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*Gwent*

*and*

*South Powys*

*Vocational*

*Training*

*Scheme*

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## Welcome

Welcome to the Gwent and South Powys Vocational Training Scheme introductory pack!

This has been developed to provide GP trainees in Gwent and South Powys with information and resources about GP training and the scheme we run here.

This scheme has been running since 1979 as one of the first courses developed and now one of the largest in Wales, with over 90 trainees. Our scheme covers a wide geographic area with 40 training practices across the 2 counties. Within the scheme there is a choice of four hospitals: the Royal Gwent in Newport; the Grange Hospital in Cwmbran; Ysbyty Ystrad Fawr in Caerphilly, Nevill Hall Hospital in Abergavenny and Prince Charles Hospital in Merthyr Tydfil.

The hospital posts all offer an excellent range of experience and there is an active postgraduate training scheme in each of the departments. The scheme also hosts a number of Psychiatry posts in units across Gwent.

Whilst we try and place trainees in their preferred hospital and GP posts, this isn't always possible and applicants to the Gwent scheme need to appreciate that their rotation may take place in any location across the scheme. We also give priority to ST3s for GP posts.

## Who's Who

### Educational supervisors

All trainees have a named Educational Supervisor who will complete your assessments and your 6 monthly reviews of progression.

They are all GPs, and when you are in general practice they will be GPs in the surgery that you are assigned to.

### Clinical Supervisors

When you are in a hospital post you will also have a named clinical supervisor as well as your educational supervisor.

### Scheme Administrator

#### Hannah Vimpany - Medical Education Operational Manager

Hi, I'm Hannah my main role is Medical Education Manager within the Education Centre at Nevill Hall, but I have the privilege to look after the admin for the GP trainees and trainers. Apologies in advance for all the emails you will receive off me. I'm fairly new to medical education but I am a qualified dental nurse with many years' experience managing a dental practice. I have a 6-year-old daughter who keeps me rather busy. I love to travel, climbing Mount Kilimanjaro has been one of the best experiences, I also love animals and chocolate... you will always find a stash of chocolate in my office draw. Looking forward to being a part of your GP journey, my door is always open for a cuppa and biscuits!



### Programme Directors

#### Julie Keely

Hi, I'm Julie, a full-time rural GP in Brecon, Powys. I'm responsible for the ST3s on the scheme. I have probably been a GP since before most of you were born! I still believe we are lucky and privileged to do our job and get to know so many lovely people, both patients, and colleagues. General Practice is fascination, challenging, and fun. Welcome to Gwent and South Powys GP Scheme and enjoy your time with us. We are here to help, and just ask if you are unsure of anything. There is no such thing as a daft question.



#### Sarah Neville

Hi, I'm Sarah and I'm a GP partner at Tudor Gate Surgery in Abergavenny. I finished my GP training in 2000 and have worked at Tudor Gate since 2005. I am the Programme Director responsible for the ST2s on the training scheme and also teach medical students from Cardiff University. I love the diversity and challenge of General Practice and the relationships that you build up over years of looking after people. I live just outside Abergavenny and have 3 (almost) grown-up children and 2 dogs who I love walking in the hills around Abergavenny. I hope you enjoy your time with us!



### Gareth Jordan

Hi, I started as a training programme director on the scheme in 2021 and look after the ST1s. I was a trainee on this scheme back in the day (I am reluctant to say exactly how far back this was Julie knows). I have a portfolio career, during which time I have been a dermatology clinical assistant, a clinical director for primary care and of course worked as a locum, GMS partner, salaried Health board GP and as a salaried partner. I live in Cardiff and have 2 grown up children and a dog. My wife is also a GP.



### Associate Deans

Associate Deans GP have geographical responsibilities for general practice training programmes and form the key link between training programmes and HEIW. Dr Mair Hopkins is the Associate Dean for Gwent.

The others are:

- Gordon Lewis
- Martin Sullivan
- Alistair Bennett
- Peter Saul
- Stephen Hailey

Director of GP Education - Phil Matthews

Deputy Director of GP Education - Collette McNally

Postgraduate Medical Dean - Tom Lawson

In addition there are staff in the GP training office who will help you with any queries and their email address is: [HEIW.GPTraining@wales.nhs.uk](mailto:HEIW.GPTraining@wales.nhs.uk)

### Shared Services

Are your employer and should be contacted with any employment queries

[NWSSPSLE.GPST@wales.nhs.uk](mailto:NWSSPSLE.GPST@wales.nhs.uk)

Single Lead Employer Contact Details: 01443 848533 / 01443 848602

## Structure of GP Training

3 years as a standard, split into ST1, ST2 and ST3.

You need to complete 12 months in hospital as a mandatory requirement which can be in ST1 or ST2.

You can choose to do both hospital jobs in ST1, or split the period and do 6 months in ST1 and 6 months in ST2.

ST3 is always spent in General Practice and you will be assigned to the same practice for the whole of your ST3 year.

Trainees new to the NHS usually go into a GP post first as there is more support available.

### Weekly Timetable

All full time GP trainees have a weekly 40 hour contract.

This is usually structured as 10x4 hour sessions although there is flexibility as long as the total is 40 hours.

You should have 7 clinical sessions and 3 non-clinical sessions. Each working day should include a lunch break.

Example of timetables are below, these are purely for example purposes and it's important to understand that all practices work differently.

	Mon	Tues	Wed	Thurs	Friday
am	Tutorial	Surgery	Surgery	Surgery	Surgery
pm	Surgery	SDL	Surgery	HDR	Surgery

	Mon	Tues	Wed	Thurs	Friday
am	Surgery	Tutorial	Surgery	Surgery	Surgery
pm	Surgery	SDL	On Call	HDR	Surgery

	Mon	Tues	Wed	Thurs	Friday
am	Surgery	Surgery	Surgery	Tutorial	Surgery
pm	Surgery	On call	SDL	HDR	Surgery

	Mon	Tues	Wed	Thurs	Friday
am	Surgery	Surgery	Surgery	Surgery	Surgery
pm	Surgery	SDL	Tutorial	HDR	On call

### **HDR Sessions (Half Day Release)**

Mandatory when in General Practice - you are paid to attend these.

They are run on Thursdays in school term time, usually in one of the 3 education centres (Nevill Hall Hospital, Royal Gwent Hospital, Grange University Hospital), although will sometimes be run on TEAMS.

We usually run in 3 groups-

For first GP posts with Gareth, second GP posts with Sarah and ST3s with Julie.

We will sometimes run sessions for 2 groups together or all 3 groups together. Twice a term we will run smaller mixed year sessions to enable you to mix with trainees from other years.

Out of term time these sessions should be an SDL.

These sessions will come out of your study leave entitlement.

### **Guidance on Self Directed Learning (SDL) sessions**

#### **Importance**

Doctors in postgraduate medical training (and throughout their careers) are adult learners and need to have opportunities to identify and direct their own learning. SDL sessions in General Practice training offer the opportunity for trainees to consider their learning needs and to have time to explore some of those which have been identified.

Trainees often join GP training from a variety of clinical backgrounds, the specialty is so wide ranging, and, of necessity, hospital experience is limited, so SDL offers the opportunity to spend time 'tasting' other specialties and exploring wider clinical areas. It also gives space for quality improvement activity, audit and research, and time to work on the portfolio or exam preparation.

#### **How much**

One session each week (four hours) is allocated to SDL for a full time trainee. Those who are LTFT will have sessions averaged over several weeks, for example a trainee working 80% would get four sessions every five weeks.

Usually, SDL will be a fixed session each week, but swaps may be arranged by mutual agreement of trainee and GP Educational Supervisor (ES). Similarly, if needed, two sessions could be aggregated if the trainee arranges for a whole day activity.

SDL sessions are not study leave but part of the working week, they also form part of the holiday calculations. Trainees should take annual leave in the same education/clinical work ratio as their normal working week (3sessions /7 sessions) and may not selectively take clinical sessions. When the Half Day Release is not running, for example during the summer holiday, trainees should use the freed session for SDL.

GP practices and trainees will need to have a flexible approach in deciding when SDL occurs, especially when there are multiple trainees based in the practice. This may mean that SDL sessions for individual trainees will need to be staggered throughout the week rather than occurring in a single morning or afternoon. This will allow for room optimisation and better service coverage.

For trainees who are attending the Programme for Additional Specialised Support (PASS), these extra teaching sessions will come out of the SDL allowance (when in a GP practice post).

## **Planning and Content**

Swansea Bay Training programme has a useful list (but Swansea based) of ideas for using SDL see: <http://generalpractice.life/useful-sdls/> Essentially, these include hospital clinic visits, community services, special services such as CAMHS, Minor Injuries and acute GP services. What is available will depend on the local area.

SDL may also be used for work on the portfolio and other activities as mentioned above. SDL activity should always be discussed with the ES.

## **Location**

Much SDL, such as clinic visits, will be outside the practice. When working on patient identifiable information consideration should be given to information governance and, unless appropriate IT such as a practice laptop computer is available, this should be done on the practice premises. All SDL sessions are to be conducted either in practice or at a pre-arranged clinic and are only to take place at home only with prior agreement, and at complete discretion of the Educational Supervisor. The SDL should be recorded in the portfolio as evidence that it took place.

Where a trainee is placed in a practice distant from their base and the Postgraduate Centre, consideration should be given to arranging the SDL on the same day as the HDR so unnecessary travel to the practice is avoided.

## **Reflection and Recording**

Trainees are encouraged to reflect on all their SDL activity. It is important that SDL is recorded in the portfolio with a suitably descriptive log entry.

## **Professionalism and ground-rules/etiquette for online meetings.**

As programme directors, we note that we have passed through the acute phase of the pandemic, so we have re-instated face-to-face teaching sessions for your HDR timetable. We feel strongly that trainees benefit most from in-person engagement and many GP training-schemes have noticed that trainees are missing out from the networking opportunities they get from seeing each other, as well as some of the practical side of being hands-on for practical teaching. However, it's acknowledged that the pandemic has shifted society attitudes and there are many benefits that virtual sessions can bring. For this reason, it is likely that we will still be delivering a certain proportion of teaching on MS Teams going forwards. We are hence exploring the possibility of incorporating a blend of both remote teaching with face-to-face HDR sessions on the timetable. This is likely to reflect the type of events/meetings that will occur for GPs beyond CCT, and there will no doubt be further online meetings that you'll be invited to after you qualify. This brings us to review our ground-rules for online meetings and to introduce a degree of professionalism that we feel is important for trainees to adopt and develop good habits for their future career, guided by the GMC principles.

The GMC says: 'you must be aware of how your behaviour may influence others' in the context of working collaboratively with colleagues.

## **Etiquette for online meetings**

Participants can see each other on the camera so please ensure you conduct yourself in the same way as you would in-person. On many occasions we have invited guest speakers to our online teaching sessions and you can't go wrong by always acting professionally when on camera. Individuals often haven't met in-person and so it's even more important to follow the good old 'first



impressions count' principles. Consider how it looks if you are regularly seen eating on-camera, lounging on your bed or seen outside sunbathing!! Remember to keep the camera switched on, and, unless in small group-work, to mute the microphone when not speaking. If you have questions or comments then use the virtual 'hand-up' or use the chat-function.

**Using NHS Wales Accounts:** All GP trainees should have an NHS Wales Microsoft account as employees of the organisation. We strongly urge all trainees to use this account when logging into MS Teams as this follows the IT policy of the organisation, and ensures that we can make full use of what the MS Teams platform can offer to us. People who are logged in as 'guest' only have restricted access to many features and also cannot access our intranet site (SharePoint) where we may archive files/resources. During the pandemic, we have tolerated trainees accessing MS Teams Meetings using alternative email/guest accounts (i.e. not logged in to Microsoft via NHS account).

Some neighbouring GP training schemes are transitioning soon to a phase of making it mandatory to log in to virtual HDR using the NHS account. For the neighbouring schemes there is a possibility that trainees will be blocked from forwarding their invitations to other email accounts and they also may be blocked from being able to 'enter' a meeting if they are not an invited member. At present we are only strongly advising using NHS Wales accounts.

**Having issues using the NHS Wales Microsoft account?** You should all have access to outlook at home via a laptop/pc or phone now without the need to get authorisation from IT and of course from work.

However for Trainees who are having technical difficulties in accessing their NHS Wales Microsoft accounts should get urgent support and there are a variety of options where you can seek IT support: - For trainees currently based in GP practice, they might be able to get in-house technical support from the practice manager. - The IT Helpdesk for your organisation. For those in GP practice, this will be the primary care IT Support Service desk for ABUHB or PTHB. You can access IT support either on the intranet (via a networked computer) or by calling them. - Try the DHCW Service Desk on 02920 502525 - For those in hospital-placements, you will need to call the IT Helpdesk that serves the hospital you are working in. - You could also report your issues to Hannah Vimpany on [hannah.vimpany@wales.nhs.uk](mailto:hannah.vimpany@wales.nhs.uk) who can establish what type of support is needed and signpost you.

HDR Attendance it's worth remembering that the HDR sessions are a contracted part of a trainee's working-week. Hence this is teaching that you are being paid to attend weekly and non-attendance could be construed as a breach of contract! So unless you have prior approved leave (e.g. study-leave or sickness-leave) attendance to HDR is mandatory.

#### **What do we mean by attendance to HDR?**

- Face-to-face: attendance confirmed by signing-in of the register and participating in the teaching session. Trainees that leave a teaching-session before it has ended should provide a valid reason to the PDs for doing so.
- Virtual Sessions delivered online: trainees who are seen\* participating online with their cameras on will be noted on the register. Attendance is further validated by individual engagement with the session (e.g. in breakout rooms, or via asking/answering questions in the chat).
- A valid reason should be given if a trainee needs to leave the HDR session early.

- We also expect to be sent apologies if trainees are experiencing technical difficulties. It is the trainee's responsibility to seek technical support if this is needed, particularly if this is a regular problem that is affecting their engagement with teaching.

### **Arrive early!**

We encourage trainees to log in early to allow some informal chat before the meeting begins. This also improves the chances of addressing any technical issues before the meeting has started. The register will be taken when the meeting starts and anyone arriving late is at risk of being marked as absent. Please send apologies for anticipated lateness (or absence) email [hannah.vimpany@wales.nhs.uk](mailto:hannah.vimpany@wales.nhs.uk)

**Tip:** if you're unavoidably late, please try to avoid logging in to the meeting via a guest/external account; otherwise a pop-up window appears to announce the person is waiting to be admitted into the meeting – this can be rather disruptive after the meeting has started. Trainees who are repeatedly late may need to discuss ways to tackle this with the PDs.

**What happens to the Attendance Register?** The programme directors keep a register of HDR attendance, and this is also shared on a regular basis with the educational supervisors so that any reasons for non-attendance are validated (e.g., sickness-leave or less-than-fulltime).

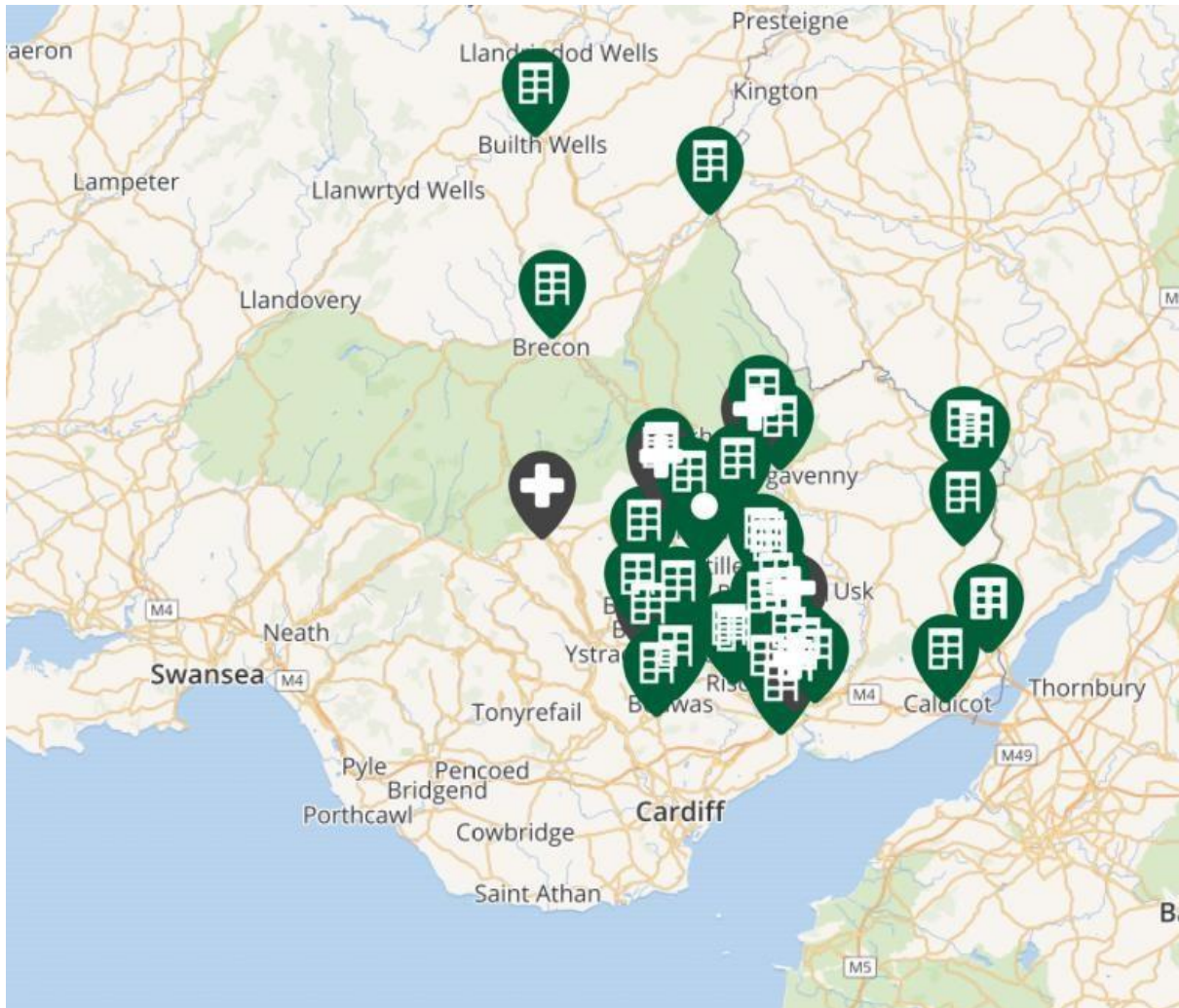
**What about trainees who wish to log in to HDR whilst on-leave?** We do NOT expect trainees to attend HDR if they are off-sick, etc. However sometimes trainees may feel well enough to be 'present' and wish to watch a session that's held online. In these circumstances, please continue to inform us that you are off-sick and keep your camera off.

**Driving?** It is **NOT** acceptable to be driving your car whilst signed-in to HDR. Whilst trainees may be able to listen and 'be present' at a session whilst driving, it is not safe to engage in the session (e.g., via chat-function). If a trainee is running late getting to the base where they would normally sign-in to the HDR remotely, then they should NOT switch on the camera until settled and ready to participate; Please send apologies for anticipated lateness (or absence) to [hannah.vimpany@wales.nhs.uk](mailto:hannah.vimpany@wales.nhs.uk)

Repeated lack of engagement / lateness / poor attendance this would be an indicator of underperformance. There is support available to trainees where needed, and they are encouraged to discuss issues of concern with their educational supervisor. If any matter is affecting a trainee's progress it is important that this is brought to the attention of the programme directors.

## Our Scheme

We currently have 100 trainees and 94 trainers. The scheme covers a wide area from Newport in the South to Builth Wells in the North, and from Merthyr Tydfil in the west to the Wye Valley in the East.



An interactive version of this is below. This is purely a guide to indicate the locations of the practices, to get accurate directions I would use google maps.

[New Map by Sarahneville · MapHub](#)

### **Jobs Available**

#### *Grange University Hospital*

- Paediatrics
- A&E
- Obs & Gynae

#### *Prince Charles Hospital*

- Obs & Gynae
- Paediatrics

- A&E Medicine

#### *Ysbyty Ystrad Fawr*

- Medicine
- Elderly Medicine
- Psychiatry

#### *Royal Gwent Hospital*

- Orthogeriatrics
- Dermatology

#### *Ty Siriol*

- Psychiatry

#### *Ebbw Vale*

- Psychiatry
- Old Age Psychiatry

#### **GP Posts**

- Abersychan Surgery
- Beechwood Surgery
- Bellevue Surgery
- Blackwood Medical Group
- Blaenavon Medical Practice
- Blaina Medical Practice
- Builth Wells Medical Practice
- Chippenham Surgery
- Clark Avenue Surgery
- Courthouse Medical Centre
- Cwm Calon
- Cwmbran Village Surgery
- Dixton Road Surgery
- Glan Yr Afon
- Glanrhyd Surgery
- Gray Hill Surgery
- Greenmeadow Surgery
- Hay & Talgarth Medical Centre
- Isca Medical Centre
- Llandrindod Wells Medical Centre
- Malpas Brook Health Centre
- Meddygfa Cwm Rhymini Practice
- Mount Pleasant

- Nant Dowlais
- Oak Street
- Old Station Surgery
- Pen Y Cae Surgery
- Risca Surgery
- Rugby Surgery
- St David's Clinic
- St Julian's Medical Centre
- The Rogerstone Practice
- Tonyfelin Medical Centre
- Town Gate Practice
- Trosnant Lodge
- Tudor Gate Surgery
- Ty Bryn Surgery
- Ty Henry Vaughan
- Vauxhall Surgery
- Wellspring Medical Centre
- Westfield Medical Centre

## OOHS

The out of hour's requirement for full time GP trainees in GP practice posts is 36 hours for every 6 months. **It's not optional it's a mandatory requirement**

This is **Pro-rata** (reflecting Full time or less than full time training) i.e., if you are training at 80% Less than full time training you need to complete 80% of the 36 hours requirement per 6 months

You will receive at Half day release session on **Induction for out of hours**, once this is done you will then understand how out of hours functions and how to book out of hours shifts. Attendance at this session is essential

Please document in your portfolio with a clear title each out of hour's shift done and reflect on what you have seen. ***A good way to do this is for each entry to Title the entry Out Of Hours done (hours) Out of Hours remaining (hours)***

If you book out of hour's shifts and they are cancelled due to operating constraints, then copy and paste the emails with an oohs title booked and cancelled into your portfolio. This shows that you are being pro-active in booking your shifts and lets the Annual review of competence progression panels clearly see what out of hours you have done. You need to continuously keep booking shifts **a one off documented failed attempt evidenced in your portfolio will not satisfy a competence progression panel.**

**We are aware of operational difficulties including the COVID pandemic BUT the main thing is to be proactive at getting this covered off and record any cancellations and booked shifts plus see if you can explore the alternative ways above to get hours too.** The expectation is that the vast majority of your out of hours will be achieved within the out of hour's service.

***Alternative ways to supplement out of hours requirements include:***

- You are currently allowed due to COVID limitations to do 4 hours of **either** influenza vaccination or COVID vaccination ***providing it's not in your normal working hours e.g. Saturday morning clinics and that you aren't getting paid for it again*** so doing COVID clinic sessions but without claiming remuneration would count too but it's only a one off of 4 hours ***no more.***

***If you are still struggling to obtain out of hours sessions Alternative ways to show that you are addressing these competences for un-scheduled care to a competence progression panel are outlined below BUT IF THESE ARE DONE IN NORMAL WORKING HOURS THEY WILL NOT COUNT FOR YOUR OUT OF HOURS TIME are shown below:***

- You could also talk to your practice re **doing duty doctor sessions in hours** where urgent patients, queries and emergencies are directed to yourself to accumulate some hours so being the on-call duty doctor. This would need clear documentation in your portfolio of what the experiences each shift was that were relevant to urgent care /un-scheduled care
- You may also be able to get a few hours in by spending on-call time with the crisis team for psychiatry etc although opportunities are limited re Covid.

Rota/Shift Enquiries: Rachel Clarke Business Support Manager OOH  
[Rachel.Clarke2@wales.nhs.uk](mailto:Rachel.Clarke2@wales.nhs.uk) / 07802430205  
[Florica.Musi@wales.nhs.uk](mailto:Florica.Musi@wales.nhs.uk) / 07896613789

## Leave/Time out of Training

### Annual Leave

As a GP trainee you are an important part of the practice team.

At no point should the effective running of the practice be dependent on your attendance and you will not be used as a substitute for a locum in the practice.

Trainees must not be integral to the running of the service, and so where you request leave with six weeks' notice this should generally be permitted.

### **Who should I email if I am absent from work?**

Please email and CC all of the below:

1) Shared services they are your lead employer: [NWSSPSLE.GPST@wales.nhs.uk](mailto:NWSSPSLE.GPST@wales.nhs.uk)

2) If in general practice your practice manager although I would also suggest telephoning as early as possible/practice what's app group etc

3) If in hospital posts - the contact they have advised - human resources contact/rota co-ordinator/clinical supervisor as outlined at your induction

4) If more than 7 days email your programme directors

5) **RECORD THIE ABSENCE ON 14 FISH this is really important to ensure your final ARCP panel of training/progression to CCT is correct**

Please see the link below to how trainees can record their own time out of training on their portfolio.

[Time out of training – FourteenFish Help Centre](#)

### Sick Leave

If you are absent from work due to illness, you must inform the practice or your hospital department as soon as possible on the first day.

A self-certification form should be completed for any sickness absence lasting for seven days or less. If the illness continues beyond seven days, a medical certificate should be completed.

This guidance note is intended to clarify sick leave arrangements in line with the Framework Contract agreed between GPC and COGPED. If you are in an area where your contract is with a lead employer or your contract is not based on the framework contract then it will be particularly important to ensure that you are familiar with any local arrangements.

### Sick Leave of up to two weeks

For this short period of leave, the length of the training programme should not be affected.

### Sick Leave of over two weeks

These provisions now mirror the entitlements for junior hospital doctors and came into effect from November 2003. Further details can be found in the Directions to employers concerning GP trainees on the [NHS Wales Employers | NHS Confederation](#)

The provisions for payments to GP registrars during sickness should be made on the basis of the number of years of service with the NHS and the number of months of sickness leave and are set out below:

First year of service: One month's full pay and (after completing four months of service), two months' half pay

Second year of service: Two months' full pay and two months' half pay

Third year of service: Four months' full pay and four months' half pay

Fourth year of service: Five months' full pay and five months' half pay

Fifth year of service: Five months' full pay and five months' half pay  
Sixth year of service: Six months' full pay and six months' half pay

The training period will generally need to be extended if sick leave exceeds two weeks. With the training programme director's agreement, this can be completed in the GP trainee's current post. GP registrars are advised to contact their local postgraduate Dean's office for individual guidance.

In the event of a sickness an absence meeting with NWSSP (the employing organisation for GP Registrars) may in some cases be required. The purpose of these meetings is to support you and where possible facilitate a return to work and training.

***Occupational Health appointments and sickness meetings are a contractual requirement.*** This duty is clearly laid out in the NWSSP Sickness Policy:

5.2.2 Follow the NWSSP policy and any local procedures in respect of notifying and certifying their sickness absence, including the timely submission of self-certificates and fit notes.

5.2.3 Attend occupational health appointments and sickness absence meetings when requested to do so by their manager. It is essential that employees understand that they must attend these meetings if asked to do so. Wherever possible appointments will take account of the employee's normal working patterns. Failure to attend two occupational health appointments without good reason will mean that decisions are made on the basis of the information available, which may be detrimental to the interests of the employee.

The RCGP also describes Failure '*to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual obligations*' as an **Indicator of Professional Underperformance** that can be considered by ARCP panels.

The Gold Guide (the reference guide for Postgraduate Specialty Training in the UK) section 5.2 states that trainees' responsibilities include:

- ii. demonstrating professional behaviour in line with the General Medical Council's (GMC's) standards in Good Medical Practice
- iii. working within the human resources policies and procedures as outlined by the local education provider

Failure to engage in sickness reviews without good reason may result in dismissal and/or removal of your training number.

Please remember that support is available from your local Programme Directors and the Professional Support Unit [Professional Support Unit \(PSU\)](#)



## Using social media

It is important that all doctors, including doctors in training are aware of their professional responsibilities and the potential pitfalls when using social media. We have had cases in the recent past where doctors have breached these guidelines and put themselves at risk of disciplinary procedures. Detailed guidance can be found in sections 88-93 of Good Medical Practice (GMP) available at [Good medical practice - professional standards - GMC](#) and the GMC's [Using social media as a medical professional](#).

Problems generally arise when:

- GP trainees use social media to run or promote a business or commercial products.
  - This includes aesthetic and cosmetic practice or any other medical practice.
  - This can include even non-medical products and businesses if it is clear from the social media handle or site information that the author is a doctor. For instance, some totally fictitious examples would include 'the gardening doctor', 'therapy through baking' or 'the running doctor'.
  - Doctors who run such sites should pay attention to the GMC guidance, especially paragraphs 88-91 of Good Medical Practice (see below).
  - Any GP Registrar running these social media sites should declare these on Form R at ARCP and comply with the Wider Scope of Practice requirements. Guidance available at [Trainee revalidation - HEIW](#)
- GP trainees uploading video clearly filmed on practice or Health Board Premises without permission- even if content not medically related. Appropriate permission should be sought. This also applies to conventional media such as newspapers and television.
- Doctors failing to maintain patient confidentiality on social media. Fortunately, this is rare but beware that communications in private groups may become public.
- Doctors are required to treat colleagues with kindness, courtesy and respect (GMP paragraph 48), including on social media. Again, be aware that private groups may become public.
- Using social media can be enjoyable and rewarding but can also be time consuming and distract us from our core professional responsibilities. “

Thank you for taking the time to read this email and familiarise yourself with the relevant guidance.

### Study Leave

Study leave enables you, as a trainee, to direct your own learning, meet your educational needs as set out in your personal development plan, and cover the wide range of knowledge and skills required by the RCGP curriculum.

National standards on study leave can be found in the [GMC publication Generic Standards for speciality including GP training. Deanery organised teaching as part of a GP training programme](#). GP training programmes tend to include regular teaching sessions to help trainees cover the curriculum.

There are a number of non-standard terms that may be used across the deaneries to describe these deanery-organised locally-provided speciality specific educational sessions. These teaching sessions may be funded by taking part of the individual trainee's study budget allowance.

Similarly, deanery or training programme organised training sessions are often taken from trainees study leave allocation. This may form a substantial part of the study leave allocation so trainees are advised to check with their deanery so they know how many days of study leave they have remaining.

### Study leave entitlement

GP trainees are entitled to 15 days (30 sessions) per 6 month general practice post of study leave.

The entitlements are the same whether the trainee is full or part time.

This includes mandatory attendance at the weekly half day release (HDR) sessions. Study leave may only be taken with prior approval from your trainer/supervisor.

During any break in the GPST HDR this sessions should remain an educational sessions. It can be used in a self-directed manner or for targeted educational activity in agreement between the trainee and trainer, i.e. the trainee still has 7 clinical and 3 educational sessions that week.

When trainees take leave during the week the ratio of clinical to educational sessions should be maintained with flexibility being exercised by both the practice and the trainee when required. A suggested and appropriate balance for any given week might be:

In a 5 day working week: 7 clinical to 3 educational sessions

In a 4 day working week: 6 clinical to 2 educational sessions

In a 3 day working week: 4 clinical to 2 educational sessions

In a 2 day working week: 3 clinical to 1 educational sessions

In a 1 day working week: 2 clinical to 0 educational sessions

(or the pro rata amount for those trainees in LTFT placements)

Attendance at HEIW half-day or day release courses, including any appropriate 'Regional Teaching Events', is counted as part of the study leave entitlement. This attendance is mandatory for trainees in GP placements.

For a 12 month placement in General Practice, 60 sessions are allocated for study leave; 46 of which are already incorporated into the HDR (or additional SDL (self-directed learning) when the HDR is not in session). Therefore a total of 14 study leave sessions remain for courses etc. which should only be granted following the prospective agreement between the trainee and the educational supervisor. The pro rata amounts would apply to trainees in 6 month placements. Study Leave allowance **cannot** be carried over between posts.

Time for private study e.g. to prepare for an examination or to write up research will be limited and would be up to a maximum of 10 sessions per annum prior to an examination.

If an approved course takes place when the trainee is not in work then the trainee does not use up any study leave allowance for this. Study leave time taken to attend/complete courses/events counts as working time and so leave should normally be taken on rostered working days, this includes online courses which can be completed at a convenient time to the trainee.

However, if it is necessary to complete/attend a course/event on a non-working day (e.g. weekend or rostered day off) then a trainee is entitled to a day off in lieu. This must be included within the study leave application and trainees must agree this lieu day with their ES and the Practice Manager at the time of agreeing the study leave. The lieu day should be taken within an agreed reasonable time frame of the event. Both the ES and the trainee must ensure the trainee does not breach their contract requirements on hours worked or the EWTD.

**Applications should normally be received at least six weeks before the course. Retrospective claims will not be accepted.**

The following will normally be part of the allowance:

- Attendance at HEIW half-day (HDR) or day release courses including regional teaching events which take the trainee away from service.
- The half day release (HDR) in general practice placements. GP training schemes that run the half day release for ST1 and ST2 hospital placements must refer to their local Programme Director for advice.
- Leave to sit examinations necessary for the career advancement of the trainee in their chosen specialty is permitted from within the 30 day study leave allowance; however only two such attempts in total or per exam phase per calendar year are permitted, it may be necessary for 'annual leave' to be taken for third and subsequent attempts. As per the GP Trainee Incentive Scheme in Wales reimbursement for the first sitting of both the RCA and AKT can be claimed.
- Leave for private study is allowed for all doctors in training above Foundation grade but is limited to a maximum of five working days within the Study Leave twelve month period against the annual Study Leave entitlement. No expenses are paid for private study even if leave is granted. Trainees should not be contacted whilst on approved Study Leave.

#### **Study leave request process**

- The training programme director has a responsibility for all the educational activities, trainees should be able to attend educational sessions that are part of the speciality training programme. Where attendance at any number of these sessions is mandated then any audit of application for leave should reflect this.
- Study leave is regulated and GP trainees should have employment contracts that stipulate annual study leave entitlement (for example, 30 days per year). However most trainees will rotate through two or more placements per year when in hospital posts and therefore should negotiate their study leave allocation across the year with the clinical and educational supervisors, rota co-ordinators, medical staffing and the Postgraduate Medical Education Department.
- As part of the request process, it may also be necessary to request fees and other expenses associated with a study event. Trainees should also be aware that they may have to book a place on some study events. It is important that study leave is not be used to satisfy the employer's requirements for mandatory training.

- As part of the request process, it may also be necessary to request fees and other expenses associated with a study event. Trainees should also be aware that they may have to book a place on some study events. It is important that study leave is not be used to satisfy the employer's requirements for mandatory training.

### **Business Mileage Claims:**

Please note for further details/queries please contact shared services

- 'GP Home to HQ mileage': They can only claim their commute from home as 'GP home to HQ' on the days when their journey to work included a house visit or other trip for work purposes that is outside the usual place of work (such as for VTS or a branch surgery. In other words, their miles from home can only be claimed when they do other business miles on that day – the GP home to HQ is also capped at 20 miles per day.
- When making above claim, there should be 2 entries for the same date to help indicate why they are making a GP home to HQ claim; the second entry being a 'business mileage' entry...in the case of a trainee claiming their journey to weekly VTS teaching, they must enter 2 items: as 'GP home to HQ' and then also add a 'business miles of VTS'.
- Trainees should not be claiming mileage for travelling home to their practice if there was no onward journey on that day that was required for business purposes.
- **For study day: miles being claimed should come under Study mileage, not business mileage**
- Practices are expected to verify the dates of these submitted claims by their trainees to ensure they correspond to those dates that the trainee attended a house-visit, branch surgery, VTS, etc.

**Please note fraudulent claims can be treated as a probity matter and has even in the past resulted in GMC action.**

**If in doubt, contact shared services before submitting any claims.**

We would urge you to keep a clear record of your journeys (you should do anyway for potential tax investigations anyway) and be careful to check all dates before submitting claims e.g. not inadvertently claiming weekly VTS when in fact it was on Teams instead or you were away on holiday.

### **Time out of Programme**

Applying for out of programme (OOP) experience for GP trainees in Wales.

The Gold Guide for speciality training sets out the circumstances when a trainee may seek approval for time out of programme. GP trainees in Wales wishing to apply for OOP should follow the procedure below:

### **How to apply for OOP**

- Complete the OOP form making sure you, your educational supervisor and training programme director have signed it. Also make sure the correct dates are on the form.
- Return form to [heiw.gptraining@wales.nhs.uk](mailto:heiw.gptraining@wales.nhs.uk)
- This request take into account a minimum six month notice period.
- Further information is available in the gold guide.

### **Less than Full Time Training**

All trainees are eligible for LTFT training however depending upon the demand for this and the reasons for wishing to train LTFT, availability in relation to the capacity of the programme and available resources, may be limited.

All requests for LTFT training will be treated positively by HEIW, Heads of Schools and Training Programme Directors. However, trainees must be aware that the service implications for the host organisation and the overall training capacity within a training programme will have to be taken into consideration.

The application site for LTFT whether scheduled, exceptional or appealing a LTFT refusal decision is as below: [Application forms - HEIW \(nhs.wales\)](#)

### **Re-apply:**

For the latest information re applying for less than full time training and **IMPORTANTLY THE BI-ANNUAL APPLICATION WINDOWS** that need to be adhered to please see below. Please apply within these application windows which means applying approximately 6 months before the post that you wish to start LTFT and/or alter your LTFT percentage. But please see the guidance for exact dates.

Once your LTFT percentage is agreed it will stay in place for your whole training period provided you don't wish to alter the percentage in which case you need to reapply to change it again within the application windows. The guidance along with the policy and FAQs can be found here:

<https://heiw.nhs.wales/files/heiw-ltft-pilot-policy-dec-2022/>

### **Exceptional circumstances applications for LTFT**

This is a reminder regarding the LTFT policy for trainees experiencing exceptional circumstances. As outlined, trainees who experience sudden illness, need to take on caring responsibilities, or are returning to training are eligible to apply outside of the regular application window. These trainees should complete and submit the **Exceptional Circumstances Application Form**. [2024 - 2025 Less than Full Time Exceptional Circumstances Application Form](#)

Additionally, any trainee who wishes to reduce their **Whole Time Equivalent (WTE)** outside of the usual application window due to exceptional circumstances must complete the **LTFT Application Form - LTFT - HEIW**

In line with HEIW's LTFT policy, trainees should have already discussed their situation with their Programme Director before submitting the LTFT application. They must also review the LTFT policy and carefully consider the implications of reducing their WTE.

**Exceptional circumstances** are defined as:

- Sudden ill health
- Sudden need to care for an ill or disabled partner, relative, or other dependent
- Returning to training

### **Supervision of GP trainees where trainers are part time**

The GP Section of HEIW recognises that many approved GP trainers work less than 10 sessions per week. This is coupled with a growing number of GP trainees who work less than full time. The GP

Training Management Group therefore feels it is timely to set out minimum acceptable supervision arrangements where trainers and / or trainees are part time.

- Programme Directors retain responsibility for deciding which training practice trainees are placed in.
- The trainee and trainer would normally be expected to work the same days. In any event, there must be a minimum overlap of 4 sessions (2 days) per week between the trainee and either the Trainer or other approved trainers within the practice. At least 2 of these sessions must be with their named Trainer (The Allocated “Educational Supervisor”). The other trainer has to be allocated as a “Clinical Supervisor”.
- The working week of the trainee must overall reflect the 7-3 Clinical – educational proportions of all trainees. The Educational Supervisor must be present for at least one educational session per week.
- When a part time trainer is not present in the practice but the trainee is, supervision must be provided by another doctor (including salaried doctors) who is familiar with the requirements of trainee supervision
- The training practice must have a written policy outlining arrangements for supervision of trainees when the trainer is not present. Evidence of this policy and adherence to it will be monitored during practice visits and via the annual Training Reapproval Process.

## **Table 1: LTFT Trainees OOH pro rata requirements**

<b>% FT</b>	<b>OOHs (hours)over 6 months</b>	<b>OOHs (hours) over 12 months</b>
100% aka Full Time	36	72
80% aka LTFT	28.8	57.6
70%	25.2	50.4
60%	21.6	43.2
50%	18	36

Please note these are the pro rata minimums

**You cannot round the hours down and remember if you have booked a shift you should stay for that shift so inevitably you may exceed the minimum hours requirement**

Please note you can't carry over extra hours worked from one ST year to another

## **Table 2: LTFT trainees CLINICAL SDL HDR TUTORIAL Requirements**

<b>% of full time worked</b>	<b>Clinical sessions</b>	<b>Half Day Release session</b>	<b>Self-Directed Learning session</b>	<b>Tutorial session</b>
100	7	1	1	1
90	6.3	0.9	0.9	0.9
80	5.6	0.8	0.8	0.8
70	4.9	0.7	0.7	0.7
60	4.2	0.6	0.6	0.6
50	3.5	0.5	0.5	0.5

Attendance at HDR **pro rata** is compulsory too this needs to be factored in when a trainee would not normally work that session into their job plan.

**As fractionated sessions are rarely practical over the next few pages I have put suggested work patterns for LTFT.**

**The 50% timetable is the easiest this is an example there is with trainee trainer agreement flexibility to achieve the pro rata 7 clinical to 3 study (hdr+SDL+Tutorial) ratio by weekly shortened tutorials for example. Also the mutually agreed days of week can be different**

**Table 3: example timetable LTFT 50%**

	Mon	Tues	Wed	Thurs	Fri
<b>AM</b>	Clinic	Clinic	VTS / self-study session alternate weeks	Off	Off
<b>PM</b>	Clinic	Tutorial session / clinic alternate weeks	Off	Off	Off

Further examples for LTFT

**80% (32 hours/week)**

Working eight sessions weekly

Five week rolling rota as follows: 3 weeks: 6 clinical sessions + 2 educational sessions

2 weeks: 5 clinical sessions + 3 educational sessions

**70% (28 hours/week)**

Working seven sessions weekly

Ten week rolling rota as follows:

9 weeks: 5 clinical sessions + 2 educational sessions

1 week: 4 clinical sessions + 3 educational sessions

**60% (24 hours/week)**

Working six sessions weekly

Five week rolling rota as follows:

4 weeks: 4 clinical sessions + 2 educational sessions

1 week: 5 clinical sessions + 1 educational session

**50% (20 hours/week)**

Working five sessions weekly

Two week rolling rota as follows:

1 week: 3 clinical sessions + 2 educational sessions

1 week: 4 clinical sessions + 1 educational session

**Maternity Leave**

When and only when a trainee is comfortable with informing us of their pregnancy, could they advise shared services (as their employer) and the GP Programme Directors of the South Powys and Gwent GP training scheme. It would be useful to us if possible to outline proposed maternity leave dates and preferred working arrangements on return from maternity leave e.g. possible choices around less than full time training and the proposed percentage of less than full time training and preferred placement on return i.e. hospital or general practice. This extra detail isn't mandatory and can be subject to change later but is helpful. It allows us to ensure appropriate occupational health advised changes e.g. during the recent Covid pandemic, plan ahead for future placements both for the trainee and general allocations and we can note preferences for posts on return.

**Information for trainee's wishing to breast feed at work/express at work**

[www.breastfeedingfordoctors.com](http://www.breastfeedingfordoctors.com)



Also this article below gives some guidance on the legal rights. [Continuing to breastfeed when you return to work - Maternity Action](#)

**Relocation Expenses:**

You may be eligible to claim relocation expenses for your new training post details re eligibility and items that can be claimed can be found at [All Wales Relocation - NHS Wales Shared Services Partnership](#). This is administered by Shared services your single lead employer

Contact Details:

**Name:** Expense Team

**Telephone:** 02920 903908 and choose the expenses option for your health board

**Email:** [NWSSP.TrainingGradeExpenses@wales.nhs.uk](mailto:NWSSP.TrainingGradeExpenses@wales.nhs.uk)

## **Combined Training (accrediting previous experience)**

If you wish to have previous experience considered for a potentially shortened training scheme **Indicate this on applying for the GP training Scheme. You cannot do this later once you have commenced your training scheme. THIS IS MANDATORY**

**It would be useful to alert your training programme directors and also HEIW @:**

[HEIW.GPTraining@wales.nhs.uk](mailto:HEIW.GPTraining@wales.nhs.uk)

[keely.julie@yahoo.co.uk](mailto:keely.julie@yahoo.co.uk)

[Sarah.Neville2@wales.nhs.uk](mailto:Sarah.Neville2@wales.nhs.uk)

[Gareth.Jordan4@wales.nhs.uk](mailto:Gareth.Jordan4@wales.nhs.uk)

**HEIW will be in contact to explain the process.**

**You will need to collect and demonstrate the evidence to support your application for a shortened training scheme. That evidence will be considered at the first 6 month point of your training at a competence progression panel.**

**Only the panel can determine if your application has been successful and if your training scheme can be shortened.**

Below is the RCGP guidance link explaining the route, potential experience that can be considered and the process:

<https://www.rcgp.org.uk/training-exams/discover-general-practice/qualifying-as-a-gp-in-the-nhs/combined-training.aspx>

### **Combined Training**

The Combined Training pathways provide the opportunity for you to combine previous relevant experience with your GP training programme.

Your previous experience may be from another UK specialty training programme, a substantive paid or SAS role, or relevant overseas experience above Foundation level or equivalent. The amount of time contributing can vary from 3 to 12 months depending on the breadth of your experience, the quality of evidence you can provide and your progress in the first six months of the GP training programme.

There are two combined training pathways:

- **Accreditation of Transferable Capabilities (ATC)** for applicants who are transferring to general practice training from another GMC approved specialty training programme
- **Certificate of Completion of Training: Combined Programme (CCT CP)** for applicants who have relevant experience from outside a GMC approved specialty training programme. This might include substantive clinical roles or overseas training and experience.

From 1 January 2021, all GP trainees who are training on the CEGPR (CP) pathway will be eligible to apply for CCT after successfully completing the training programme.

### **Who can apply for Combined Training?**

If you have relevant clinical experience above Foundation level, you may be eligible for a combined training pathway. Eligibility for a combined training programme will depend on the type of experience you are bringing with you. If you are applying with more than one type of experience, please consider the eligibility and evidential requirements for each type of experience included in your application.

### **Experience within a GMC approved specialty training programme (ATC)**

If you are transferring to GP training from another GMC approved specialty training programme in the UK, you may be able to apply for combined training if you meet the following criteria:

- Have completed a minimum of 12 months (full time equivalent) in any other relevant GMC approved specialty training programme
- Have been in a GMC approved specialty programme training post within the five years preceding your planned start date for GP specialty training
- Can provide ARCP outcome forms covering at least 12 months (full time equivalent) of your previous training programme.

### **Experience from outside an approved specialty training programme (CCT CP)**

If you have been working in the UK in posts that were not part of a GMC approved specialty training programme or have relevant training or experience from overseas, you may be able to apply for combined training if you meet the following criteria:

- Have at least 12 months (full time equivalent) of relevant experience above Foundation level (or equivalent) within the five years preceding your planned start date for GP specialty training
- Can provide evidence to support this experience.

Please see [Supporting evidence](#) for more information.

### **How to apply**

To apply for combined training, you must first apply to join a three year GP training programme through the [GP National Recruitment Office \(GPNRO\)](#) and indicate as part of your application that you would like to be considered for the ATC or CCT (CP) pathway.

If you did not indicate a combined training pathway on your application to GP training, it will not be possible to apply once you have commenced the training programme.

### **Steps to applying for combined training**

1. Apply to GP training and select the “ATCF” or “CCT (CP)” option on the application
2. [Register with the RCGP](#) at least one month before your training programme commences. This will give you access to the [Trainee Portfolio](#)
3. Your HEE office or deanery will invite you to upload a CV to the Trainee Portfolio for review. You should discuss your previous experience with them at the earliest opportunity so they can confirm if you are eligible to apply, plan your GP training programme and confirm what evidence you will need to provide to support your application
4. If you are eligible to apply for combined training, you will be invited to complete the online application in the Trainee Portfolio.

More information can be found in the [Applicant guide to applying for combined training](#) and the detailed process guidance.

[Combined Training - Detailed process guidance \[PDF\]](#)

## **Revalidation and appraisal whilst on the GP training scheme:**

During your GP training scheme, you do not need to do additional appraisals.

You will automatically be revalidated if you make satisfactory progress during your training as assessed by ARCP panels.

Your responsible officer is the Medical Director of HEIW.

GP training information is revalidation can be found here:

<https://heiw.nhs.wales/support/trainee-information/trainee-revalidation>

## Workplace Based Assessments

Throughout your training both in hospital placements and in General Practice placements you will be required to complete work placed assessments for those training LTFT (less than full time) this will be pro-rata.

Once you have registered with the RCGP (Royal College of General Practice) as associates in training, you can access your e-portfolio.

Join the RCGP: [Join RCGP today](#)

Please do this prior to starting the GP training scheme. There is a fee for this membership and this will be due every year whilst you train.

You cannot access your training portfolio on Fourteen Fish Appraisal Toolkit, AKT, RCA, Education, and Trainee Portfolio until you join the RCGP and without it you cannot do any of WPBA.

As a member, you can claim back up to 40% in tax on your initial registration fee and annual AiT membership subscription fees.

Simply use the tax receipt you will receive by email after each payment.

Similarly, if on maternity leave/out of programme you can suspend your membership but it does mean that you can't then access your Fourteen fish portfolio or book college examinations etc.

Fourteen fish will show you the pro-rata WPBA requirements for your current post.

Remember WPBA includes regular /timely reflective entries in your fourteen fish portfolio as well as the more formal assessments. This must be done evenly throughout the post and cannot be left until the end of post. WPBA isn't optional- you will need to complete the minimum requirements and may find that extra formal assessments are needed to show your progression of competence.

These WPBA's must be finished ready for your possible interim or annual review of competence panel progression (ARCP). You will be advised by your registered email when your portfolio will lock before ARCP/end of post to allow time to complete sharing of your entries with your educational supervisor and allow time to prepare the educational supervisors/clinical supervisor's reports.

The types of workplace-based assessments are:

MINI CEX (mini consultation evaluation exercise) - hospital posts only

Case Based Discussion- both hospitals and GP posts

COT (consultation observational tool) - GP posts only

Audio COT (audio only Cot- telephone) - GP posts only

Learning Log entries on e-portfolio/fourteen fish portfolio - all posts

Clinical Examination Procedures and Skills (CEPS) - all posts

Prescribing assessment - ST3s only

Quality improvement activities (1 a year can include the QIP) Quality improvement project - ST1-2 in General Practice

As well as the formal WPBA, you will need to demonstrate up to date Basic Life Support certificate annually and an up-to-date Level 3 child protection certification

Full details of the WPBA can be found at both fourteen fish and the RCGP website

Personal Development Plan (PDP)

This needs to be completed every 6 months.

You need to use it, complete 3 entries per 6 months and be SMART (specific, measurable, attainable, realistic and time limited)

Examples of entries include:

- Hypertension Guidelines
- Child development norms
- Skin rashes
- PMB guidance
- Common Knee problems

Assessment numbers from August 2020:

	ST1	ST2	ST3
Mini-CEX/COT (any setting-face to face, telephone or video)	4	4	7
CBD/CAT	4 CbD	4CbD	5CAT
MSF	1 (with 10 responses)	1 (with 10 responses)	2 (1 MSF, 1 Leadership MSF)
CSR	1 per post	1 per post	1 per post
PSQ	0	0	1
CEPS	ongoing	Ongoing	Across 3 years 5 intimate + a range of others
Learning Logs	36 case reviews	36 case reviews	36 case reviews
Placement planning meeting	1 per post	1 per post	1 per post
QIP	1 (in GP)	1 (in GP)- if not done in ST1	0
Quality improvement activity	All trainees must demonstrate involvement in Quality Improvement at least once a year.		
Significant event	Only completed if reaches GMC threshold of potential or actual serious harm to patients		
Learning Event Analysis (LEA)	1	1	1
Prescribing review	0	0	1
Leadership	0	0	1
Interim ESR	1**	1**	1**

ESR	1	1	1
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### **ARCP Panels**

Annual Review of Competence Progression

An ARCP is held at least once every 12 calendar months.

Reviews can be conducted more frequently if there is a need to deal with progression issues outside the annual review.

The ARCP panel make judgements about your progress against the competences, and whether you are ready to move onto the next stage of training.

They also provide a final statement of your attainment of the competences for general practice- the basis for making a recommendation of satisfactory completion of training.

ARCP outcomes are recorded in the Trainee Portfolio (accessible through the “training map”).

The panels are held remotely and you need to ensure that your e-portfolio is up to date and that your Educational Supervisors report is completed at least 2 weeks before your panel date.

You will be notified of the date by GP Training.

Useful Resources:

[CKS | NICE](#)

[GP Update \(gp-update.co.uk\)](http://gp-update.co.uk)

[GP CPD Courses & Training by NB Medical Education | NB Medical](#)

[Symptom Checker, Health Information and Medicines Guide | Patient](#)

[General Practice Notebook \(gpnotebook.com\)](http://gpnotebook.com)

[Training and practice \(rcgp.org.uk\)](http://rcgp.org.uk)

[Gwent and South Powys GP Training Scheme - Home \(gwentandsouthpowysgpscheme.co.uk\)](http://gwentandsouthpowysgpscheme.co.uk)

[Home - Aneurin Bevan University Health Board \(nhs.wales\)](http://nhs.wales)

## **Additional Support**

### **Childcare and Schooling**

The family information service -

This is a directory of childcare providers in your area that are all registered with Care Inspectorate Wales. It's the go-to resource based on which council area you live in. Below are the links to the family information service websites.

#### **Blaenau Gwent:**

Email: [fis@blaenau-gwent.gov.uk](mailto:fis@blaenau-gwent.gov.uk)

Phone: 08000 323 339

Website: [Blaenau Gwent CBC: Family Information Service \(blaenau-gwent.gov.uk\)](http://Blaenau Gwent CBC: Family Information Service (blaenau-gwent.gov.uk))

#### **Caerphilly:**

Email: [fis@caerphilly.gov.uk](mailto:fis@caerphilly.gov.uk)

Phone: 01443 815 588

Website: [Caerphilly - Caerphilly County Borough](http://Caerphilly - Caerphilly County Borough)

#### **Monmouthshire:**

Email: [contact@monmouthshire.gov.uk](mailto:contact@monmouthshire.gov.uk)

Phone: 01633 644 644

Website: [Family Information Service - Monmouthshire](http://Family Information Service - Monmouthshire)

#### **Newport:**

Email: [info@newport.gov.uk](mailto:info@newport.gov.uk)

Phone: 01633 656 656 between 9am and 5pm Monday to Friday

Website: [Newport Family Information Service | Newport City Council](http://Newport Family Information Service | Newport City Council)

#### **Powys:**

Email: [fis@powys.gov.uk](mailto:fis@powys.gov.uk)

Phone: 01597 826246

Website: [Family Information Service - Powys County Council](http://Family Information Service - Powys County Council)

#### **Rhondda Cynon Taf:**

Email:

[fis@rctcbc.gov.uk](mailto:fis@rctcbc.gov.uk)[mailto:fis@rc](mailto:mailto:fis@rc)

[tcbc.gov.uk](http://tcbc.gov.uk)

Phone: 01443 425006

Website: [Family Information Service | Rhondda Cynon Taf County Borough Council \(rctcbc.gov.uk\)](http://Family Information Service | Rhondda Cynon Taf County Borough Council (rctcbc.gov.uk))

#### **Torfaen:**

Email: [fis@torfaen.gov.uk](mailto:fis@torfaen.gov.uk)

Phone: 0800 0196330

Website: [Family Information Service | Torfaen County Borough Council](http://Family Information Service | Torfaen County Borough Council)

### **The childcare provision includes:**

*Childminders* - care in child minders home aged from birth to 12 years old, childminders may offer morning and afternoon wrap around care for child in school.

*Day nurseries* - open all day Monday to Friday from birth to 5 years old

*Crèche* - childcare a day from birth to 5 years old



*Pre-school breakfast clubs & afterschool clubs* - this can be used as wrap around care before school and after school

*Playgroups* - 2-3 hours a day for 2.5 year olds to 5 year olds

*Nannies* - providing care in your home

*Holiday clubs* - providing childcare Monday to Friday during the school holidays

All these vary in cost and opening hours and often have waiting lists, so early enquiry is essential. Do this well in advance of taking up a new post or returning from maternity/parental leave.

Contacts for Hospital Crèches (limited spaces/provision) are all available online.

### **Government - funded Childcare and Early Education- "The Childcare Offer"**

The childcare offer will provide all eligible working parents living in locality with a combined 30 hours of government funded childcare and foundation phase nursery provision for 3 and 4 year olds for up to 48 weeks per year.

See your local FIS for more information. You can top this provision up buying further hours with many of the providers.

### **School Entry:**

Council Provided schooling involves applying for a place. This can be in Welsh or English medium. There are deadlines to this and early review of council websites is advised. Early application is advised.

Many factors are considered including if you live within the catchment of a school. Faith schools often use direct applications to school (please check the council website). School nursery ages 3-4 years. Primary school ages 4-11 years. Secondary school ages 11-16/18 years. Sixth form colleges/providers ages 16-18 years.

Within the scheme area/locality there are a number of fee paying independent schools which can be applied to through the Independents Schools Council. For further information, use [www.isc.co.uk](http://www.isc.co.uk)

### **Opening a bank account in the UK**

You will need a UK Bank Account usually a current account for payroll to pay your salary into, pay bills etc. The following is taken from the Citizens Advice Bureau website which can be accessed for more information getting a bank account - <https://www.citizensadvice.org.uk/wales/>

#### **How to open an account**

To open a bank account, you usually have to fill in an application form. Often, you can do this in a branch or online, and sometimes you can also do this over the phone.

You will also have to provide proof of your identity including your full name, date of birth and address. You usually have to show the bank two separate documents that prove who you are, for example, your passport, and where you live/current address, for example, a recent bill/rental contract etc.

If you're bankrupt or have a record of fraud, you will not usually be allowed to open a bank account. Also, you may be refused permission to open a current account if you have a poor credit rating.

However, if you're bankrupt or have a poor credit rating, you may be able to open a basic bank account.

### **Joint accounts**

You can also open a bank account jointly with other people. For example, you might want to do this to manage household bills with someone you live with, or with your wife, husband or civil partner. Both signatories must have been granted leave to remain/Visa's if applicable.

### **Trainees on Visa's with changes in circumstances:**

Trainees with changes in circumstances such as below should liaise with shared services BEFORE making any employment changes to ensure sponsorship of the visa is unaffected

- GPST has an extended CCT Date and will need an Extension to their sponsorship.
- GPST wants to work Less than Full Time (LTFT)-minimum salary considerations may apply.
- GPST applies for Out of Programme.
- GPST completes training but still requires sponsorship to work in Wales.

The best contact for this is: [NWSSP.CertificateofSponsorship@wales.nhs.uk](mailto:NWSSP.CertificateofSponsorship@wales.nhs.uk)

### **Trainees on Immigration Visa's at the end of training:**

We are aware towards the end of GP training many Visa holders may have obtained 3 years duration of residency in The U.K. but are often 2 years short of the 5 years residency necessary to apply for and be granted indefinite leave to remain.

Sponsorship of post training GP posts in General Practice was sometimes difficult in the past. The Flow charts below (see links) show how Welsh government have made this easier as we would ideally like all our lovely newly qualified GPs to stay with us in Wales if they want too by supporting our qualifying GP's and practices to achieve approved sponsored posts.

The process is outlined below:

#### **Complete Training GPST receives CCT and wants to continue working in a Practice in Wales**

Newly Qualified GP applies for post in GP Practice in Wales\*\*.

GP informs Practice Manager that they require sponsorship to commence in post

Contact NWSSP Practice Manager and GP inform NWSSP that sponsorship is required.

If Practice does not already have Sponsor Licence, NWSSP CoS Team will provide support with application Licence Application GP Practice applies for Sponsor Licence and Home Office approve within 8 weeks Provide Sponsorship When licence is set up, GP practice can provide Skilled Worker sponsorship to applicant who can then apply for visa to commence work

\*\* Current GP vacancies in Wales can be viewed via <https://gpwales.co.uk/>

**The full link for this flow diagram for trainees with the email/hyperlinks enabled is below**



GPST CoS Flyer.pdf

The following link below is for interested Practices

**ALL FEES PAID BY THE PRACTICE ARE CURRENTLY REIMBURSED BY WAG VIA NWSSP please note prior to future recruitment ads practices can apply for the reimbursable licence, the duration of the licence is 4 years its reimbursed regardless of the result of the recruitment.** This allows practices to ready for future recruitment.

Most trainees will only need it for 2 years as they can apply for indefinite leave to remain after 5 years (3 years training +2 years post qualification)



GP Practice CoS  
Flyer.pdf

**The final link provides for trainees and post qualification potential employing practices FAQ's re the Skilled worker certificate of sponsorship:**

**<https://nwssp.nhs.wales/ourservices/employment-services/employment-services-documents/skilled-worker-certificate-of-sponsorship/cos-frequently-asked-questions/>**

**Also information re CoS:**

- [NWSSP.CertificateofSponsorship@wales.nhs.uk](mailto:NWSSP.CertificateofSponsorship@wales.nhs.uk)

## **Contact Information**

There are additional support links and contact information through our introductory pack, below are listed the contact information of our Gwent and South Powys GP training scheme management team.

### **Course Administrator:**

Hannah Vimpany

[Hannah.vimpany@wales.nhs.uk](mailto:Hannah.vimpany@wales.nhs.uk)

Tel. 01873 732661

Education Centre, Nevill Hall, Hospital (for admin queries)

### **Programme Directors:**

#### **ST1 enquiries contact Gareth Jordan:**

[Gareth.jordan3@wales.nhs.uk](mailto:Gareth.jordan3@wales.nhs.uk) (viewed Tuesday, Wednesday, Friday)

Or [Gareth.jordan4@wales.nhs.uk](mailto:Gareth.jordan4@wales.nhs.uk) (viewed Thursday)

Tel: 01633 612438

Wellspring Medical Centre, Park Road, Pontymister, Risca, Gwent

#### **ST2 enquiries contact Sarah Neville:**

[Sarah.neville2@wales.nhs.uk](mailto:Sarah.neville2@wales.nhs.uk)

Tel: 01873 855991

Tudor Gate Surgery, Tudor Street, Abergavenny

#### **ST3 enquiries contact Julie Keely:**

[Keely.julie@yahoo.co.uk](mailto:Keely.julie@yahoo.co.uk)

Tel: 01874 622121

Brecon Medical Group Practice, Bridge St, Brecon

