) and audience. Even sessions that appear to mimic lecture-based sessions are greatly enhanced by audience participation and questions, and we encourage this to ensure the teaching delivered is meeting the known and unknown needs of resident doctors in attendance.

In addition, professional attitudes are gauged based on attitudes to teaching attendance and engagement.

To be clear, we expect resident doctors to treat educational sessions with the same respect they would show to a clinical session.

Specifically, we expect resident doctors to:

- Arrive in advance of the advertised start time of sessions, so that they can start as planned.
- Remain in a session until it has either ended, or the advertised end time has passed
 - Some sessions may go on longer than advertised for beneficial reasons (such as questions) but we would not expect resident doctors to stay if they had other responsibilities.
- Minimise any disruption to a session whilst in progress
 - Any electronic device that can make or receive calls/messages should have that function off/muted during a session
 - Phone calls of an emergency nature should be answered outside the session
 - Food/drink should not be prepared during active parts of a session
 - Private discussions unrelated to the session should be kept to breaks
 - Making noise that might reasonably be considered to disrupt others should be minimised.
- Have a working camera and microphone on their device for remote sessions. Cameras should be on during an entire session.
- Inform their educational supervisor of non-attendance; in advance where this is planned (i.e. annual leave), and as soon as possible when not possible to plan (i.e. illness)



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Remote Learning

Developed in necessity during the COVID-19 pandemic, educational time used online video conferencing technology to continue to deliver the STP.

Remote sessions will typically use the Zoom or Microsoft Teams platforms and we ask all resident doctors to download the authorised applications for these programs onto their intended device and keep them updated to ensure they work as intended. Where possible, we recommend using a desktop or laptop computer, or a tablet-sized device as these allow for resident doctors to better see their colleagues and any slide presentations. Use of mobile phone apps results in a suboptimal experience; whilst their use may be a necessity, we would advise against it being the default option.

We do not record sessions and nor do we authorise any resident doctor to record without the express permission of all those in attendance. Any unauthorised recording and/or distribution of a teaching session would be considered a probity issue and may also fall foul of the law surrounding GDPR.

Remote learning can be a useful tool that allows for otherwise-unavailable opportunities and will continue to part of how we learn in future. A key part of GP education is interactivity, and resident doctors are expected to engage with sessions, whether in-person or remote.

Remote learning should not thus be seen as a background activity to passively whilst completing other tasks. These include, but are not limited to:

- Driving
- Attending appointments
- Completing clinical administration work
- Checking emails or other computer-based work/leisure activity
- Primary caring responsibilities where attention is not focussed on the teaching session
- Housework

To ensure all attendees are part of the sessions it is mandatory to:

- Have cameras turned on throughout the session unless otherwise directed
- Have a working speaker and microphone
- Attend sessions in a location where distractions are minimal

Any resident doctors with temporary/longer-term difficulties (personal or technical) should make the PCMEs aware as soon as issues arise so that alternative solutions can be considered.

Resident doctors who are not felt to be engaging with this guidance may be marked as not-attending even if apparently logged into a session.

Caring Responsibilities

We recognise that unforeseen illness in a dependant may limit the ability of a resident doctor to fully attend a remote session within the definitions given here. Whilst we are keen to promote



attendance through novel means where possible, it is important to recognise the principle that “attendance” means more than simply being present as a passive observer.

We would not normally invite non-resident doctors to sessions, but if having someone else present is a necessity as a result of an unplanned caring need, please inform the PCME leading the session as soon as possible to ensure that any confidentiality or content issues can be raised at the start of a session.

If the caring responsibility means a resident doctor is unable to engage meaningfully with a session, then we would recommend that the appropriate leave entitlement be used, just as if the session were in person. The PCME leading the session reserves the right to determine what constitutes meaningful engagement.

Less Than Full Time Training

Less than full time resident doctors (LTFTs) may not necessarily attend all teaching sessions in the same order as their full-time colleagues.

As the weekly job-plan with specify education time on a pro-rata basis, LTFTs will “over-attend” by staying for the full duration of a teaching session and so must at some later time claim that time back. If a resident doctor has attended greater than their allocated time in educational sessions at the expense of clinical sessions, then they should ensure to “pay-back” the missed clinical time.

PCMEs recognise that resident doctors who are less-than-full-time will not attend every session. This means that the attendance register may record an absence that is perfectly justified as part of the overall attendance. Resident doctors and Educational Supervisors should take care to interpret attendance registers with the Resident doctor’s LTFT status in mind.

Reflections & Learning Logs

It is expected that educational events should generate a reflective entry in the resident doctor portfolio, usually as a learning log. This includes sessions as part of the Structured Teaching Programme. There is 1-2 hours allocated within each session to allow for this.

Demonstration of the curriculum coverage is an important yet often neglected portion of the evidence required for ARCP and CCT. It is therefore strongly recommended that resident doctors use the opportunity given by the STP to demonstrate their experience in a reflective entry.

In the case where attendance registers do not correlate with the resident doctor experience, a reflective log entry is the most robust form of evidence that a resident doctor not only attended but participated in the session.

Authorised Absence

Wherever possible, resident doctors should inform their Education Supervisor and the PCMEs as soon as they are aware they will not be able to attend a session. This is ideally before a session but should still be done after an unlogged absence when next possible to do so.



Educational Supervisors need to consider absences as part of the ES Report, and it is useful for PCMEs to know who is likely to be attending sessions to plan group work based on number of anticipated attendees.

Resident doctors should consider that attendance at education sessions is evaluated as part of the demonstration of competencies to progress through training and gain CCT. Educational Supervisors often ask for reports on attendance and engagement within teaching sessions.

Procedure for reporting absence

For all absence, please follow the following guidance. Failure to do this may result in incorrect recording of attendance/absence

- Send an email to the Educational Supervisor and copy in Lisa Diamond (lisa.diamond@boltonft.nhs.uk)
- You may copy in the relevant PCME as a courtesy but this isn't strictly necessary.
- Include the date and time of the session (due to be) missed and include a brief description of the reason, for example:
 - Annual Leave
 - Zero Day/Rest Day
 - Sick Leave
 - Caring Responsibility/Carers Leave
 - Professional Leave (exam/meeting with TPD or other Education/Deanery staff)
- Please note that it is insufficient to inform only the PCME/Education Centre staff of absence – the ES must be included in all correspondence.

Unauthorised Absence

Resident doctors need to be aware that non-attendance may fall under misconduct and as such may potentially lead to a MHPS (Maintaining High Professional Standards) investigation in line with the Mersey & West Lancashire Teaching Hospitals NHS Foundation Trust Lead Employer (MWL) Handling Concerns Policy. Concerns include, but are not limited to:

- Unauthorised leave from work.
- Poor time keeping, irregular attendance at work, late arrival, early leaving and extended breaks when not part of authorised flexible working nor previously agreed with a line manager.
- Unauthorised absence or failure to comply with MWL LE's or a Host Trust's notification requirements for sickness absence, holiday booking, or any other type of absence.

In many cases, repeated unauthorised absence signifies a resident doctor with additional needs, or a hospital/GP system in need of attention. The goal of recording and classifying absence is to look at these causes and work with whomever necessary to improve things.



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This policy runs in conjunction with Lead Employer Guidance, available from:

<https://leademployer.merseywestlancs.nhs.uk/doctor-hub>

Resident Doctors should be aware that the PCMEs and TPD have a professional duty to inform the Lead Employer and ARC Panel of repeated non-attendance and/or non-engagement as part of the overall Absence Management policies (available at

<https://leademployer.merseywestlancs.nhs.uk/absence-related-forms>)

Alternative Use of Educational Time

Resident doctors may wish to take advantage of other educational opportunities that coincide with the STP. This may include use of study leave. As these opportunities are likely to be infrequent, absence from the STP is permissible as long as the alternative activity has been agreed with the Educational Supervisor.

Exam Preparation

The examinations needed for a CCT in General Practice are considered a necessary part of the training programme and resident doctors are granted Professional Leave on the days of the required examinations (currently the AKT and SCA). Although this would be granted in all circumstances, it is professional and courteous to inform the Host Trust/Practice as soon as the examination date is booked so they can plan for cover.

If a resident doctor can prove they will be taking the examination (which is viewable on the resident doctor's portfolio) then Host Trusts/Practices should not refuse notification for Professional Leave for examinations. Reasonable adjustments should be made for shift adjustment where this would impact on examination performance (i.e. a resident doctor should not have to work a night shift the night before or after an RCGP examination). Resident doctors facing difficulty should consult with their Clinical Supervisor and the TPD as soon as possible to help resolve any issues.

Preparation for the Applied Knowledge Test or Simulated Consultation Assessment examinations is NOT considered an acceptable alternative use of the time allocated to the STP.

Resident doctors may of course choose to use annual or other approved leave to attend examinations or for time to prepare, but failure to attend the STP would be considered an unauthorised absence unless this was granted in advance, with the consent of the Education Supervisor and in accordance with this policy.



Recording Attendance

The best form of attendance log is a reflective entry in the Resident doctor Portfolio, demonstrating attendance and any learning from the session.

There is some benefit to Education staff keeping a register of attendance, in that it can identify resident doctors or systems in difficulty. It also provides objective evidence in the case of uncertainty.

Resident doctors are therefore expected to log their attendance with the register kept by the PCMEs. This forms both a back-up to a resident doctor's own portfolio record, but also a way for Education staff to identify resident doctors, placements or other circumstances that may require attention.

If resident doctors fail to signal their attendance on the approved register when this is recorded, they will be marked as absent, even they are later seen at a training session.

Attendance will be recorded at a time during the session as determined by the PCMEs. This will usually be at the start of sessions.

Attendance at the teaching programme is reviewed by their Educational Supervisor and non-attendance may be reviewed through the ARCP Process and may affect a resident doctor's progression through training and/or delay their CCT.

To progress through ARCP resident doctors should display the level of professionalism required of a GP. It is our remit as educators to inform your ES/Lead Employer if we see evidence or repeated poor displays of professionalism/probity in line with our agreed professional standards:

- If a resident doctor has not attended two sessions within a 4-week period without prior notice, an email will be sent to the Educational Supervisor and the resident doctor to encourage any ameliorating circumstances to be discussed and solutions developed.
- If there is further non-attendance without apparent action, the PCMEs/Education Centre staff will add an Educator Note to the resident doctor portfolio to ensure that the ARC Panel are aware of a potential concern.

Lateness

Late arrival will usually be recorded as non-attendance, as punctuality is an important marker of professionalism. If a resident doctor arrives late but still has meaningful learning from a session, they can record this in their learning log.

For absolute clarity, resident doctors should treat educational sessions with the same standards set for clinical sessions. **This means lateness is unacceptable.**

Besides being a marker of low respect for colleagues, poor planning and overall unprofessionalism, it may potentially constitute NHS wage fraud. This is because resident doctors are paid to attend educational sessions, and therefore if not attending or being late, they may be claiming wage for hours they have not worked.



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This is in line with professional guidance as defined by the General Medical Council, MWL Absence and Attitude policies, the contract of employment and NHS Counter Fraud policies on NHS wage fraud ([NHS Staff Fraud](#) | [NHS fraud reference guide](#) | [NHS Counter Fraud Authority](#)).

We understand that on singular, rare occasions there may be unpredictable and unusual circumstances that cause lateness and so it is only repeated lateness that will be flagged to the Educational Supervisor.

To progress through ARCP resident doctors should display the level of professionalism required of a GP. It is our remit as educators to inform your ES/Lead Employer if we see evidence or repeated poor displays of professionalism/probity in line with our agreed professional standards:

- If a resident doctor is late to two sessions within a 4-week period without prior notice, an email will be sent to the Educational Supervisor and the resident doctor to encourage any ameliorating circumstances to be discussed and solutions developed.
- If there is further poor punctuality without apparent action, the PCMEs/Education Centre staff will add an Educator Note to the resident doctor portfolio to ensure that the ARC Panel are aware of a potential concern.

Leaving Early

The PCMEs and Education Centre staff do not have the authority to allow resident doctors to leave sessions early, for any reason.

Leaving early without prior authorisation will be considered non-attendance. If a resident doctor claims a wage for time they were not in a session, they are potentially committing NHS Wage Fraud.

Resident doctors should assume all sessions will start and end at their advertised times, and plan accordingly.

Dispute

The attendance register will be recorded at the start of each session and if a resident doctor is not present at that time, they will be recorded as “absent”. If they subsequently arrive, this may be amended to “late”. In the case of genuine administrative error on the part of the PCMEs, we will gladly correct the record. Resident doctors should nevertheless remain aware that the attendance register is only an in-house tool produced to allow Host Practices to check that the attendance reported by resident doctors matches actual attendance.

As adult learners, resident doctors should be aiming higher than simply turning up, and the true mark of attendance shows evidence of engagement.

The main reason thus for strongly advocating that resident doctors complete a learning log for each session attended is that this ultimately forms the most robust proof of attendance, and in any discrepancy, a learning log demonstrating what has been learned trumps whatever has been recorded on an in-house register.



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Raising Concerns

Regarding Resident doctors

Poor attendance or engagement at the STP may be a sign of a Resident doctor in Difficulty and PCMEs have a duty to ensure such resident doctors are identified and offered appropriate support.

Resident doctors should be encouraged to inform educational staff any difficulties that may be affecting their training to allow for the opportunity for appropriate support and consideration to take place.

The PCMEs and their delegated officials (i.e. other allied tutor staff and educational administrative staff) reserve the right to discuss concerns regarding resident doctors with each other and the local Bolton GP training programme staff, including the area Associate Dean. The goal of this information sharing is to promote the early identification of resident doctors in difficulty. Concerns raised remain confidential within the education team.

These concerns may be escalated via the Educational Supervisor or other HEE NW staff as appropriate, but it would be expected that in most cases the resident doctor should be aware of this in advance of any disclosure.

There may be situation-specific occasions where disclosure of information sharing does not take place, but this should be considered unusual/exceptional and would be subject to a robust assessment of why a resident doctor was not involved.

Where there is immediate concern regarding the safety of a resident doctor, they may contact appropriate emergency services, Host Trust or GP surgery, the GMC or other agency without first raising with the resident doctor.

Regarding Educators

Resident doctors should expect to receive high quality teaching, planned in advance and in support of their overall training programme.

Resident doctors should feel supported with their educational needs and should be treated with respect and dignity.

The education team maintains training with regards to the Disability Discrimination Act, and resident doctors should expect to receive education in a discrimination-free environment.

Feedback is sought following teaching to identify strengths and weaknesses of the current programme and ensure it changes and develops as the needs of resident doctors evolve.

Where there are concerns about a member of the Education Staff or the Education Programme we would encourage resident doctors to raise this with someone they feel comfortable with.

This could include any of the PCME/TPD staff, the administrative staff, their own Clinical or Education Supervisor.



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Where this isn't appropriate, resident doctors could also consider the Associate Dean or other HEE NW staff. Alternatively, they can also utilise the Freedom to Speak Up Guardian at their Host Trust.



Frequently Asked Questions

What guidance is available regarding the use of educational time?

We would encourage resident doctors/DiTs and their supervisors to familiarise themselves with the Lead Employer policy on [Handling Concerns](#) (in particular Appendix 1), and our [local policy](#) both of which make clear our expectations of teaching attendance. There is also national guidance on [wage fraud/payroll fraud](#) and the requirements to meet the [RCGP Curriculum blueprint](#) that are assessed at ARCP.

Can I use educational time to book medical appointments, home deliveries, car servicing or other appointments?

Educational sessions are paid time, therefore Resident Doctors/DiTs should use the approved leave request procedures if they intend to miss a session. A Resident Doctor/DiT should not claim pay for a session they do not attend as this would be considered NHS wage/payroll fraud which would have serious consequences to their continued employment.

Can a Resident Doctors/Doctors-in-Training (DiTs) attend something other than the structured educational programmes?

Yes; but only when agreed with the Educational Supervisor in advance, in line with the trainee's PDP. Nevertheless, we'd recommend that as the programme is designed to support a rounded GP ST education, there should be clear and specific reasons why sessions should be missed. An acceptable example could be an external course that runs on a single date.

A Resident Doctor/DiT says that they can't do home visits on a day with teaching, is that right?

The Resident Doctor/DiT job plan should be realistically achievable within the specified timeframe, and this should include any necessary administrative activity related to clinical work. A home visit will thus require travel back to base to document findings and is thus includable within a job plan based on these considerations. If a DiT is consistently late to training, the education team may approach a Host practice to ask them to review the job plans to ensure their suitability.

For example, an ST2 has a job plan with clinical activity from 0900-1300. If a home visit is scheduled for 1200, it is reasonable to expect that the visit and associated administration can be completed by 1300. Conversely, if a morning clinic finishes at 1300 with a final appointment time of 1245, it is unlikely that a DiT will be able to complete clinic and all related admin within the specified job plan hours.

A Resident Doctor/DiT says that they need to "leave early" to attend teaching, is that right?

In addition to the above, the TPD, our Associate Dean and Head of School are clear that the travel time to educational sessions should be considered as part of the clinical time. This means that if an



education session begins at 1300, travel to the session should be deducted from the preceding clinical time, which may mean arranging work so that it can be complete with this in mind.

A Resident Doctor/DiT has asked for additional time to complete their portfolio, is this an acceptable use of educational time?

All the ST1, ST2 and ST3 teaching programmes build in time of at least 1-2 hours per session to allow for regular completion of the portfolio. (usually an hour before and after the session as advertised). We would expect Resident Doctors/DiTs to be able to clearly outline how they have used that time before requesting additional time from their supervisors.

There is no ST1 teaching scheduled, what should an ST1 do?

When there is no scheduled teaching, ST1 doctors should follow their job plan, which may involve completing a clinical session. ST1 doctors should be invited to attend departmental teaching which may occur at a different time than GPST sessions.

There is no ST2 teaching scheduled, what should an ST2 do?

When there is no ST2 teaching or Consultation skills course running, ST2 doctors are advised to complete relevant online learning or consider other approved education learning, such as outpatient clinic attendance.

There is no ST3 teaching scheduled, what should an ST3 do?

Not every Wednesday is filled with a planned activity; this is to allow time for Resident Doctors/DiTs to complete parts of their MRCGP assessment such as Quality Improvement Activity, Prescribing work, Leadership Activity, as well time for self-directed learning (such as SCA examination practice). Resident Doctors/DiTs should agree what their planned educational activity will be with their Educational Supervisor in advance. We also endorse the belief that seeing patients in general practice remains one of the best educational activities for becoming a GP, so encourage Resident Doctors/DiTs to run additional clinics if they do not have another activity planned. The changes in the GP ST contract mean that Wednesdays should not be seen as "a day off" and it is the responsibility of the Resident Doctor/DiT to evidence the educational activity for which they are claiming a salary.

Are there examples of acceptable educational activity?

- Joint or recorded surgery in practice
- Observation of other primary/secondary care clinics/sessions
- Quality Improvement Activity (QIA/QIP/Leadership)
- Outpatient clinic attendance
- Activity related to agreed PDP items
- RCGP, eLfH and other online learning



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- Group learning, such as patient simulation, journal/literature review etc.

For activities outside the usual practice/placement or teaching session, a portfolio learning log should be made to demonstrate how time has been used.

Please note that "exam revision" is not an acceptable educational activity during your paid hours.

What are the contractual obligations of a DiT/resident doctor?

A 1.0 FTE salary for a GPST3 includes 8 hours per week of scheduled educational activity. It is a part of the contract to attend all paid hours. The TPD, our Associate Dean and Head of School are clear that resident doctors/DiTs are expected to attend training when it is advertised and conduct some sort of educational activity when it is not. Educational Supervisors and the ARCP panels rely on the education staff (such as PCMEs) to give accurate feedback on attendance as part of the assessment of professionalism with regard to the award of a CCT.

Failure to utilise educational time appropriately will be taken as seriously as failure to utilise clinical sessions appropriately.

When taking annual leave, can I just take the clinical sessions off?

Annual leave should be taken using the same 70:30 clinical:educational split that a job plan consists of. We would encourage practices to contact the Education Team if they believe a resident doctor is not attending the STP sessions when annual leave has not been declared.



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Useful Contacts

Associate Dean	Dr Nick Walton	NHS England WTE	nick.walton5@nhs.net
Training Programme Director	Dr Reuben Pratheepan	NHS England WTE	r.pratheepan@nhs.net
PCME (ST1, ST3B)	Dr Kat Rothwell	NHS England WTE	katherine.rothwell2@nhs.net
PCME (ST2, ST3A)	Dr Seb Pillon	NHS England WTE	sebastian.pillon@nhs.net
Differential Attainment Champion	Dr Sadiyah Kauser	NHS England WTE	sadiyah.kauser@nhs.net
Programme Manager	Lisa Diamond	Bolton NHS FT	Lisa.Diamond@boltonft.nhs.uk 01204 390936 option 3
Postgraduate Education Manager	Joanne Warburton	Bolton NHS FT	Joanne.Warburton@boltonft.nhs.uk
Freedom to Speak Up Guardian	Tracey Garde	Bolton NHS FT	Tracey.Garde@boltonft.nhs.uk
Freedom to Speak Up Guardian	-	GMMH NHS FT	freedomtospeakup@gmmh.nhs.uk
Lead Employer (Mersey & West Lancs NHS FT)	https://leademployer.merseywestlancs.nhs.uk/doctor-hub		



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Glossary of Terms

Annual Leave	Planned leave as requested in accordance with local (Trust/GP) and Lead Employer Policy
ARCP	Annual Review of Competency Progression (the means by which doctors in training are reviewed each year to ensure that they are offering safe, quality patient care, and to assess their progression against standards set down in the curriculum for their training programme.)
Bolton FT	Bolton NHS Foundation Trust
CCT	Certificate of Completion of Training (awarded on completion of the GP Specialty Training Programme)
CS	Clinical Supervisor, responsible for clinical supervision during a placement
ES	Educational Supervisor, responsible for overseeing training of a GPST
GDPR	General Data Protection Regulation
GMC	General Medical Council
GM ICS	Greater Manchester Integrated Care System
GMMH	Greater Manchester Mental Health NHS Foundation Trust
GMP	Good Medical Practice
GP	General Practitioner <i>or</i> General Practice
GPST	General Practice Speciality Resident doctor
HEE (NW)	Health Education England (North West)
Host Trust Foundation Trust)	The NHS Trust currently hosting a resident doctor (i.e. Bolton NHS)
Lead Employer	Organisation providing the administrative functions for speciality resident doctors (St Helen's & Knowsley in our case)
NHSE	NHS England
PCME	Primary Care Medical Educator
MWL	Mersey & West Lancashire Teaching Hospitals NHS Trust
STP	Structured Teaching Programme
TPD	Training Program Director



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Trust

NHS Organisation providing patient services

Zero Day

Rostered day off given to ensure compliance with working hours directives



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Links

GMC Good Medical Practice: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor>

GDPR: <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/>

HEE NW/NHS E

Policies: <https://www.nwpgmd.nhs.uk/policies-guidance>

FAQs: <https://nwpgmd.nhs.uk/general-practice-education-north-western-deanery/faqs-0>

Study Leave: <https://nwpgmd.nhs.uk/gpst-study-leave>

Lead Employer (St Helen's & Knowsley)

ACE Behavioural Standards: <https://leademployer.sthk.nhs.uk/ace-behavioural-standards>

Absence Policies: <https://leademployer.merseywestlancs.nhs.uk/absence-related-forms>

Terms of Service: <https://leademployer.sthk.nhs.uk/terms-and-conditions-of-service>



Bolton

GP Training Scheme

<https://gp-training.hee.nhs.uk/bolton/>

Education Centre
Royal Bolton Hospital

Guide to the Bolton Structured Teaching Programmes (STPs) for DiTs/resident doctors

The Structured Teaching Programmes (STP) are run by the Primary Care Medical Educators (PCME) to deliver content relevant to the RCGP Curriculum. It is supplementary to, and not a replacement for, on-the-job learning during placements. We try to focus on areas that may be harder to gain exposure to, as well as looking at content useful for recording in the portfolio, as well as preparation for the MRCGP examinations.

The North West Deanery and your Lead Employer expect you to attend scheduled teaching. Attendance is defined as arriving in time for a session to start, being an active participant, and leaving once the session has ended.

The Lead Employer policy can be found here:

<https://leademployer.merseywestlancs.nhs.uk/attendance-management--absence>

ST1

ST1 sessions are held on selected Thursday afternoons 1300-1700. There are 18 core sessions per academic year, with additional sessions for some resident doctors/DiTs who are new to the NHS, new to the UK or are undergoing a Supported Return To Training. Most ST1s will be in hospital posts, and unfortunately, current agreements mean that any on-call duties will take precedence of teaching attendance. We are aware this can cause problems in some specialities, and the rota-coordinators have been asked to minimise the impact of this where possible. Please check your duty rota to ensure you are able to attend sessions when you can.

ST2

ST2 sessions are held on Tuesday afternoons. There are 20 core sessions per year, plus a 10-session consultation course taken in one of the two semesters. As sessions are held year-round, most ST2 job plans will block Tuesday afternoons as educational time from 1300-1700. We recommend that ST2 Resident Doctors/DiTs use the semester when they don't have the consultation course to use this time for self-directed and eLearning, QIA, mandatory CEPS, attendance at specialist clinics or other recognisable educational activity.

ST3

ST3 sessions are scheduled all-day on Wednesdays from 0900-1700.



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We are contracted to provide 30 sessions per year, although in practice you will find we do more than this. When sessions are not scheduled, we often provide space for SCA practice.

When sessions are not scheduled, you should plan what you are going to do with the educational time instead. There are many things to complete in ST3, such as QIA, a Leadership project and Prescribing assessment, as well as the use of your portfolio for evidencing your competency to gain CCT. If you do not have any plans, it is reasonable for your practice to suggest you do some clinical work, as there is educational benefit to every case we see.

For all 3 year groups, structured teaching includes time for portfolio reflection/logging of the activity, usually immediately following the session delivery. We wholeheartedly recommend that Resident Doctors/DiTs add a learning log for every episode of educational activity as both evidence of learning and of attendance.

Absence Recording

The Host Practice is responsible for recording attendance of all DiTs/resident doctors in order to ensure that they are paid for work completed correctly.

To assist this, we record attendance of doctors to the STPs and make this information available to Approving Managers at each Host Practice. This is done on a request basis, but we also proactively inform practices if there is a pattern of poor punctuality and/or attendance, as this can signify a professionalism or pastoral issue.

Lisa Diamond maintains the registers and is contactable via lisa.diamond@boltonft.nhs.uk

For all absence, please follow the following guidance. Failure to do this may result in incorrect recording of attendance/absence

- **Send an email to your Educational Supervisor and copy in Lisa Diamond (lisa.diamond@boltonft.nhs.uk)**
 - Please note that it is insufficient to inform only the PCME/Education Centre staff of absence – the ES must be included in all correspondence.
- **Include the date and time of the session (due to be) missed and include a brief description of the reason, for example:**
 - Annual Leave
 - Zero Day/Rest Day
 - Sick Leave
 - Caring Responsibility/Carers Leave
 - Professional Leave (meeting with TPD or other HEE/Deanery staff)



Punctuality

We ask that Resident Doctors/DiTs who plan to attend a structured teaching programme arrive in time to be seated and ready to start at the advertised start time. For remote sessions, we ask the Resident Doctors/DiTs are logged into the online conferencing programme and in the waiting room for the advertised start time.

Late arrival may be recorded as non-attendance, and for some sessions, late entry may be denied if it would disrupt a session already in progress.

Attendance

Resident Doctors/DiTs are adult learners and may choose to not attend sessions either in part or in full and are responsible for their own choices and their consequences. Where an unexpected event occurs, we would expect Resident Doctors/DiTs to make their ES and event organiser aware when they are able. We recognise that life is full of unexpected hurdles, and we expect all doctors to experience this at some point; however, we do expect Resident Doctors/DiTs to consider how to avoid repeated occurrences of the same issue where that is within their control.

If a resident doctor/DiT anticipates there will be an ongoing/recurrent issue with attendance, we encourage them to discuss with their ES and/or the TPD to look at their job plan.

This is line with expected standards of professionalism for all doctors.

Conduct during a session

As doctors, we expect you display the same professionalism during scheduled teaching as you do within your clinical work.

In general, we expect all attendees to minimise disruptions to sessions both out of respect for speakers and other attendees, and because every interruption/distraction reduces the efficacy of the session. Examples of avoidable interruptions during a session include private chats, making drinks and taking telephone calls.

We recognise the learning value of debriefing with colleagues and provide time before and after the scheduled sessions. We ask that non-related discussion does not take place during the delivery of an educational session.

Mobile phones should be switched off or in silent mode. If an emergency call needs to be answered, this should be done outside the teaching space. Please be mindful that speakers can't see what you are doing and it can look disrespectful and be distracting if large numbers of RDs are looking at their phones more than the speaker.

We encourage you to take notes and research on electronic devices during sessions, but please try not to conduct other business, such as (but not limited to): checking/sending emails, playing games, watching other online video content, updating your portfolio or other eLearning.



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Refreshments may be provided on the goodwill of our host venues and the education staff. We ask that you clean/tidy up after yourselves if you use this facility. Repeated failure of a group to do so may result in the removal of this facility.

Leaving Early

The educational time in your job plan is paid as part of your salary. If you can't attend or need to leave a session early, please ensure whoever logs your attendance at your practice is aware. The PCME and/or guest speaker cannot authorise your leave, nor allow you to leave a session early. Normal leave application rules would apply, and failure to inform the relevant parties of a full/partial non-attendance is considered a serious probity and/or NHS wage fraud issue.

Session Feedback

It is the role of the PCMEs to arrange and review the speakers and content of sessions. We select speakers who have professional validity and work with new speakers to develop sessions that are tailored to our programme. If you have comments/concerns about a session or a speaker, these should be given to the PCMEs unless a speaker specifically asks.

Safe Space

Structured Education sessions rely on group discussion, interaction and sharing of experience.

Controversy is good for discussion, and different viewpoints are essential to further all of our understanding. It is expected that all members of a session will engage with discussion in a respectful manner that avoids intentional upset or harm to others. Everyone who attends a session should be mindful of how their words can be interpreted by others, and be open to considerate corrections where inappropriate language has been used. We should all be prepared to give the benefit of the doubt and be open to apology and forgiveness in the spirit of learning together.

Nevertheless, the targeting of anyone within a session based on any of the Protected Characteristics (as defined by the Equality Act) will not be tolerated.

RDs or speakers who are judged to be affecting the safety of a session may be asked to refrain from further discussion, take some time-out or in very extreme cases, leave the session entirely.

Confidentiality

As doctors we have access to privileged information about our patients. We learn from discussing cases with each other.

Questions to speakers about highly specific patient issues should be considered with care, as the detail may make a patient identifiable which is only acceptable where explicit consent has been sought in advance.



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Concerns about attendance/professionalism

To progress through ARCP resident doctors should display the level of professionalism required of a GP. It is our remit as educators to inform your ES/Lead Employer if we see evidence or repeated poor displays of professionalism/probity in line with our agreed professional standards. You can read this in our Structured Teaching Programme Policy and on the Lead Employer website.

Useful Contacts

Associate Dean	Dr Nick Walton	HEE NW	nick.walton5@nhs.net
Training Programme Director	Dr Reuben Pratheepan	HEE NW (Bolton)	r.pratheepan@nhs.net
PCME (ST1, ST3B)	Dr Kat Rothwell	HEE NW (Bolton)	katherine.rothwell2@nhs.net
PCME (ST2, ST3A)	Dr Seb Pillon	HEE NW (Bolton)	Sebastian.pillon@nhs.net
Differential Attainment Champion	Dr Sadiyah Kauser	HEE NW (Bolton)	sadiyah.kauser@nhs.net
Programme Manager	Lisa Diamond	Bolton NHS FT	Lisa.Diamond@boltonft.nhs.uk
Postgraduate Education Manager	Joanne Warburton	Bolton NHS FT	Joanne.Warburton@boltonft.nhs.uk
Freedom to Speak Up Guardian	Tracey Garde	Bolton NHS FT	Tracey.Garde@boltonft.nhs.uk
Freedom to Speak Up Guardian	-	GMMH NHS FT	freedomtospeakup@gmmh.nhs.uk
Lead Employer (Mersey & West Lancs NHS FT)	https://leademployer.merseywestlancs.nhs.uk/doctor-hub		