

Placements in General Practice

A Guide for Practice Managers



Northwest Primary Care School

Introduction

This guidance provides an overview of GP Specialist Training and a resource pack for Practice Managers within an established GP Training Practice, or those embarking on becoming a GP Training Practice.

The current accepted term for a Doctor in GP training is GP resident doctor (RD).

Section One provides a brief description of the national requirements in relation to GP training including the approval processes for supervisors and educational environments plus GP RD Lead Employer information.

Section Two provides details about NHS England and where to find local information relevant to each area within the Northwest region.

Section Three provides some useful resources that may be of use to both RDs, supervisors and Practice Managers.

Please note that guidance and information changes over time, it is important therefore to also refer to the relevant webpages detailed throughout this document.

Section One

1.1 A brief overview of Medical Training in the UK

Following graduation from Medical School, newly qualified UK doctors undertake two years of the Foundation Programme (FY1 and FY2). Although this is largely undertaken in hospital posts, many doctors in the second year of the programme (F2) will undertake a 4-month placement in General Practice. Doctors successfully completing the Foundation Programme will be eligible to apply for Specialty Training.

Those doctors who are successful in an application for GP training will undertake a three-year training programme composed of hospital posts and posts within General Practice. These doctors are known as GP Resident Doctors (RD). The General Medical Council (GMC) is the overall regulator; not only for each doctor on the medical register, but also for the delivery of all medical education in the UK, from undergraduate (medical school) through to all levels of specialty training to Completion of Certificate of Training (CCT). The GMC provides guidance and criteria for training and for educational and clinical supervisors in all specialties and hold NHS England to account in ensuring that the educational and quality standards are met.

More details can be found on the GMC webpages at:
<http://www.gmc-uk.org/education/standards.asp>

The Royal College of General Practitioners (RCGP) sets the Curriculum requirements for GP Specialist Training which describes the attitudes, skills and expertise required to become a competent GP in the UK NHS. More detail can be found on the RCGP webpages at:-
<https://www.rcgp.org.uk/>

The expansion of GP training capacity is a key national directive in addition to creating greater opportunities for RDs to experience more time in general practice throughout their training programme.

Currently a full-time GP RD will spend 1 year in hospital posts and 2 years based in General Practice with the final year spent solely in general practice.

Some of the GP placements may be in integrated posts where a typical placement would see the RD spending part of their working week in GP and part in a community service, such as frailty, community psychiatry, sexual health or hospice work. Blended learning is a new type of ITP where the non-GP part of the week is spent completing remote learning modules.

1.2 Educational Supervisors

Every RD must have a named Educational Supervisor (ES). The ES is a qualified GP in practice who is a trained and GMC approved educator and is the main support for the RD throughout the whole of their 3-year period of training. The ES undertakes formal periodic reviews of the RD and assesses their competence using evidence available in the portfolio and their own observations. RDs are usually placed in the practice of their named ES in their final year of training.

In every placement, each RD must also have a named Clinical Supervisor (CS) who will normally be a medical doctor but must be a trained and approved educator. A CS is the main support for a RD for the duration of that placement, conducting assessments and giving feedback.

Details of the GP educational journey, courses and application forms for prospective GP supervisors can be found on the NHSE website <https://www.nwpgmd.nhs.uk/3-step-gp-trainer-journey> but in summary approved educators fall into the following categories:

- **Foundation Supervisor:** can provide supervision to Foundation doctor.
- **Clinical Supervisor (CS)** – This is the GP or hospital consultant who oversees a single post. They are responsible for the day-to-day experience and the assessments (though other senior clinicians may perform individual assessments). The RD should have a formal meeting with their clinical supervisor at the start of their post, at the midpoint and at the end. At the final meeting, the Clinical Supervisors Report (CSR) should be completed.
- **Educational Supervisor (ES)** – This will normally be the RD's GP "trainer" who will meet them at regular intervals throughout the 3-year programme to advise and support their training. The RD will need a formal Educational Supervisors Review (ESR) every 6 months of training where their progress towards CCT will be assessed using evidence in their Portfolio.
- **Training Programme Director (TPD)** – This is a GP who organises the tracks and placements and the structured teaching programme. The TPD or their administrator should be the first point of contact for any queries about the RDs overall programme.
- **Primary Care Medical Educator (PCME)** – This is a GP who will be involved in delivering the structured teaching programme. They may also undertake some duties delegated by the TPD.

The environment where the RD is placed must also be approved as an Educational Environment in accordance with the GMC (see section 1.4).

As the workforce expands, GPs, Nurses and Allied Health Professionals working in Primary Care will need to supervise our wider workforce. If you would like to find out further information, including who can supervise which learner please contact your local Training Hub (see section 2.4). The Training Hubs offer a Wider Workforce and foundation Clinical Supervisor course over 2 days, this is the first step of the trainer journey.

1.3 Remuneration

Practices hosting a RD will receive the GP Trainer Grant via NHSE through their PCSE. This should be paid monthly, 1 month in arrears. Please note that the trainer payments are the same for supporting ITP posts and Less Than Full Time (LTFT) RD.

Educational Supervisors are paid for some educational supervision duties when the RD is not in practice with them, for example, Educational Supervisor Reports.

The practice where the ES is based will receive a payment of £200 per ES Report via the NHSE through PCSE. Please note that for an ST3, this is included in the monthly GP Trainer Grant.

Educational Supervisors also receive an annual payment of £750 (usually in November) for their Continuing Professional Development (CPD) on receipt of the annual reaccreditation form.

Further details regarding GP Supervisor Payments can be found here: <https://nwpgmd.nhs.uk/gp-trainer-payments-0>



1.4 Trainer/Educational Supervisor and Organisation Approval

Approval of GP Supervisors (all types) is currently undertaken by the GP School team on completion of the appropriate training.

The way we approve learning environments in Primary Care has changed. We will now be approving environments in a unified way, bringing together NHS England/NMC/GMC/HEI (university - except medical students) audits into one process called the Unified Learning Environment (ULE) audit, which is being led by the ICS Training Hubs and supported by the NW Primary Care School.

There is currently a huge expansion taking place in Primary Care, so there has never been a better time to get involved! If you are already approved for doctors, then in our new streamlined process you can do something called a desktop review to add additional learner. To do this please speak to your local Training Hub.

Within the NW, we have developed the audit to offer two possible routes:

1. An individual GP practice can be approved as a single learning environment, with the ICS Training Hub providing the overarching educational governance and quality management.

2. Alternatively, a multi-provider environment, such as a PCN or Federation, can be approved. Each individual environment within the multi-provider wanting to be involved in education and training will complete a single learning environment audit. In addition, the multi-provider organisation will complete an audit and take on the overarching educational governance of these learning environments. The Training Hub (TH) will be responsible for quality management.

The approval process has changed to take into consideration the larger primary care footprints such as Primary Care Networks (PCNs) and Federations, and the flexibility this affords to increase training capacity within primary care.

The ongoing approval of learning environments is based on a quality management approach via TH or GP School by using quality data such as CQC registration, learner feedback or local intelligence from Associate Deans and other healthcare professionals/educational institutes involved in educational governance.

Practice Managers play a crucial role; not only in the completion of the audit by providing practice specific data and reference to policies for accreditation but also in the annual quality monitoring process.

Most of the policies required are standard ones which are required for good governance and for CQC registration such as the process for staff induction, Health & Safety, the management of complaints or serious incidents. In addition, some other policies linked with educational governance will be needed that relate specifically to the support of a learner such as a cover plan e.g. a rota plan that indicates who will be supporting/supervising the learner on any given day, GDPR and video recording and consent protocols etc.

It is important to consider how any learner will be inducted into the practice and what their work schedule looks like, paying particular attention to the Junior Doctor Contract. RD specific policies, protocols and work plans can be found on the Lead Employer website. Links are provided in Section 3.

1.5 GP RD Employment Status

All GP RDs are employed by a Lead Employer. This is currently Mersey and West Lancashire Teaching Hospitals NHS trust, and they are



Mersey and West Lancashire Teaching Hospitals' NHS trust works in partnership with NHSE and the host organisation i.e. wherever the RD is placed. Their contact details are:

| | | |
|--|--|--------------------|
| Lead Employer Helpdesk: | Lead.Employer@merseywestlancs.nhs.uk | Tel: 0151 478 7777 |
| Website: https://leademployer.merseywestlancs.nhs.uk/ | | |

For all employment-related queries please contact the Lead Employer Helpdesk Team using the contact details above. Such queries include:

- The RD's conduct, health or capability and the disclosure of a health condition
- A RD raising concerns about a colleague employed by their host organisation
- Safeguarding matters
- General Medical Council Fitness to Practice Investigations
- Serious untoward incidents (SUI) and Never Events
- Concerns raised by patients in relation to care received by a Lead Employer RD.
- RD's involved in Police matters
- General issues such as RD salaries, contractual terms, rotations, recruitment, maternity/paternity/adoption leave, relocation, mileage claims, annual leave, sickness absence, wellbeing etc. all come under the Lead Employer.

In all of the above circumstances, it is vital to notify the Lead Employer at the earliest opportunity to enable prompt resolution of any concerns raised and appropriate support to be offered to the RD. Further information can be found here:

<https://leademployer.merseywestlancs.nhs.uk/online-policies?policy=5>

1.6 Attendance Management and Absence

We recognise the importance of effective attendance management, which can have a significant impact upon training progression, the wider team and ultimately patient care.

In matters of absence and returning to work, the Lead Employer offers several resources, support, and guidance to facilitate best practice for hosts. Further information can be found here:

<https://leademployer.merseywestlancs.nhs.uk/online-policies?policy=3>

The Lead Employer is committed to supporting a culture of 100% attendance amongst our RDs and taking proactive steps to support colleagues to remain at work where possible.

It is essential that practices have access to ESR (electronic staff record) to view annual leave entitlement and record annual and sick leave. Recording sick leave allows the lead employer to support the RD appropriately through their absence. ESR access and FAQs can be found on the link below.

<https://leademployer.merseywestlancs.nhs.uk/supervisor-esr-self-service>

1.7 Host Organisations

Wherever an RD is placed it is referred to as a 'Host Organisation' i.e. Acute Trust, GP Practice or Community Provider. All these environments must be approved by NHSE and will be placed on the GMC approved training site list.

The role of the Host Organisation is to:

- Provide a high-quality training placement.
- Provide local induction for the RD.
- Produce a work schedule that is conducive to the Junior Doctors Contract.
- Provide access and awareness to the host organisations policies and procedures.

- Engage with Lead Employer Policies e.g. reporting to lead employer of absences, expense claims etc.
- Provide 'day to day' supervision in line with deanery and GMC requirements.

Practices must be aware of and comply with the Junior Doctor Contract which can be found at <https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/doctors-and-dentists-in-training>

Section 2

NHS England (NHSE) Workforce, Training and Education Directorate is responsible for the co-ordination, quality assurance, delivery, and funding of postgraduate medical and dental education in England.

More information about NHSE can be found at:

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

2.1 North West Training Area

We cover a total of 21 Specialty Training Programmes across the Northwest, with around 1400 GP supervisors in around 800 learning environments and over 2200 RDs. We are one of the largest GP Schools in the UK. We work across 3 Integrated Care Systems (ICS) – Greater Manchester, Cheshire and Merseyside, and Lancashire & South Cumbria:



2.2 North West GP School Structure

In terms of the leadership and management structure for GP education for the Northwest Region, we have a Post Graduate Dean who is also the Responsible Officer for the revalidation of the RD. We also have a Primary Care Dean, and a Head of GP School.

Supporting the Primary Care Dean and Head of School are Associate Deans and administrative support staff. Associate Deans provide leadership and support to the GP Training Schemes, Training Programme Directors, supervisors and RDs in addition to leading on strategic NHSE workforce, quality and educational workstreams.

The administrative support team enable the school to operate efficiently and deliver GP and primary care school business functions. The GP School offices are based in Manchester and Liverpool.

Contact details for staff can be found here: <https://www.nwpgmd.nhs.uk/general-practice/contacts>

2.3 GP Training Programme Teams

Training Programme Directors, Primary care educators and programme administrators oversee the day-to-day function of the programmes including placements, RD support and delivery of education for RDs and supervisors. Their role is to coordinate the formal teaching of RDs to meet the RCGP curriculum requirements, provide pastoral support and support for exam preparation. They also play a role in quality assurance of training placements and are responsible for the placement of RDs and budget management.

TPDs and admin are also the main point of contact for Clinical and Educational Supervisors and hold regular educational meetings with primary care supervisors and with secondary care educators (Faculty Board Meetings) to ensure the programme is continually evolving and improving.

The details of your local educator team can be found on the NHSE NW webpages: <https://www.nwpgmd.nhs.uk/general-practice/contacts>

2.4 Training Hubs

Training Hubs are based within each Integrated Care System footprint and are the community arm of NHSE. They are responsible for workforce development, increasing placement capacity, supporting and developing educational programmes and improving retention.

Training Hubs are responsible for assessment and approval process for Host Organisations.

More information is available on the relevant Training Hub Webpages as follows:

- **Greater Manchester:** <https://www.gmthub.co.uk/>
- **Cheshire & Merseyside:** <https://www.cmthub.co.uk/>
- **Lancashire & South Cumbria:** <https://www.lscythub.co.uk/>



Section 3

3.1 RD Placement within General Practice

As with any new member of the team, it is important that the RD feels welcome and is inducted into the practice. In addition to the Educational or Clinical Supervisor, the Practice Manager plays a crucial role in the induction and on-going support and education of the GP RD in all non-clinical aspects of general practice.



Your local training programme administrator will provide you with details for your allocated GP RD in advance of their start date which enables you to contact the doctor to provide any pre-starter practical information about the practice. Information provided to you should also include whether the RD is new to the NHS.

All GP RDs are to be regarded as supernumerary whilst working in primary care. This is interpreted as meaning that the service would not collapse in their absence. You should not refuse requests for AL which are reasonable i.e. follow your staff policy for booking leave. "Please can I take leave in 8 weeks" should not be declined; if they ask on a Friday, can I take 2 weeks from Monday, that should be turned down as an unreasonable request.

A sample Educational Agreement can be found on our website:

<https://nwpgmd.nhs.uk/practice-managers-handbook>

3.2 Practice requirements

Induction

The importance of a robust induction cannot be understated. The induction would usually last between 1 and 2 weeks depending on the RD previous experience and requirements and should include: -

- 1) Orientation around the practice including meeting staff.
- 2) IT induction and introduction to practice processes including managing referrals, documents, results, prescriptions.
- 3) Sitting in with members of staff – observing and joint consulting.
- 4) Working with multidisciplinary team – pharmacy, nursing, physio.
- 5) May also include some visits to local stakeholders including nursing homes, pharmacies etc.

Equipment

The practice should provide the GP RD with equipment to do their job. This includes:-

A diagnostic set (otoscope and ophthalmoscope)

Sphygmomanometer

Tympanic thermometer

Pulse oximeter

Peak flow meter

Tape measure

Tendon hammer

Peak flow meter.

The practice may choose to have this equipment in a pack for the RD or in each room. The RD would be expected to have their own stethoscope.

Other equipment should be available in the room – swabs, sample bottles, speculums, needles, syringes.

They should also have access to a glucometer and appropriate drugs to be used in an emergency.

RD work schedule

RD timetables must be compliant with the RD's contract.

- Hours must not exceed 40 hours per week for a full-time RD (including protected breaks, 30 minutes for shifts between 5 and 9 hours and 60 minutes for those over 9 hours).
- For a full-time RD, the breakdown of the hours is as follows (LTFT pro-rata hours):
 - Clinical time: 21 hours. This includes surgeries, visits, clinical debriefs.
Administration time: 7 hours
 - Educational time: 12 hours. This is split as follows:
Structured educational time at the practice: 4 hours. This must include at least 2 hours of tutorial time (which can be individual, joint with other RDs/ learners at the practice or a combination of both). It may also include joint surgeries, practice meetings, educational debriefs (as defined above).
- Half day release: 4 hours.

- Protected study time: 4 hours. This should be in one 'block' though it is acceptable if it is split into a maximum of 2 sessions.

Statutory and mandatory training

The Lead employer has completed a piece of work in response to the NHSE document improving the working lives of doctors in training. All mandatory training completed will be visible on ESR and should be transferable from one host to the next. BLS will be face to face but all other training should have been completed on E learning for health. If you don't have access to ESR please see the link below.

<https://leademployer.merseywestlancs.nhs.uk/supervisor-esr-self-service>

3.3 RD Study Leave Allowance

GP RDs working full time in practice have 28 hours clinical and 12 hours educational time within their work schedule. This is contractual and is pro rata for less than full time RDs.



If the structured teaching is not taking place or the ES is on annual leave, the RD is still contractually entitled to the time for education; they are not expected to work normally in the surgery instead. This educational time does provide an opportunity to complete WPBA requirements such as the

If the ES attends a locality trainer group meeting and is absent from the surgery in order to do this, it is not unreasonable to ask the RD to work in the practice to provide some backfill, however their contracted education time will need to be replaced at a mutually convenient time.

Funding for study

As well as study leave time, GP RDs can apply for funding for some courses. It is important that they don't book and pay for a course until it has been approved, and they must claim their money back within 3 months of attendance on the course or within 3 months of purchasing a package such as 14 fish exam package, red whale or NB annual subscription.

GP study leave guidance can be found here

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

SOX

This is the exam support that RDs receive when they have been unsuccessful in an exam sitting. This may necessitate the RD attending additional educational sessions. The ES may also be invited to attend some meetings which can take place instead of that week's tutorial. We appreciate your flexibility in supporting the RDs with this intervention.

WPBA

All RDs are required to complete Workplace Based Assessments. These include the following:

- Colleague feedback (MSF) - it is important that colleagues are honest but supportive when giving this feedback.
- Patient satisfaction questionnaires (PSQ)
- Clinical examination and procedural skills (CEPS)
- Leadership activity and a follow up leadership MSF
- Quality improvement activities and projects.
- Prescribing assessment.

They also have a number of capabilities to evidence during their placement.

Leave for exams

A GP RD may take up to 3 days study leave prior to sitting the AKT. The day of the AKT and Consultation Assessment exams are also to be taken as study leave (full day is allowed). All the above study leave needs to be applied for through accent and due notice given to the practice. The day of the exam is study leave and should be requested through accent.

3.4 Annual Leave

The amount of annual leave a RD is entitled to is in their contract and visible on ESR. Annual leave is important and should be taken at regular intervals throughout the year. We expect the RD to comply with your practice policies in terms of notice and reasonable requests should be granted. Any annual leave above 2 weeks should be for exceptional reasons only.

Annual leave is absence from all contracted hours be they clinical or educational. For a full time RD 1 week's annual leave is 5 days. The RD should not deduct educational time before applying for this leave.

Annual leave should be logged on ESR.

3.5 Change in Circumstances

RDs who are considering any of the below, should first discuss their plans with their Training Programme Director.

Please click <https://nwpqmd.nhs.uk/policies-guidance> for information for our specific policies and guidance regarding the following:

- Less Than Full Time Training (LTFT)

- Out of Programme (OOP)
- Inter-Deanery Transfers and Intra-Deanery Transfers

3.6 Supported Return to Training (SuppoRTT)

SuppoRTT is a national programme designed to improve the experience for all postgraduate doctors and dentists who have been out of training for 3 months or more.

Many postgraduate doctors and dentists take time out of training for a number of reasons which can often vary in duration. This can include parental leave, OOPs, career break, carer's leave and sickness.

NHSE understands that regardless of the reason, returning back into training can be a challenging and stressful time for a postgraduate doctor or dentist. However, they are not on their own; NHS England, the GP School and the Training Programme Directors are here to support and guide the RD through this process.

GP RDs are encouraged to apply for the SuppoRTT programme before they take time out of training if possible and more information can be found on our website: <https://www.nwpgmd.nhs.uk/supported-return-to-training>

The SRTT programme provides educational resources, support days and coaching if required.



3.7 GP RDs in Difficulty

Despite training being rewarding, there are occasions where a RD may need some extra support to help them through a difficult situation.

NHSE NW's Professional Support and Well-being service recognises that training to become a GP takes considerable time, determination, effort, and skill. During this time GP RDs will inevitably undergo periods where they need additional support. This may be due to encountering adverse

clinical events, experiencing a variety of wider life events or struggling with concerns relating to training and / or career progression.

It is recognised that there are times when RD would benefit from increased and specialist support, beyond which the clinical and educational supervisor can provide. For any RD requiring additional support, please contact your Training Programme Director in the first instance for a discussion.

Health, work and wellbeing service is available through the lead employer
Lead.Employer@merseywestlancs.nhs.uk

Dyslexia screening and assessment is also available through the lead employer

<https://leademployer.merseywestlancs.nhs.uk/how-to-support-neurodiversity-in-the-workplace>

3.8 Differential attainment champions

Available on each programme, these educators provide additional mentorship and support for RDs who need it.

If you feel there is additional content that should be included in this document, please contact the deanery office

england.gptraining.nw@nhs.net

Alison Caldwell April 2025

COMMON ACRONYMS

| | |
|--------------|--|
| AKT | 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] |
| ARCP | Annual Review of Competency Progression |
| BMA | British Medical Association |
| CAT | Care Assessment Tool |
| CCT | Certificate of Completion of Training |
| CPD | Continuing Professional Development |
| CS | Clinical Supervisor |
| CBD | Case Based Discussion |
| COT | Consultation Observation Tool: as part of the WPBA will largely be based on MRCGP video performance criteria |
| CEPS | Clinical Examination and Procedural Skills |
| DPGPE | Dean of Postgraduate General Practice Education |
| FY1 | Foundation Year 1 |
| FY2 | Foundation Year 2 |
| GMC | General Medical Council |
| GP+ | GP+ post. Now called ITP. |
| GPC | General Practice Committee |
| GPST | General Practice Specialty RD, now called GP RD |
| GPR | General Practice Specialty Training RD |

| | |
|-----------------|---|
| GPT | General Practice Tutor |
| HEI | Higher Education Institutes |
| NHSE NW | NHS England across Northwest England |
| ILT | Institute of Learning & Teaching |
| ITP | Integrated Training Post |
| LTFT | Less than Full Time |
| LMC | Local Medical Committee |
| Mini-CEX | Clinical Evaluation Exercise |
| MCQ | Multiple Choice Question papers |
| MSF | Multisource Feedback |
| MRCGP | Membership of Royal College of General Practitioners |
| PAD | Patch Associate Dean |
| PDP | Personal Development Plan |
| PGDiT | Postgraduate RD |
| PSQ | Patient Satisfaction Questionnaire |
| NRO | National GP Recruitment Office |
| RCGP | Royal College of General Practitioners |
| SCA | Simulated Consultation Assessment. One of the 3 integrated and triangulated components of the MRCGP |
| TPD | Training Programme Director (GP) (formerly known as VTS Course Organiser) |

| | |
|-------------|---|
| WTE | Whole Time Equivalent |
| WPBA | Workplace Based Assessment. The evaluation of a doctor's progress over time in their performance in those areas of professional practice best tested in the workplace |