Quality Standards for GP Posts in Secondary Care February 2025 (v3)

Introduction and background

Multiple guidance documents have been produced over the last few years to support GP specialty training in England, but the guidance can be challenging to navigate. GP registrars in secondary care have specific training needs, which may differ from PGDiTs in other specialties. This guidance has been produced to support secondary care providers in understanding the requirements of GP registrars in secondary care posts, and to signpost the associated supporting published evidence where this is needed to effect change.

Common questions about these standards, raised by secondary care providers, are discussed in more detail in the Appendix to this document.

All standards are mapped to the NHS Safe Learning Environment Charter (SLEC).

Quality Standards for GP Posts in Secondary Care		Published Evidence	Responsibility
QS 1	**Post selection:** GP registrars in secondary care should be allocated to approved posts commensurate with their phase of training and appropriate to the educational opportunities available in that post. Due consideration should be given to individual training requirements in placing registrars (particular attention should be given to the needs of less than full time trainees (LTFT)).	1, 2, 3, 4, 10, 11, 12, 15	Deanery
SLEC	**Teaching & learning needs** **Flexibility**		
QS 2	**Induction:** GP registrars in secondary care should have an appropriate induction into the Trust, the department and the training programme. This may include a specified period of supernumerary training and other tailored learning activities if the GP registrar is new to the NHS.	2, 3, 4, 9, 10, 11, 13	Trust & Deanery
SLEC	**Placement induction**		

QS 3	**Clinical Supervision:** **QS 3a:** GP registrars in secondary care should be allocated to an appropriately trained clinical supervisor who is not only accredited as a trainer with the GMC but has undergone additional training in the requirements of the GP training programme. **QS 3b:** The clinical supervisor should have sufficient job planned time to allow them to undertake the required training meetings and supervision sessions, and to deliver the assessments and training; this would usually be 1 hour (0.25 PA) per week. **QS 3c:** The clinical supervisor and their contact details should be notified to the PGDiT on the generic work schedule issued before the PGDiT starts in post. **QS 3d:** The registrar should meet the clinical supervisor within two weeks of commencing their post. The clinical supervisor should make themselves available to meet the registrar at this time, and should oversee the creation, by the registrar, of an Initial Placement Planning Meeting in the e-portfolio.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15	Trust
QS 3 and QS 4 now merged			
SLEC	**Supervision** **Respect & feeling valued** **Positive identity** **Wellbeing** **Raising concerns and speaking up** **Communication** **Teaching and learning needs** **Time and space for learning**		
QS 5	**Teaching:** GP registrars in secondary care should have at least two hours of facilitated formal 'on the job' teaching each week (on average) within their work schedule, in addition to any supervision time, self-directed learning or School-mandated training. For example, teaching ward rounds, department teaching, simulation training, specialty meetings, handover meetings, X-ray meetings, MDT meetings, mortality meetings etc. This time is pro-rata for 'In-contact' posts and LTFT trainees. In line with the Terms and Conditions of Service, exception reporting should be used for missed training opportunities.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Respect and feeling valued** **Time and space for learning** **Raising concerns and speaking up**		

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QS 6	**Self-directed learning time:** GP registrars in secondary care should have the opportunity and time in their work schedule to undertake self-directed learning and portfolio-related activities set out in the curriculum. This will require an average of four hours on-site protected learning time per week, which includes time for supervision meetings, reflections, e-learning, patient safety or quality improvement projects, attendance at procedural lists, and learning with the extended MDT. In line with the Terms and Conditions of Service, exception reporting should be used for missed self-development time.	1, 2, 3, 4, 9, 10, 12, 15, 16	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Respect and feeling valued** **Positive identity**		
QS 7	**Educational facilities:** GP registrars in secondary care should have access to educational facilities, including library and IT resources, for personal study, quality improvement and / or research and their work schedule should include protected time to allow for this (as in QS6 above).	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning**		
QS 8	**Study leave:** GP registrars in secondary care should be able to access funded study leave to meet their curricular needs. This includes attendance at regional face to face or remote structured teaching (HDR), which requires an average of four hours per week, and other programme-wide training events. To allow for annual leave, night shifts and rest days, a minimum of 70% attendance at these School-mandated sessions from registrars in secondary care posts is expected.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Wellbeing** **Respect and feeling valued** **Positive identity**		
QS 9	**Workplace Based Assessments:** GP registrars in secondary care should have the opportunity to complete the Workplace Based Assessments (WBAs) required by their current curriculum, which includes timely feedback on performance.	1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Supervision** **Positive identity**		

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QS 10	**Training opportunities - Simulation:** GP registrars in secondary care should have the opportunity to receive simulation training where it supports curriculum delivery	1, 2, 3, 4, 9, 10, 12, 15	Deanery & Trust
SLEC	**Teaching and learning needs** **Time and space for learning**		
QS 11	**Training opportunities - Capabilities:** GP registrars in secondary care should have the opportunity to develop the full range of Capabilities in Practice (CiPs) and Generic Professional Capabilities (GPCs), as defined by the current curriculum. The focus of the placement should reflect the areas for development identified in the Initial Placement Planning meeting and previous supervisor reports. A timely end of placement meeting should take place between the registrar and the clinical supervisor, with feedback and discussion of performance. This should inform a prompt and detailed Clinical Supervisor Report (CSR).	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Supervision** **Respect and feeling valued** **Positive identity** **Wellbeing** **Communication**		
QS 12	**Training opportunities – Consultant-led sessions:** GP registrars in secondary care should have the opportunity within their work schedule to attend three consultant-supervised sessions each week (on average). See QS 13 & 14 for further details of two of these generic sessions; the third will be specialty-specific e.g. procedural list, community session etc. This time is pro-rata for 'In-contact' posts and LTFT trainees. In line with the Terms and Conditions of Service, exception reporting should be used for missed training opportunities.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Supervision** **Respect and feeling valued** **Positive identity** **Wellbeing** **Communication**		
QS 13	**Training opportunities – Ward rounds:** GP registrars in secondary care should have the opportunity within their work schedule to attend at least one consultant ward round each week (on average) where appropriate for specialty.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning**		

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	Supervision **Respect and feeling valued** **Positive identity** **Wellbeing** **Communication**		
QS 14	**Training opportunities – Clinics:** GP registrars in secondary care should have the opportunity within their work schedule to attend at least one outpatient clinic or equivalent each fortnight (on average), where appropriate for placement.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Time and space for learning** **Supervision** **Respect and feeling valued** **Positive identity** **Wellbeing** **Communication**		
QS 15	**Training opportunities – Emergencies:** GP registrars in secondary care should have the opportunity within their work schedule to be involved with the management of patients presenting as an emergency at least once each week (on average), under supervision and appropriate to their level of training, where appropriate for the placement.	1, 2, 3, 4, 9, 10, 12, 15	Trust
SLEC	**Teaching and learning needs** **Supervision**		
QS 16	**Governance:** Departments hosting GP registrars in secondary care should have processes in place to allow multi-consultant and multi-professional feedback about PGDiTs (such as placement supervision groups, department faculty groups or equivalent). The feedback should inform the clinical supervisor report and multisource feedback report in the e-portfolio. The department faculty group should report any concerns about the quality of the training placement to the Director of Medical Education and to the TPD/Deanery Quality Team.	1, 2, 3, 4, 5, 6, 7, 10, 12, 13, 15	Trust
SLEC	**Supervision** **Communication** **Respect and feeling valued** **Positive identity** **Raising concerns and speaking up**		
QS 17	**Governance:** Departments hosting GP registrars in secondary care should be represented at the Trust's Medical Education Committee or equivalent to ensure robust educational governance of the training placement. The Medical Education Committee or	2, 3, 4, 10, 12	Trust

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	equivalent should report to the Trust Board for scrutiny and oversight of training in the organisation.		
SLEC	**Positive identity** **Respect and feeling valued** **Raising concerns and speaking up**		

Published Evidence for these Standards

1. RCGP Curriculum 15 May 2023
2. GMC *Promoting Excellence: Standards for Medical Education and Training* January 2016
3. *RGCP Promoting Excellence for General Practice: Application of GMC Standards to GP Specialty Training* v3.0 July 2022
4. NHS Education Funding Agreement April 2024-March 2027
5. HEE *Enhancing Supervision for Postgraduate Doctors in Training Handbook* 2019
6. HEE *Standards in Supervision* 2019
7. HEE *Enhancing Supervision for Postgraduate Doctors in Training Report* 2019
8. GMC *Recognition and Approval of Trainers*
9. NHS Doctors and Dentists in Training Terms and Conditions of Service 2016 v11 February 2023
10. HEE Education Quality Framework 2023
11. A Reference Guide for Postgraduate Foundation and Specialty Training in the UK (the 'Gold Guide') 10th Edition August 2024
12. RCGP and COGPED Guidance on the content of specialty training programmes in General Practice intended to lead to the award of a CCT Oct 2021
13. How to assess WPBAs: Guidance for assessors 19 Jan 2024
14. GP Specialty Training - an overview for secondary care supervisors eLfH April 2023
15. RCGP Curriculum 2025 with effect from 1 Aug 2025
16. COGPED Guide to the Training Week for GP Registrars and Trainers July 2024

Links updated February 2025

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Version control

v1 published October 2021

v2 published November 2022 with updated links to supporting evidence. No changes to the standards.

v3 published February 2025. Change to NHSE branding. Updated links to supporting evidence, addition of introductory paragraph and discussion of common questions. Update to new curriculum (due August 2025). Reduction in outpatient exposure requirement to align with other specialties. Merging of similar standards (QS3 and QS4 merged). Minor changes to wording of standards to provide improved clarity based on provider feedback.

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Appendix

Common questions about these standards

After initial publication of these standards in 2021, some common questions were raised by secondary care providers. These are discussed in more detail below.

QS3 – job planned time for clinical supervision in secondary care

The main point of discussion in this standard relates to the stipulation that the clinical supervisor of GP registrars in secondary care should be given 0.25 PA for supervision time. Many Trusts have blanket policies restricting job planned (paid) time to educational supervisors only. However, for GP registrars, their ES is not a Trust employee and is funded separately by NHSE, leaving the whole of the training post tariff available to fund clinical supervision for secondary care posts.

The Education Funding agreement 2024-2027 states “The general responsibilities of the Placement Provider in the provision of the postgraduate education services include that it will…allocate appropriate time for all relevant aspects of training that are within an individual consultant’s, and others delivering or assisting training, job plan” (Section 12.2)…“The Placement Provider’s Director of Medical Education (or nominated equivalent) will make formal recommendations on the numbers of programmed Services and/or sessions to be addressed in consultants’ and/or GP job plans as a minimum of 0.25 PA per Learner supervised.” (Section 12.37.2).

This is backed up by NHSE’s Standards in Supervision which is clear about the time each PGDiT needs and gives advice about how this could be split between ES and Named CS if necessary. Other standards are less clear on the time allocation, using terms such as ‘appropriate’ time for supervision in job plans (NHSE’s Quality Framework, the GMC Promoting Excellence Standards (Standard 4.2) and the AoME Standards for example).

Medical Education Leaders (formerly NACT) issued specific guidance of 0.25 PAs in 2015 (referenced by HEE/NHSE in their Educator Strategy (Priority 2)).This guidance is due to be refreshed in 2025. In preparation for this refresh, and as part of their Valuing Medical Educators Strategy, Med Ed Leaders included the same time allocation in their Standards of Best Practice for Valuing Medical Educators in 2023.

While there are strong arguments for providing time within job plans for named clinical supervisors in all specialties, this argument is particularly pertinent for GP registrars in secondary care posts, who have significant portfolio requirements but limited access to educational supervision. As the funding for this clinical supervision time is available within Trusts from the training tariff, there should be no reason why this is not provided for clinical supervisors of GP registrars.

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QS6 – self-directed learning time

Self-directed learning time (SDT) is in the GP curriculum and has clear learning outcomes associated with this activity across the full range of capabilities. SDT is **in addition to** the half-day release (HDR) long-established as part of the specialty training programme (see QS8). As a curricular requirement, GP registrars can expect this time as part of their contract, and this has been made clear by both NHS Employers, COGPED and the BMA.

Prior to the 2019 curriculum, SDT was only a requirement in a GP practice placement, and therefore historically this has not been given in secondary care placements, however this updated curricular requirement applies to all GP registrars irrespective of their training post.

NHSE recognises the challenges this poses for Trusts and departments, particularly as other Foundation and specialty PGDiTs will have similar SDT needs, but as a contractual obligation, Trusts would be expected to work towards providing this. SDT is part of working time, not study leave or annual leave, and Trusts could expect PGDiTs to undertake this activity predominantly on-site, if appropriate facilities were provided to do this.

Trusts might find the BMA/COGPED guidance on appropriate activities for clinical vs educational time helpful; while aimed at GP practice placements these principles are transferable to secondary care.

QS8 – study leave/curriculum delivery

As is long-established practice, GP registrars should be released from their wards and departments where possible to participate in structured specialty teaching. This usually consists of half a day release per week (‘HDR’), but there may be occasional full-day, whole School events. As the teaching programme becomes more streamlined across regions, some Trusts and departments may have to make changes to previously long-held practices so that registrars can attend this teaching every week. HDR comes out of the registrars’ study leave allowance. For pragmatic reasons, attendance expectation from secondary care posts has been set at 70% (akin to other specialty training programmes) to allow for night shifts, rest days and leave.

QS14 – outpatient attendance

The RCGP curriculum states: “hospital-based training posts should be configured to enable GP registrars to gain sufficient experience in relevant outpatient clinics and other non-ward environments.” One clinic, MDT or community visit a fortnight would be a reasonable exposure, where appropriate for specialty, and aligns with other specialty training programmes. Some (but not all) of this experience can be gained during SDT.

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