

**TRAINING  
AND EDUCATION GUIDE FOR GP RESIDENT DOCTORS, SUPERVISORS AND TRAINERS**

**August 2025  
NHS England  
Working NWL SL NCEL**

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## Introduction

Welcome to GP Specialty training in London.

We hope you find your time in your training programme both exhilarating and inspiring.

GP Specialty Training is subject to the criteria, requirements and guidance of the GMC, the RCGP, and those described in the MMC 'A Reference Guide for Postgraduate Medical Training in the UK' (commonly known as the [Gold Guide](#)). This is used by both Resident Doctors and educators.

Dr Andy Tate      Head of GP School, NHS England London

## Who's Who

There are 30 GP Training Programmes in London (see scheme map attached)

The schemes are led by **Training Programme Directors (TPD)** who support and facilitate the running and delivery of your training. The Programme Directors will organise your training programme placements throughout your 3-year Programme.

Your **Patch Associate Director (AD)** provides educational support for a group of programmes.

During each secondary care post you will have a **Clinical Supervisor (CS)** who will be one of your hospital Consultants. Your clinical supervisor will be responsible for the appropriate clinical supervision of your day-to-day clinical work. In addition, your clinical supervisor will:

- Meet with you regularly throughout the placement
- Provide feedback which may be obtained by direct observation and from gathering the views of others working with you
- Undertake some, but by no means all of your work place based assessments.

For the duration of your programme you will also have a **GP Educational Supervisor (ES)**, who will be a local **GP Trainer or TPD**. Educational Supervisors are responsible for overseeing your clinical and educational progress. In addition, your educational supervisor will:

- Meet you regularly throughout each of your training programme
  - Provide regular appraisal opportunities and completion of formal reviews
  - Provide feedback on your overall progress
  - Completes the Education Supervisors section of the Educational Supervisors review.

The local GP TPD will put you in contact with your Educational Supervisor. If you have concerns about your education and training that cannot be dealt with by your Clinical Supervisor, then your Educational Supervisor and/or TPD is there to offer help and support. If necessary, they can involve the Associate Dean (AD).

## **Contacts**

If you have any questions or would like further information, please contact the Healthcare Education Team, (HET) via the PGMDE [support portal](#)

### **Health Education England working across London and South East**

10 South Colonnade  
Canary Wharf  
London  
E14 5EA

The HET team is normally available on weekdays from 9am to 5.30pm. Contact details can be found on our [website](#)

Some useful web-links and addresses:

The Royal College of General Practitioners (RCGP)  
30 Euston Square  
London NW1 2FB

Please refer to the College [website](#) for more information.

## **Employment of GP Resident Doctors**

Throughout your training programme you will be employed by the Royal Free London NHS Foundation Trust referred to as the Lead Employer Service (LES)

They deal with all the employment issues for GP Resident Doctors throughout their training programmes, whether they are based in hospital or a GP practice.

LES can be contacted via email at [rf-tr.leademployerservice@nhs.net](mailto:rf-tr.leademployerservice@nhs.net)

The LES provides a contract of employment to cover the whole period of General Practice Training.

The initial offer of employment following the allocation of a place on a training programme comes from NHS England. Each Resident Doctor will receive an offer of employment from the LES before starting their first post

The LES will contact you with regard to completing pre-employment checks, occupational health and wellbeing services, the Disclosure & Barring Service (previously CRB), relevant commencement of employment forms, bank details, salary payment and immigration status (Right to Work), compliancy with the requirement to maintain GMC regular registration and relocation and study leave payments This is not an exhaustive list

Resident Doctors are able to access the LES's policies and procedures via a dedicated lead employer page. You will receive a username and password for **Freenet 2**

<https://freenet2.royalfree.nhs.uk/sites/group-services/people-microsite/SitePage/98813/lead-employer-services>

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For access queries please contact  
[rf-tr.leademployerservice@nhs.net](mailto:rf-tr.leademployerservice@nhs.net)

This will be followed by a contract of employment, at least eight weeks prior to the start date, setting out the main terms and conditions of service including pay, annual leave, notice periods and the details of the out of hours work that you will be expected to carry out.

ESs/TPDs will not be able to access Freenet2 however you may request policy information by contacting the LES at [rf-tr.leademployerservice@nhs.net](mailto:rf-tr.leademployerservice@nhs.net)

### Notifying the LES about any absence.

As a Resident Doctor it is your responsibility to:

- Adhere to the Sickness Absence Policy and local absence reporting rules.
- Report sickness absence to line manager prior to the start of the shift and maintain regular contact when you are absent.
- Submit self-certificates or medical certificates promptly.
- Attend appointments with the Occupational Health Department when requested to do so.
- If you are on long term sickness you must also inform your employer (the LES) and NHS England as this may have an impact on your pay and CCT date.

For ESs/TPDs as a manager it is your responsibility to:

- Return the absence reports each month so that the LES can record any absence appropriately into ESR.
- Follow the LES Managing attendance and sickness absences policy and procedure
- Monthly absence returns must be submitted by the 1<sup>st</sup> of the month to [rf-tr.absencereturn@nhs.net](mailto:rf-tr.absencereturn@nhs.net) where you have sickness, paid and unpaid leave to report. Late absence returns can sometimes affect the Resident Doctors pay.

Before starting your GP Specialty Training Programme, you must:

Ensure your GMC Registration is current

Register on GMC Connect with the designated body of

- ○ North London – Responsible Officer Dr Gary Wares
- ○ South London – Responsible Officer Dr Gary Wares
- Contact your Programme Directors and Clinical and Educational Supervisors
- Complete an Enhanced Form R -See guidance below
- Contact the LES

### **The National Performers List**

GPRs (General Practice Registrars) are exempt from the Performers List due to the Coronavirus Amendment Regulations. This exemption arises from the basis that all GPRs are employed by a Lead Employer that is a Designated Body and that their Responsible Officer is the NHSE Dean.

It is your responsibility to inform the NPL of any changes to your circumstances such as:

- resignation/removal from training
- dismissal
- failure to achieve CCT or
- referral to the GMC

## **Medical Indemnity**

### **General Practice Medical Indemnity Insurance**

#### **CNSGP and MDDUS provision**

The government's state-backed clinical negligence scheme for general practice (CNSGP) came into operation on April 1, 2019. It covers clinical negligence arising from NHS patient care.

Information on the scheme can be found on the NHS Resolution website <https://resolution.nhs.uk> which provides more detail on CNSGP and what it covers.

In summary NHS Resolution (funded by NHSE) - cover for all NHS primary care services regardless of provider type (under GMS, PMS or APMS contract or sub-contracts) but does not include medico-legal cover, Good Samaritans, MoD commissioned healthcare, public liabilities and other business or professional liabilities, medical reports/requests for information from the Department for Work and Pensions (DWP) that are not required to be provided under a GMS, PMS or APMS contract or sub-contract.

#### **MDDUS**

Medical Indemnity Insurance is provided for GPSTs by Medical & Dental Defence Union of Scotland (MDDUS) and the associated costs of this cover is paid for by NHSE. This provides cover for medico-legal advisory support and clinical negligence for GPST's working in organisations outside the NHS

The scope of the Medical Indemnity Insurance arranged within the NHSE block contract provides cover for activity that GPSTs undertake within the GPST curriculum. It does not include clinical negligence cover for activity undertaken outside of GPST training, such as locum activity. If you are undertaking this work outside of GPST training then you may require to procure top up cover from MDDUS. Please contact the MDDUS if you require further cover.

Acceptance of a Resident Doctor's coverage is subject to MDDUS's acceptance guidelines

This does not preclude individual from taking out additional insurance or professional indemnity cover if they wish from a defence organisation, trade union or other body of their choosing.

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If you decide to opt out of the MDDUS indemnity agreements you will need to inform HET.

HET London will advise the Lead Employer of any changes to the MDDUS indemnity agreements.

### **Support for Reasonable Adjustment**

If you have a disability that might require adjustments to be made to support you working you must make your employer aware at the earliest opportunity. If you do not do so, the employer may not be able to make reasonable adjustments.

### **Registering with the Royal College of General Practitioners**

The MRCGP is the licensing exam for General Practice. Without it you cannot gain your Certificate of Completion of Training (CCT) and work as a GP in the United Kingdom.

All new entrants to GP Specialty training must register with the RCGP to enable access to a portfolio in which you will record developmental progress and attainment of the mandatory assessments. Doctors in GP Specialty Training, whether in a hospital or a General Practice post, must collect evidence of their development and progression throughout and from the very start of training. This evidence will form part of the final assessment for the award of the MRCGP

Before you start you must register to get a username and password on the RCGP website.

[Click here for registration](#)

### **Completing the Enhanced Form R**

The GMC requires that all Specialty Resident Doctors must complete a Registering for Postgraduate Specialty Training (Enhanced form R) when entering training and again annually prior to each Annual Review of Competency Progression (ARCP). You will receive an electronic link to complete Form R.

For ST1 Resident Doctors, your National Training Number (NTN), which is also essential for you to be registered with the RCGP, will be issued by the NHS England London GP School when your Form R is received. It is a requirement of the RCGP for the GP School to collect Form Rs as registration for training each year.

Annual Form R prior to your ARCP must be completed via the TIS Self Service. Resident Doctors must sign up with the same email as held on Trainee Information system (TIS).

The Enhanced Form R now collects information required to support the revalidation process. Doctors in training are required to complete the self-declarations and provide further information on any unresolved significant untoward incidents or serious unresolved complaints. (See section on Revalidation below).

### **Contacting your GP Educational Supervisor (GP Trainer)**

Your Educational Supervisor (ES) will provide your educational support and monitor your progress through your training. The Educational Supervisor will be a GP Trainer or TPD and your GP Programme Director will organise this for you.

If you are about to commence a GP training placement, please contact your GP Trainer.

### **GP placements during GP Specialty Training**

Your final year (ST3) will be spent entirely in a GP placement. You will also have one or two GP placements in your ST1 or ST2 year. This placement may be an Integrated Training Post (ITP), in which you will be based in GP but also gain experience in an attachment to a hospital or community specialty. Post rotations and placements in GP will be organised by your Programme Director.

You will need to meet your GP Trainer/Supervisor to discuss your introduction to General Practice and to have a preliminary look at major educational needs and wants. The GP Supervisor (or Practice Manager) will normally give you an introductory/induction pack to provide information about your new team and practice.

## **An Overview of GP Training Over 3 Years**

### **Induction**

You must attend the Induction Programme arranged for new employees in the Trust. You will also be expected to undertake an induction into the department in which you are working.

London arranges a central induction afternoon for all new GP Resident Doctors and your GP Specialty Training Programme Director will also arrange a further induction locally to provide an overview of GP Specialty training, the programme, use of the portfolio and the assessment strategy.

Your GP Practice or community placement will also arrange a site specific induction.

### **Guidance on the ST3 Working Week Training**

The new junior doctor contract has not changed the COG PED recommended working week for ST3s.

For a full time ST3 the working requirements are 40 hours per week. The 40 hours are made up of:

- 28 hours clinical sessions
- 4 hours structured educational time (includes tutorial)
- 4 hours half-day release (HDR) specialty GP scheme
- 4 hours independent educational activity

The balance of activities may have flexibility based on the individual training needs of GP Resident Doctors as identified in discussions between Resident Doctor and Educational Supervisor. Actual timings can vary each week, as flexibility is also needed to reflect education and service provisions. Educational sessions may be structured so that activity occurs over a number of activities on different days.

Attendance at the Half Day Release (HDR) is covered by study leave arrangements and accounts for 15 days of the 30 days available to Resident Doctors. During GP placement when there is not an HDR session, it is expected the session will be replaced by an agreed educational activity which may include joint surgery or special clinic according to agreed learning needs

### **Duties and activities that contribute to clinical sessions**

1. Supervised/supported consultations within the practice, with a minimum appointment length of 10 minutes for face to face consultations. There should be adequate time provided (at the end of any consulting period) to allow a Resident Doctor to debrief with the supervising GP
2. Telephone consultations
3. Supervised/supported home visits, nursing home visits, community hospital duties including time for debriefing, and travelling
4. Administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, and general administration

Educational activities should link to specified learning outcomes and such activities planned and be agreed with the Educational Supervisor

1. Time spent in activities relating to work-placed based assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Case based Discussions (CbDs)
2. Time spent analysing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose
3. Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a Resident Doctor's programme, e.g. family planning clinics, joint injection clinics
4. Participation in clinics run by other GPs – such as minor surgery, especially where direct supervision is required in the process to get formal verification of procedural competences
5. Attendance at specialist outpatient clinics if this area is felt to be absent within the Resident Doctors' coverage of the GP curriculum
6. Time spent with other members of the practice and healthcare team for the purposes of care and learning e.g. practice nurses, community nurses, nurses with a role within chronic disease management, receptionists, triage nurses, other health care professionals, dispensing and pharmacy professionals gaining experience in these areas

### **Non-clinical activities suited to educational sessions**

1. Locally organised educational events, e.g. specialty-specific educational programme run by NHS England, including "half-day release" or "day-release" sessions
2. Structured and planned educational activities, such as tutorials delivered in the GP practice
3. Primary care team meetings
4. Educational supervisor meetings and other educational reviews
5. Quality improvement, audit and research in general practice
6. Independent study/revision
7. Commissioning services

For Resident Doctors on less than full time rotations the number of hours for clinical and educational events will be calculated on a pro-rata basis.

The RCGP will need evidence of the successful completion of training in all of the posts and the satisfactory completion of the MRCGP. This will enable the RCGP to issue a CCT.

## **The GP Curriculum**

### **Royal College of General Practitioners (RCGP) [Curriculum Site](#)**

The Royal College of General Practitioners (RCGP) has produced a comprehensive and valuable curriculum for the 3 years GP Specialty training programme, which is updated annually, and had a major review this year. We hope that you will refer to this to establish your learning needs in each of your hospital and GP placements. Consultants will have access to the curriculum, and will be encouraged to be aware of those areas pertinent to their own specialty. It will be helpful to discuss your specific learning needs as an intended GP, as they will be supervising Resident Doctors in their specialty as well as GP.

### **Portfolio**

The portfolio will allow you to demonstrate your progress in achieving the competences expected in the GP Curriculum and required for your WPBA which carries equal weight with the examinations in determining progression and completion of your training.

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It is important that you register with the portfolio and start using the portfolio as soon as you start your GP training programme (either in hospital or in a GP placement).

It is your opportunity to show your learning experiences, both formally and informally.

Although access to your portfolio is only available to those assessing it please remember this is a potentially public document forming part of your certification (Freedom of Information Act 2000). Recent legal precedent should remind you that all reflective entries should be very carefully anonymised to avoid potential exposure to the courts requiring access to your portfolio in cases where things have gone wrong.

You are required to add all stage of training and post information to your portfolio. It is very important that your rotations are correct and reflect those on your TIS record. Any periods of extended leave will also need to be documented on your portfolio. Incorrect details can affect your certificate of completion of training.

It is particularly important to ensure that all posts have a 'Location' particularly those in GP or psychiatry placements. Please advise your local administrator if any of your posts do not have a location specified – particularly those in GP or psychiatry placements.

### MRCGP

The MRCGP is an integrated assessment package, made up of:

- Applied Knowledge test (AKT)
- Simulated Clinical assessment (SCA)
- Workplace based assessment (WPBA)

The RCGP provides [information about the MRCGP](#) which you should read.

### Additional Training Requirements

Additional NHSE requirements that need to be completed during each training year **and need to be evidenced within the RCGP portfolio**:

- [Safeguarding Children and Safeguarding Adults training every year](#)
- [Adult and Paediatric BLS and AED](#) needs to be valid annually and within date at the time of CCT

GMC Survey – all Resident Doctors in each training year are expected to take part in the GMC National Training Survey. It is a professional duty for all Resident Doctors to feedback about the quality of their training in this way, as is stated in the *Gold Guide* Para 7.32 “[doctors] must take part in systems of quality assurance and quality improvement in their clinical work and training (e.g. by responding to requests for feedback on the quality of training, such as the National Trainee Survey)”

## Urgent and Unscheduled Care (UUC)

In order to cover the Urgent and Unscheduled Care part of the curriculum, GP Resident Doctors based in general practice placements are expected to gain experience with out of hours providers and other unscheduled care services. The practice will give time off in lieu to facilitate this and this provision is likely to be included within your job plan

## Educational Supervisor Reviews

Your Educational Supervisor currently needs to complete a 6-month and 11-month review in each training year (ST3 6-month and 10-month). See ESR on [RCGP website](#) for the most up to date information, It is your responsibility to contact your Educational Supervisor to ensure this is done. Your learning log needs to be kept up-to-date and your assessments need to be complete, these must include Clinical Supervisors reviews.

You **MUST** complete a self-assessment in the 13 capability areas before every review – the underlying theme to the MRCGP is your ability to reflect on your learning and to demonstrate a developmental progression within the capability areas. Each area must contain specific evidence to justify your comments, i.e. references to certain logs /assessments. It is extremely important that this self-assessment is done: **please note that the RCGP will reject your portfolio if it is incomplete.**

At the review, your Educational Supervisor will go through the above and then make a rating with evidence-based comments on the same 13 capability areas. They are also asked to comment on your curriculum coverage, clinical examinations, procedural skills and the quality of the evidence presented in the portfolio. Finally, they will make an overall judgement on your progress. This is then submitted to your portfolio and signed off to become available to form part of your evidence for ARCP.

## **The Annual Review of Competency Progression (ARCP)**

Your portfolio will then be presented to the Annual Review of Competency Progression (ARCP) panel.

The panel consists of a Panel Chair and two Programme Directors and/or Educational Supervisors, who will make a decision on whether the evidence you have presented in your portfolio along with the ESR is adequate for you to progress to the next level of training, or in the ST3 year whether you can apply for your Certificate of Completion of Training (CCT). Lay members and representatives from the RCGP may also be sitting on the panel.

If you have completed the required elements of WPBA, have submitted an Enhanced Form R and have a satisfactory ES Review you will not usually be required to attend the ARCP. If you have an unsatisfactory review or incomplete portfolio you will be required to attend panel. If you have an unresolved complaint, a Serious Untoward Incident or capability or conduct issues reported by yourself, your ES, or your employing Trust or The Local Area Office (for complaints occurring in general practice) you may be required to attend the ARCP so that more information can be obtained relating to the issue concerned. The ARCP will not make a judgement on this information. If the information is inadequate you will be invited to the Panel for feedback and plans for how these areas can be corrected will be discussed.

For information on ARCP requirements please visit [RCGP website ARCP page](#)

## **Certification & Revalidation for Doctors in training**

From December 2012 the GMC set out requirements for all doctors in training to be revalidated:

If your training lasts less than five years, your first revalidation will be at the point of eligibility for CCT.

If your training lasts longer than five years, you will be revalidated five years after you gained full registration with a license to practice, and again at the point of eligibility for CCT.

The ARCP process is the vehicle for obtaining evidence for Fitness to Practice from which the Responsible Officer will make a recommendation to the GMC for revalidation.

This national process requires HET to collect data in two parts - information from GP Resident Doctors and from the employer(s). The employer will be supplying information to HET in order to inform the revalidation process through the ARCP. The Area Team will also be required to supply information relating to GP Resident Doctors, who have undertaken a placement in general practice (and thus been registered on the National Performers List).

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This information will be provided under three headings: -

- Conduct/capability investigation
- Serious Untoward incident
- Complaints

### The Process of Certification with the RCGP

Guidance is available via the [RCGP website](#)

### Six months before you finish GP Specialty training

You must think about certification with the RCGP.

If you have transferred into NHSE London as part of an inter-deanery transfer, you should check that these are recorded on your portfolio and you have the appropriate evidence from any ARCP done in a previous NHSE area.

Are all your workplace-based assessments up-to-date?

Have you applied for AKT and CSA/RCA via the RCGP?

In the coming 4 months you must complete the remaining WPBA. These must be undertaken so that your portfolio is complete at 9 months into your ST3 year.

### Other Qualifications

The MRCGP is the only assessment process in GP training and will provide both developmental and summative assessment during the whole of the 3-year programme. It is intended that this will cover all that is needed during training for General Practice, and thus no other certificates, diplomas or higher qualifications will be needed. The Study Leave support is primarily to ensure that the GP curriculum is covered and that the CCT is achieved within the normal timeframe.

You may want to undertake additional training, (e.g. for contraception and IUCD training) and if so you should discuss this with your Educational Supervisor and Programme Director.

### Study Leave

The London Study Leave FAQs can be found on the [website](#)

It is important that all GP Resident Doctors plan their study leave at the beginning of each training year with their GP Educational Supervisor. Resident Doctors should read the Study Leave Guidance. The GP School provides a number of free facilitated learning and training events, a study leave allowance, as well as e-learning training to support GPSTRs. All GPSTs requests for study leave should be agreed with their clinical supervisor before applying for any funding to ensure that any absences will not compromise safe patient care.

## **Supported Return to Training**

Supported Return to Training (SuppoRTT) aims to support all Resident Doctors to safely and confidently return to training after a sustained period of absence. Resident Doctors are eligible if absent for 3 months or more, regardless of the reason. Those absent for a shorter period may also opt in.

SuppoRTT aims to provide a bespoke, individualised package for each returning Resident Doctor, rather than a single “one size fits all” approach. This consists of:

- A structured and systematic process for planning absence and return to training, and maintaining contact while on leave;

- A menu of options that can be built into an individualised return-to-training package, agreed between a Resident Doctor and their educational supervisor, including supervised clinical sessions, refresher courses and coaching.

For more information on the support available and how to access it, please visit our website:

<https://london.hee.nhs.uk/professional-development/supported-return-training>

For peer-to peer advice and support, please join the NHSE Online Support Community (HOSC):

<https://www.facebook.com/groups/HEEOnlineSupportCommunity/>. This community has been set up by GP Resident Doctors, for GP Resident Doctors across London to support any LTFT, OOPE Resident Doctors, those on leave or due to return.

## **Problems During Training**

Anyone can experience personal, educational or professional issues.

Remember, you are not on your own; there will always be someone to turn to for advice.

Please do not hesitate to ask for help.

Firstly, consult your Educational Supervisor and/or your GP Programme Director. Issues in hospital posts can be discussed with your Clinical Supervisor and/or the Director of Medical Education within the Trust. Problems which are not resolved at this level can be referred to the Patch Associate GP Director responsible for your area. Further support is available via the [Professional Support Unit](#)

### **Peer support**

The GP Specialty Trainee Registrar Committee has a GPSTR representative from each GP Specialty training programme. The Committee reports to the Heads of GP School

### **Health concerns**

For health concerns, you can of course see you own GP.

All GPs in London also have access to the confidential services of [Practitioner Health](#)

## **What Happens If a Resident Doctor Does Not Make the Expected Educational Progress?**

The GP School will seek to identify educational concerns as early in training as possible, so specific support can be given. Any Resident Doctor who thinks they may be struggling should discuss this with their local educators.

If educational progress is not as satisfactory as expected any Resident Doctor may be referred to an ARCP panel by their educational supervisor. A referral can be made at any point, even if a panel would not normally be due.

If such a referral is made, the patch AD will meet with the Resident Doctor, review the concerns, and provide a report for panel, which will be face to face. The panel may decide that further targeted learning needs to take place within the normal time frame of training, or that a discretionary extension to the training programme is required for educational purposes. This is most usual at the end of the ST3 year when any or all of the components of MRCGP, (AKT, CSA or WPBA) have not been passed. However, extensions can be given at an earlier point.

While it is an unusual outcome, continuing failure to make educational progress in spite of support and extended training will lead to the Resident Doctor being released from training, as set out in the [Gold Guide](#)

### **Important note:**

Additional periods of training for remedial reasons are not a right and will be given at the discretion of NHSE. Opportunities for this will depend on the training capacity of the GP School at any one time. GPSTRs who are offered a remedial extension may need to go on a waiting list and/or undertake remedial training with reduced weekly sessions. Posts may be in general practice or in hospital.

## **Less Than Full Time Training (LTFT)**

FAQs about LTFT training can be found [here](#)

In London we offer a minimum of 12 months of secondary care posts. Bear in mind before applying that LTFT training may mean that your planned jobs do not amount to 12 months, and so **you are likely to need to do an additional hospital post to make up the missing time.**

There is also information on flexible or LTFT training on the [BMA website](#)

## **Maternity or extended leave leading to short (less than 2 month) placements –portfolio evidence**

Any Resident Doctor who ends up working less than 2 months whole time equivalent (or longer posts with multiple interruptions to work) in any specialty post should bear in mind the need for sufficient evidence in their portfolio in order to ensure that short posts count towards their GP training. This decision is ultimately made by the RCGP, depending on the views of ARCP panels, but would be looking for adequate assessments and learning logs, and a CSR, in order to count the post towards a training programme. It is wise to be pro-active about this, as learning you have to repeat a hospital post at the end of your 3-year programme causes enormous disappointment.

Posts below 2 months (WTE) are very unlikely to count without significant effort on the part of the Resident Doctor.

## UK Training For Overseas Doctors

Enquires or questions relating to your employment status in the UK should be directed through the [UKBA website](#)

## Contractual & Administrative Information

### Employment contracts:

For contract information including terms and conditions of employment please refer to [NHS employers](#)

### Relocation Expenses

Doctors relocating to another area in order to undertake a programme of specialty training may be eligible for relocation expenses. For information about relocation expenses please click [here](#)

### Parental Leave

Before taking a period of family leave it is important that your educational supervisor undertakes the ES review and you tell HET when this has happened as you will need an ARCP. This is a requirement for revalidation. Resident Doctors are entitled to take up to 52-weeks maternity leave.

You should inform your LES and the GP School by the end of the 15th week before your baby is due of the date you wish your maternity leave to start. You will also be required to provide a MatB1 from your midwife or doctor. The LES will be able to inform you of any entitlements. When returning from maternity leave the LES, the Programme Directors, Healthcare Education Team and Educational supervisor will need to be informed no later than 28 days before you intend starting back at work.

When returning to GP Specialty training following maternity leave the Healthcare Education team will organise your next placement in an appropriate post and will seek to take your wishes into account. Your training will be extended to take into account the time missed.

GP Trainers will occasionally have space for their GPSTR's to return back to training in the same Practice, it must be noted that this is not a right for the Resident Doctor, and is not always possible to organise.

For further information please refer to the NHS guidance to maternity leave regulations.

## Educational Supervisor Reviews and ARCP

It is extremely important just before you go on maternity leave / extended leave/ sick leave that your ES completes a review through your portfolio, putting you out of programme. This effectively suspends your portfolio until your return.

### Sickness Absence

If you are off sick, your LES **must** be informed. Periods of sickness for up to 7 days should be covered by the production of a self-certificate to be given to your employer. Sickness lasting longer than that period will require a formal Medical Certificate which can be obtained from your own GP. You should give a copy to your LES. Most episodes of sickness are fortunately for short

periods, and do not generally interrupt the progress of the training. For longer periods of sickness, the LES may request you to attend Occupational Health prior to your return to work, to ensure that you are fit to return to working and training. Occupational Health referrals will have to be made by the host (Trust or the TPDs).

The RCGP require all GP Resident Doctors to have completed 36 months of training, less statutory and study leave, to be eligible for a CCT. Sickness for duration of more than 14 calendar days in any one year may need to be made up in time. If you are ill for a total of less than 14 calendar days in your training year, your training is not affected.

If you are sick for more than 14 calendar days but less than 3 months in the year, your training may need to be extended by the relevant time period. You are responsible for keeping your LES (and GP trainer if in a GP placement) informed about your progress during this time, and you should provide appropriate sickness certificates.

It is important to say that all GP Resident Doctors should be registered with a GP, but you should not be registered as a patient within your Training Practice. LES Policy on Managing attendance and sickness absence available on <https://freenet2.royalfree.nhs.uk/>

There is more information on sickness leave on the [BMA website](#)

Again, if you have a period of extended sickness absence you will need to be marked as 'Out of Programme' on your portfolio if you are absent when you are due an Educational Supervisors review.

## **Changes to your Circumstances**

It is very important for the GP School to know how to contact you during your training. You must inform the GP HET team if there are any changes in your circumstances, and complete and return the 'Changes in Circumstances' form which you can obtain from the HET team and the website. Similarly, if your posts change from the planned training programme, please ensure this is kept up to date and report any changes that need to be made.

## **NHSE Guidance on Social Media**

The use of social media by doctors in training is increasing, particularly in areas that enhance learning, sharing of knowledge and developing professional relationships. The ethical principles that apply in your professional interactions also apply to social media. Many people may see what you post, and not necessarily those you intended to see it. Once posted, content can be very difficult to remove.

The GMC provides guidance on the use of Social Media based upon the principles of Good Medical Practice (2013). This guidance sets out the principles of maintaining boundaries and confidentiality, respect for colleagues and patients and issues of privacy and anonymity. Further guidance has also been produced by the British Medical Association that references the GMC guidance and has further information about protecting yourself online.

NHSE London expects doctors training within the region to follow these principles in their use of social media. Doctors in training should not use publicly accessible social media to discuss individual patients or their care with those patients or anyone

else. It should not be used to discuss colleagues, supervisors or placements where there may be negative comments. In addition, most employers will have a social media policy to which you will be contractually compelled to adhere, as well as a process for escalating concerns about incidents that are witnessed in working environments.

## **The Resident Doctor Voice**

### **Feedback**

NHSE considers the giving of feedback a necessary professional obligation for all doctors in training and places great importance on the feedback received from our Resident Doctors about the placements that they have experienced.

There is an opportunity to feedback on placements online (see more details below).

In addition, your GP Trainer will have an *Exit Interview* with you at the end of your GP placement to undertake a final reflection on the placement.

### **NHSE National Education Survey (NETS)**

The National Education and Training Survey (NETS) is a NHSE survey that offers all students and Resident Doctors the opportunity to have their say on their clinical placement experience.

You are encouraged to participate in this survey and to visit the NETS 2025 Reporting Tool.

### **GMC National Trainee Survey (NTS)**

The GMC survey monitors and reports on the quality of postgraduate medical education and training in the UK and invites GPST Resident Doctors on a GMC approved training post (on census date) to complete the survey. For further details and access to report findings please visit <https://www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys>

### **GPSTR Committee**

There is an active committee of GP Resident Doctors that draw representation from every training area, and provides direct and close communication with the Head of Primary & Community Care Education and Head of the GP School.

The GPSTR committee comprises of GP Resident Doctor representatives from each VTS scheme across various training years. To get involved contact your current local VTS representatives or speak to your training programme directors.

## **Out of Programme Experience (OOP)/Global Health Fellowship**

GP Resident Doctors in London may be eligible to undertake negotiated OOP experience provided this satisfies the guidance and criteria. This is best taken between the end of the ST2 year and the beginning of the ST3 year.

[General Practice OOP/Global Health Fellowships](#)

Further information on this is available on the [website](#)

## **Transfer Process**

Whilst we would hope that Resident Doctors appointed to the training programme in London will remain in that programme, we are aware your individual circumstances may change.

There are two types of transfer that may be considered:

An inter-programme transfer (IPT) to another area within North or South London depending on where you are located

An inter- deanery transfer (IDT) to a different GP School in NHSE

In all cases you need to be aware that transfers are not considered when there have been no material changes in circumstances to those that existed at the uptake of your employment offer

Inter-Deanery Transfers are coordinated nationally by NHSE London. There are two windows for applications: in February and August.

Criteria to be considered for an inter-deanery transfer are:

- new personal disability as defined by the Equality Act 2010 *or*
- a significant change to caring responsibilities *or*
- a significant change to parental responsibilities *or*
- a significant change to circumstances relating to a committed relationship.

There is detailed guidance available on the [Speciality Training website](#)

## **Resignation from the GP Training Programme**

This is very likely to be a rare event, as the vast majority of GP Resident Doctors are committed to GP training and thoroughly enjoy the process. However, there may be a number of reasons, that a GPSTR feels that they need to resign their training post. Should this be the case it is very important that the GPSTR discusses their decision with their GP Training Programme Director. If they do leave the GP Training Programme, they must give at least three months' notice. Resident Doctors will need to send a letter of resignation to the Head of the GP School and their LES, and copy to the Programme Director who will need to complete a 'Confirmation of Withdrawal from Training' form. This form needs to be returned to the HET team. There will also need to be a final ARCP panel, which will normally give an outcome appropriate for the level of progress achieved by the Resident Doctor at that point.

## **National**

There are a number of awards administered through the RCGP, notably the Great Expectations GP Registrar Bursaries for whom applications are invited in the form of a research protocol. Please contact the [RCGP](#) for their booklet. The RCGP also organises the International Travel Scholarships, details of which are available on the international section of the RCGP Website. A number of charitable bodies support individual proposals, such as the PPP Health Care Medical Trust, further information can be obtained by writing to the Chief Executive: 13 Cavendish Square, London, W1M 9DA or phone for further details on 0207 307 2622; and also the Wellcome Trust whose contact details are: Grant Administration, Wellcome Trust, Wellcome Buildings, 183 Euston Road, London, NW1 2BE.

## **What's Next?**

### **On completion of training**

On award of a CCT in General Practice, former Resident Doctors must notify both the GMC (for revalidation) and NHS England (as holders of the National Performer's List, of their change in status to qualified GP.

The relevant current links for these are:

[GMC](#)

[PCSE England](#)

[PCSE change of status](#)

## NHS England and NHS Improvement Performers List

GP doctors in postgraduate training are not required to be on the GP performers list so not action to toward this is required until a few months before you complete training.

### Glossary and Common Acronyms

<b>AKT</b>	Applied Knowledge Test. This will be a machine marked test of knowledge as one of the 3 integrated and triangulated components of the MRCGP [RCGP]
<b>AP D</b>	Accredited Professional Development
<b>APEL</b>	Accreditation of Prior Experiential Learning
<b>ARCP</b>	Annual Review of Competency Progression
<b>BMA</b>	British Medical Association
<b>CBD</b>	Case Based Discussion
<b>CCT</b>	Certificate of Completion of Training
<b>CEGPR</b>	Certificate of Eligibility for the GP Register
<b>CEPS</b>	Clinical Examination and Procedural Skills
<b>COT</b>	Consultation Observation Tool; as part of the WPBA will largely be based on MRCGP video performance criteria
<b>CPD</b>	Continuing Professional Development
<b>CS</b>	Clinical Supervisor
<b>SCA</b>	Simulated Consultation Assessment. One of the 3 integrated and triangulated components of the MRCGP
<b>DRS</b>	Doctors Retainer Scheme
<b>ES</b>	Educational Supervisor
<b>FPGPR1</b>	Finance Payment GPR form
<b>FTSTA</b>	Fixed Term Specialty Training Appointment [MMC]
<b>FY1</b>	Foundation Year 1
<b>FY2</b>	Foundation Year 2
<b>GMC</b>	General Medical Council

<b>GP</b>	General Practice/General Practitioner
<b>GPC</b>	General Practice Committee
<b>GPSTR</b>	General Practice Specialty Training Registrar
<b>GPT</b>	General Practice Tutor
<b>HDR</b>	Half Day Release scheme (formerly known as Vocational Training Scheme)
<b>HEI</b>	Higher Education Institutes
<b>HET</b>	Healthcare Education Team (central admin team supporting the GP)
<b>ILT</b>	Institute of Learning & Teaching
<b>IMAP</b>	Interim Membership by Assessment of Performance
<b>KSS</b>	Kent, Surrey & Sussex
<b>LAB</b>	Local Academic Board
<b>LFG</b>	Local Faculty Group
<b>LLA</b>	Lifelong Learning Adviser
<b>LMC</b>	Local Medical Committee
<b>LTFT</b>	Less than Full Time
<b>MCQ</b>	Multiple Choice Question papers
<b>Mini-C EX</b>	Clinical Evaluation Exercise
<b>MRCGP</b>	Membership of Royal College of General Practitioners
<b>MSF</b>	Multi-source Feedback
<b>NHS</b>	National Health Service
<b>NRO</b>	National GP Recruitment Office
<b>PAD</b>	Patch Associate Dean
<b>PD</b>	Programme Director (GP) (formerly known as VTS Course Organiser)
<b>PDP</b>	Personal Development Plan
<b>PSQ</b>	Patient Satisfaction Questionnaire
<b>QAWG</b>	Quality Assurance Working Group
<b>RCA</b>	Recorded Consultation Assessment
<b>RCGP</b>	Royal College of General Practitioners
<b>RTG</b>	Run Through Grade
<b>SEAT</b>	Single Employer Acute Trust

<b>SEGPR1</b>	Finance Form for Resident Doctors employed by Single Employer Acute Trust
<b>TSC</b>	Trainer Selection Committee
<b>WPBA</b>	Workplace Based Assessment, the evaluation of a doctor's progress over time in their performance in those areas of professional practise best tested in the workplace
<b>WTE</b>	Whole Time Equivalent

