

General Practice

ST1 August 2026

London Central Induction Booklet

Welcome to GP training in London

Congratulations on your appointment to GP training in London. Congratulations also on choosing to become a generalist. During your GP training you will become an expert generalist.

You will become an expert in managing the boundary between health and disease; between primary and secondary care; and between healthcare and social care. You will become an expert in inter-professional care. You will become an expert in managing multi-morbidity. You will become an expert in patient-centered care. Above all, you will become an expert in the management of uncertainty and complexity.

This complexity and uncertainty mean that you need to know guidelines, but equally when to adapt or overrule guidelines and improvise knowledge as you work. For this reason, you will never stop learning throughout your career. As a GP the opportunities for self-improvement are limitless.

During your time the curriculum will adapt to new ways of working, enhancing the skills of collaboration, critical thought and creativity that your patients will need from you.

We hope you will enjoy your time with us.

Dr Andy Tate
Head of School for GP NHS England London

Preparation to become a GP Resident Doctor

Congratulations on starting your GP training.

Before you attend your inductions there are a few things you need to do to ensure you are ready to go:

Register with the RCGP as an associate in training (AIT)

This is an online process (with a fee) that allows access to your training portfolio <https://www.rcgp.org.uk/membership/gp-trainee-ait>

There is also information on the college website www.rcgp.org.uk/ait
Contact your scheme Programme Directors and make sure you know when their scheme induction takes place and make sure you have arranged the time to attend. ([here is a link](#) to the scheme contacts) Contact your Educational Supervisor
Ensure that you attend the scheme workshops on Workplace Based Assessments ([click here](#) for more information on WPBA)

Complete your mandatory level 3 safeguarding online <https://portal.e-lfh.org.uk/Component/Details/391100> and <https://portal.e-lfh.org.uk/Component/Details/601376>

This link may be helpful in giving you an overview of the NHS <https://www.kingsfund.org.uk/health-care-explained>

[Here is the RCGP guide for overseas Doctors](#)

Disclosure and Barring Service (DBS) Update Service

The lead employer will cover the cost of one DBS check. Your paper certificate will be sent to the “current” address you gave on your DBS application form. You will need to keep hold of this original certificate for future reference. Should you not receive it after 14 days you are able to request a reprint – this must be done within 3 months of the issue date and would need to be requested directly from the DBS.

<https://www.gov.uk/government/publications/dbs-certificate-reprint-guide/dbs-certificate-reprint-guide>

Resident Doctors are encouraged to join the DBS update service. This costs £16 a year and means you keep your DBS certificate up to date, which is invaluable if you wish to do Bank work for other employers, and for when you complete your training and need to join the Performers List. You must join within 30 days of your DBS certificate issue date.

Should you not join the DBS update service and later request a repeat DBS check, the lead employer will arrange the new check but the cost will need to be borne by you.

Less Than Full Time (LTFT) Process

Before applying for LTFT training you will need to discuss your intention with your Training Programme Director.

Resident Doctors applying for LTFT under childcare/health/disability/caring responsibilities can make an application at any point throughout the training year but will be required to give a minimum of 16 weeks' notice of any change and attach relevant supporting evidence to their application. The HET will then assess your eligibility and inform you about their decision. Any increases to WTE including returning to full time can only be made during your rotation window.

All other criteria applications must be submitted during the windows, which are set according to rotation months. The window dates can be found in the application link below:

https://lasepgmdesupport.hee.nhs.uk/support/tickets/new?form_39

You must inform HET if you wish to increase, decrease, or return to full time work and follow the application process.

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 12months, and so you are likely to need to do an additional hospital post to make up the missing time.

LTFT Resident Doctors must complete a personalised rota with their department. Personalised rota must be signed off by supervising consultant and sent to the LES. We cannot pay you correctly unless we know what you are working. List of LTFT Champions can be found on GP Lead Employer Service portals and in the GP newsletter.

There is more information about LTFT FAQ [here](#)

Application and FAQ available from:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000009142>

Role of GP Lead Employer Service

The Royal Free London NHS Foundation Trust has been commissioned by NHS England to be the lead employer for GP Resident Doctors in North and South London. You will be employed by the Royal Free for the duration of your training.

You can contract Lead Employer Services via email at rf-tr.leademployerservice@nhs.net

Lead Employer model (Who is responsible for what?)		
Lead Employer	NHSE (HET)	Host
Issue employment contracts and work schedules (provide GoSW and exception reporting system for doctors based at a Royal Free site or in a practice or hospice)	Personalised training programme design	Induction, mandatory training
Pre-Employment checks	Training Allocations	Inform LE of working patterns (to update Work Schedule) including for LTFT trainees
Occupational Health (new starter checks, referrals, counselling)	Professional Indemnity	Manage annual leave (including accrued leave if trainees return from maternity leave or sickness absence)
Payroll (including expenses). Administer the new starter process, changes and leavers	Adjustments to training pattern/Out of Programme	Manage absence issues (including short and long term sickness absence – LE ER will support with long term absence)
Advise on terms and conditions, provide Employee Relations (ER) support if necessary	Study leave queries	Report any absence monthly to LE Absence team
Employment policies and procedures, staff benefits, etc.	SupportRTT for returning trainees	Make OH referral(s) if necessary

NB: dependent on information and instruction from NHSE	Designated communication link: https://lasepgmdesupport.hee.nhs.uk/support/home	Trusts: provide GoSW and exception reporting system
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Role of GP Lead Employer Service

More information on the support LES provide can be found on the [Freenet2 Intranet page](#).

Instructions on how to access the site will be sent to you once you commence employment.

LES also provide a regular newsletter for doctors and managers containing updates, policies and procedures and key information.

Contract and Work Schedule

At least 8 weeks prior to your start date you should receive your generic work schedule and contract of employment. Your generic work schedule will provide information relating to:

- Placement Information
- Points of contact
- Rota name for exception reporting
- Range and pattern of duties/ service commitments
- Pay
- Training curriculum and Intended learning outcomes

Doctors and dentists in training are on the junior doctor 2016 terms and conditions (England):

<https://www.nhsemployers.org/system/files/2023-02/NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf>

Pay circular can be found on the NHS employers website:

https://www.nhsemployers.org/system/files/2024-04/Pay-and-Conditions-Circular-%28MD%29-1-2024_2.pdf

Employment Checks & New Starter Paperwork

(for Resident Doctors new to the Lead Employer programme)

There are five standards to be checked for doctors in training, which need to be cleared in order to start your placement – following receipt of your contract and work schedule you will be contacted by the recruitment department to initiate these checks, which are:

- Verification of identity – in most cases this can be done remotely by the certified IDSP Trust ID, however a face-to-face check may be required.
- Right to work.
- Professional registration (GMC).
- Criminal record and barring –Police check from your country you are arriving from.
- Occupational health.

New Starter Paperwork must be also completed and returned with the bank account details in order to get paid.

Role of GP Lead Employer Service

Pay/Payslips

Payday is the 24th of each month, if the 24th falls on a weekend you will be paid on the Friday before.

Payslips can be accessed via ESR self-service portal or the MYSBSPay mobile app. It is recommended that you export each payslip and save for your own record as access will expire after your last day of service. It is also important that you keep your home address on ESR up to date as your last payslip and p45 will be posted to this address.

More information on how to access your payslip and update your recorded home address is available on the trust freenet page and on the regular newsletter.

It is your responsibility to check your payslip monthly and raise concerns as soon as possible.

Annual Leave

You are entitled to 27 days per year and 32 days after 5 years pro-rata to the length of your rotation.

You are also entitled to 8 Bank Holidays per year pro rata - for LTFT Resident Doctors these should be added to annual leave entitlement

Annual leave and any other special leave must be agreed with your line manager at your host site.

Sick Leave

It is your responsibility to adhere to the Sickness Absence Policy and local absence reporting rules, reporting sickness absence to your line manager prior to the start of the shift and maintaining regular contact when you are absent.

Please ensure you submit your self-certificates or medical certificates promptly.

If you are on long term sickness you must also inform GP Lead Employer service and HET as this may impact on your pay and CCT date.

Parental Leave

The required paperwork is available online via freenet or can be requested from the LES.

Once complete your host manager will need to sign the form and return it to LES management advice services (MAS) via email: rf-tr.managementadvice@nhs.net

Role of GP Lead Employer Service

Study Leave

You are entitled to 30 days per year (inclusive of VTS) study leave days. The types of study leave are curriculum mandated, optional and aspirational. All courses need to be approved by educational supervisor and applied for via local process. Aspirational courses need further approval from TPD and the Head of School

Approval forms, receipts and evidence to be submitted via LES E-expenses system.

Further information available on trust intranet (Freenet2) and HET support pages <https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000016490>

Expenses for study leave

Resident Doctors based in hospital placements should contact the post graduate department at the host trust who will authorise study leave and provide the appropriate paperwork

Those based in General Practice should complete the study leave expenses form, ensuring they complete the relevant section, input approval codes and that it has been approved as above.

Claims should be submitted online via the Easy Expenses website – <https://royalfree.easy.giltbyte.com/user/login/>

Claims received more than two months after the date the course was attended will not be reimbursed. All submissions should be received by the 1st of the month to ensure payment within the same month.

Information on how to submit a claim will be sent to you as part of the welcome pack email once you start work and is available on the trust freenet page or in the regular newsletter.

Guardians of Safe Working

Guardian of Safe Working for Resident Doctors working in the community/GP:

Dr Sarah Jane Wong

rf-tr.gpguardiansw@nhs.net

Guardian of Safe Working for trainees working at RFH site: Dr Elly Hamlyn

Eleanor.hamlyn@nhs.net

Guardian of safe Working for trainees working at Barnet Hospital site: Dr Ayano Funaki

Ayano.Funaki@nhs.net

Resident Doctors in host trusts or hospital placements will be informed of their Guardian of Safeworking in their work schedule.

Why do you need a Guardian of Safe Working?

The Guardian of Safe Working's role is to oversee the safe Working hours of resident doctors.

They safeguard Resident Doctors as outlined in the New Contract T&C 2016. They review exception reports (ERs), and liaise with ES/CS where necessary, with the trainee's consent.

They provide quality assurance through the ER system and provide a quarterly report to the Trust Board.

New Contract T&C 2016

Resident Doctors are provided with work schedules which are checked by HR to ensure that:

- They are compliant and safe.
- Provide a named guardian of safe working and named supervisor.

The work schedules should include details of:

- Working hours.
- Opportunity to attend educational activities.
- Guardian of Safe Working, supervisor
- Pay
- Training post

Exception Reporting, ER

Exception reporting is an important system for reporting breaches of your work schedule and to ensure that you are working safely and within your contracted hours.

You will automatically receive login details for the exception reporting platform. However, if you are based at Royal Free Hospital, Barnet Hospital, a GP practice, or a hospice, please contact rf-tr.smws@nhs.net if you need help accessing the system.

GP trainees working at hospital sites should use the Host Trust's reporting platform.

Guardians of Safe Working

When to submit an Exception Report

Resident Doctors are encouraged to submit an exception report when their work varies from their work schedule. Examples include:

Additional hours
Missed scheduled teaching/educational activities
Lack of breaks
Inadequate support during service commitments

Exception Report Procedure

You should submit your exception report within **28 days of the breach**. However, in circumstances where you have a concern regarding an immediate or substantive risk to your own or patient's safety, you should raise an ER within **24 hours** and speak directly to the responsible senior clinician.

You can select TOIL or payment when submitting an ER.

It is an anonymous process with no discussion required with the ES/CS [unless your guardian has contacted you for your consent to contact your ES/CS].

Straightforward **ERs <2hr** will be closed by the medical workforce.

ERs >2hr will be processed by the Guardian of Safeworking.

Educational ERs will be processed by the DME or deputy.

The ER details will be checked and it is mandatory to provide details of the circumstances. If there is insufficient information on the ER, the ER will be returned for additional information.

Once an exception has been approved, the outcome can either be recompensed with:

1. Time in lieu (TOIL) where an email will be sent to you with "X hrs approved" or
2. Payment.

Where ERs are repetitive within a post, a work schedule review will be requested to identify rota gaps/enact changes. This may involve contacting your ES/CS with your consent.

Supported Return to Training (SRTT)

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 Doctors, 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 Doctors 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 NHS England

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, OOPPE Resident Doctors, those on leave or due to return.

Please forward any questions you may have to england.srtt.lase@nhs.net

Professional Support Unit (PSU)

The PSU provides free support for doctors & dentists in London & Kent, Surrey, Sussex.

It works through self-referral and is somewhere Resident Doctors can come to discuss issues confidentially away from the workplace.

Information about all our services at [PSU website](#)

Challenges during training

Common reasons why learners come to the PSU:

Examinations – recurrent difficulty passing

Relationships – patients and colleagues

Psychological problems – stress, burnout, anxiety, depression

Life events & pressures outside medicine

Career doubts

Returning to training after a break

Often a combination of these reasons

The challenge of examinations

Lack of time to prepare – pressures within and outside work
Not using the most productive revision approach
Unfamiliarity with exam technique
Performance anxiety
Recurrent lack of success can have an adverse effect on confidence and create a vicious circle
Unrecognised dyslexia

How we can help

[Examination support](#) eLearning [Examination preparation](#) workshop To [consider dyslexia](#)

Support for examinations

[Individual Support Team](#)

Performance anxiety - [Stress & examinations workshop](#)

Oral presentation and simulation practice - [course information](#)

Relationships

Stressful environment with resource pressures, emotional pressures, risk & uncertainty
Relationships with colleagues – giving and receiving feedback – are common problems
Linguistic and cultural challenges
Competitiveness, system changes affecting team cohesion
We can support each other through informal supervision

How we can help

Useful eLearning on:

[Undermining & conflict in the workplace](#)

[Personal & professional effectiveness](#)

[Professionalism](#)

Further useful eLearning on:

[One-to-one specialist clinical communications & linguistics support](#)

[PSU coaching service](#)

[Assertiveness for clinical practice workshop](#)

[Resilience & assertiveness course](#)

Psychological problems

Doctors are not always good at recognising when they are unwell & seeking help and there is often a fear of stigma and reluctance to consult colleagues.

High levels of stress, burnout, anxiety, depression and addictions are prevalent in doctors.

There are ways to build resilience and prevent problems developing

Psychological support

Useful eLearning modules:

[Stress, mental health & wellbeing in the workplace](#)

[Resilience](#)

[Practitioner Health](#)

Feeling overwhelmed? Feeling Distressed? You're not alone. [Sources of help & support](#)

Career doubts. It is common to have doubts about career pathways, including speciality choice. Sometimes career doubts reflect underlying problems.

It is important to reflect very carefully before making a career change – decisions made in haste may be regretted.

Careers Support

[PSU careers service](#) Career Planning for Healthcare Professionals

SuppoRTT overview

Resident Doctors OOP for 3 months or longer

Individualised training package from menu of options

Structured and systematic process

[SuppoRTT Animation](#)

Differential Attainment

This is the gap between the attainment levels of different groups of doctors in recruitment, exam pass rates, and ARCP outcomes.

The PSU has created a “Differential Attainment Toolkit” for educators. This includes: Understanding DA,

Difficult Conversations, Exam Support, Language & Culture, Careers Coaching.

Lesson plans & PowerPoints on the PSU [DA Page](#)

Role of Healthcare Education Team (HET)

What do the HET team do?

HET is your overall training provider, to oversee your training. We are not your employer – The GP lead employing organisation (GP Lead Employer Service) will be your employer for the duration of our training

Training Placement Coordination – We support your Training Programme Directors with allocation of your placements, in coordination with the GP Lead Employer Service.

Academic training – Advise Resident Doctors and track academic training including administering the academic ARCPs.

Less than full time training (LTFT) – Advise Resident Doctors and administer the LTFT process by liaising with our LTFT Clinical Advisor, LTFT team and TPDs. Resident Doctors should apply within the application window to give 16 weeks' notice where applicable, please refer to LTFT guidance on the portal for full details. (add link)

Transfers – Administering national IDT and local processes for transfers

ARCP – Ensure Resident Doctors are assessed annually

Revalidation – Work with the RO to make recommendations and deferrals

What you need to tell us...

Please inform HET and the GP Lead Employer Service of the following:

- Changes to personal detail
- Changes to immigration status or documentation
- Changes to your posts or work schedule (including LTFT)
- Changes to trainer or Educational Supervisor
- Time out of training, parental leave, jury duty, prolonged sick leave, which may affect your CCT and ARCP
- Transfer of schemes
- Out of programme experience
- Resignation from training

Informing us of these changes in the timely manner will ensure your record is kept up to date and accurate in relation to your training, CCT, ARCP and pay. Reach us through the PGMDE [portal](#) where all Resident Doctors correspondence are managed and monitored daily by our team.

RCGP Portfolio – the role of HET

Portfolio is an integral part of your progression through training

Resident Doctors must register with the [RCGP](#) in order to access their Portfolio and add stage of training and post details as set out on their TIS record

The GMC are currently updating the NTN process, you will be issued your NTN shortly after commencing your Training

Resident Doctors do not need their NTN to register for the portfolio

Resident Doctors are responsible for updating their eportfolio by copying programme information from TIS. Please see the guidance below:

[RCGP Training Portfolio \(Including New Features for LONDON Deanery Registrar use only\) – FourteenFish Help Centre](#)

Portfolio technical issues contact the Fourteen fish team via the help page:

<https://support.fourteenfish.com/hc/en-gb>

Trainee Information System (TIS): [\(link\)](#)

HET is responsible for updating all of your information relating to your training on TIS records

Full three year programme information details will be available on TIS prior to you commencing training. However, this is subject to change up to 12 weeks prior to commencement of your rotation in line with the gold guide code of practice. (Kavitha to review and add TIS SS link)

Via the TIS self service profile you will be able to complete your Form R.

ARCP – the role of HET

HET are responsible for the administration of the ARCP process.

All Resident Doctors including those on LTFT, maternity and OOP, have an Annual Review of Competence Progression (ARCP) panel once a year. ARCPs are also scheduled prior to Resident Doctors commencing long term absence (OOP, maternity leave) and also within a few months from returning.

Most Resident Doctors do not need to attend the ARCP in person unless they have been informed that there are specific educational reasons for them to attend.

Revalidation and Form R

GMC requires all doctors to be revalidated every 5 years.

For most Resident Doctors this is at the point of CCT, though may be earlier, depending on how many years you have worked.

Revalidation decisions are made on the basis of information in your annual Form R and ARCP Outcomes.

Your Responsible Officer (RO) during training is the Postgraduate Dean.

All resident doctors are expected to complete an opening Form R and then annually whilst in training or otherwise (OOP, Maternity leave, long term sick). Generally Form R is submitted within 8 weeks prior to your ARCP.

Resident Doctors must declare involvement in SUIs, complaints and compliments on their Form R.

The Form R should be uploaded to the Compliance Passport section on Fourteen Fish.

Failure to submit, share or fully complete/declare Significant Incidents on the Form R may lead to an unsatisfactory outcome and a delay to your revalidation and CCT.

Step on step off training (SST)

The types of out of programme (OOP) opportunities open to Resident Doctors are:

- OOPT: Out of Programme Training
- OOPR: Out of Programme Research
- OOPE: Out of Programme Experience
- OOPC: Out of Programme Career Break

All OOP applicants should discuss their application with their TPDs in the first instance, full guidance can be found [here](#).

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

Transfers

Resident Doctors can transfer via the following routes:

Interdeanery Transfer (IDT) – For transfers from one region in London to another Region nationally or between regions within London (North, South). This is a national process.

Intra London Programme Transfer – For transfers between schemes within your own region please contact NHS England via <https://lasepgmdsupport.hee.nhs.uk/support/home>

In the first instance please discuss with your PD who will take your request forward to

the Heads of school if appropriate.

Transfers are not an entitlement, and not all applications will be successful. This is dependent on eligibility, training opportunities and funding.

Certification of Completion of Training (CCT)

You have been recruited to either a 3 or a 4 year (academic) programme with the expectation of the RCGP / GMC that you complete this programme in its entirety. Your Certificate can only be granted if you have completed the minimum requirements.

Please find the link: <https://support.fourteenfish.com/hc/en-gb/articles/360016666417-Time-out-of-training> on how to update TOOT on your Eportfolio, please also contact the HET team via the portal if you have had a substantial period of absence. Please find the link for further details. [absence policy final version 1 2024-2025.pdf](#)

If you have a period of over 12 months out of training, you may be required to complete an additional 3-month extension to your training, to meet the RCGP requirements.

Support for Resident Doctors

There are times during training when you may require extra support due to performance, sickness or family circumstances usually identified following ARCP. Support is offered through the network of local educationalists, GP Operations, [PSU](#) (check Graeme's email) and GPLES.

Resident Doctors who feel they need extra support are encouraged to speak with both their educational network, PSU and GP Lead Employer.

Contacting us

All communication with HET should be via [PGMDE Support Portal](#). The portal is resourced and monitored daily, and queries will be answered promptly. Please search the FAQs as you may find the answer to your query there. If you have any suggestions for FAQs that you would like to see then please let us know and we will ensure that they are added to the site.