

## Summary of Key Aspects of the GP Training Posts in Somerset

*To be used in the Trainees induction at Somerset practices and as a reference throughout the placement.*

**Trainee:** \_\_\_\_\_

**Practice Lead:** \_\_\_\_\_

**Placement Period:** \_\_\_\_\_

**Induction date:** \_\_\_\_\_

The aim of the placement is to complete the training of the GP specialist trainee to be a GP principal but also to prepare the Trainee for working as a GP (clinically and as a business-owner) once the scheme is complete.

This means providing support and training on the organisational, employment and business aspects of being a GP, as well as enabling the trainee to work at the pace of a GP. This means providing the right balance of education as well as real experience – including all of the (reasonable) demands made of a GP. The transition from GP registrar to being a GP can be quite daunting, so it is about equipping them with enough experience and confidence to be competent with this transition.

Trainees are now one of the practice staff, so be sure to cover all areas of the induction you would provide for any other new member of the practice. It is important to set expectations as you would with any other employee. They may be supernumerary in funding, but this should not reflect how they are treated.

### **Employment Relationship:**

There is national and local recognition that the entire scheme period would be better covered in a contract by a single employer on behalf of the Deanery to cover all GP and Hospital posts, with honorary contracts in the various placements. However, this is not yet in place. So, in the meantime, the GP practice, Deanery and GP Trainee are in a triangular employment/support structure.

In the practice GP trainer will be planning the trainee's learning experience with the practice. The Deanery communicates, trains, and liaises with the GP trainer in the first instance, as they are seen to be the trainee's line manager. Practice Managers usually perform the HR role in the practice. It is important that you correctly identify the line manager in your practice so that, if any problems occur, it is clear who is responsible for managing and resolving it effectively. The more Practice Managers and the GP trainer work together – and liaise with the Deanery where appropriate - the better the training experience will be for all involved.

The Practice Manager and GP trainer work together to manage and support the Trainee

The line manager for this Trainee is: \_\_\_\_\_

The GP trainer for this Trainee is: \_\_\_\_\_

### **At the start of the placement**

#### **Contracts**

- For all GP placements you will need to use the [BMA approved trainee contract](#) to employ your trainee.

- For Deanery placements ensure you have signed an [SLA with the Severn Deanery](#)
- It is also useful to issue a covering offer letter and include the standard practice terms of employment as a reference. Bear in mind the BMA contract overrides any overlapping sections.

### Personnel file

Keep the usual personnel files – this includes:

- Correspondence
- Other – Next of Kin, Risk Assessments, Induction Documents
- Payroll, Variation Forms, Expense Claims, Removal Expenses
- Contract, Change of Terms and Conditions, Job Description
- CV, Application Form, Interview Documentation
- Qualifications
- References – CRB review date
- Identity Checks, Clearances
- Sickness Absence
- Leave (Annual/Special/Parental Maternity)
- PDR/PDP
- Training

### Things to check

Before a trainee starts with you check:

- The trainee has completed and returned a [PAY 1](#) form to the Deanery
- The trainee is registered on a performers list
- Contracts are ready for signing
- An induction is planned for the trainee
- The PCT has received occupational health clearance for the trainee
- If the trainee is not on the Medical Performers List check what the trainee can undertake through a grace period by contacting your PCT / relevant board.
- The PCT has obtained CRB clearance for the trainee.

### Payment

PCTs will know a lot about a GP trainee before they start training with the practice as they calculate the trainee's salary, leave, and pension, and they register the trainee on the Medical Performer's List. This is calculated through continuing NHS employment, therefore entitlements (except annual leave) carry over between placements. The PCT should confirm this information with you, but get in touch with your PCT if you have not had the information you need before the trainee commences training with you.

PCTs obtain information in two ways.

1. They liaise with the trainee's previous employer through a staff transfer form or equivalent in order to confirm the above.
2. They use information provided by trainee [PAY1](#) forms in the case of new trainees and [PAY2](#) forms in the case of trainees in post with changing circumstances

If there are any changes to the trainee's hours, the trainee needs to complete a [PAY 2](#) form in order to inform the PCT. This should be copied to the practice.

### Trainee Working Hours

GP ST [contract](#) states that "The normal working week (excluding out-of-hours training) will comprise of 10 sessions. The nominal length of a session is 4 hours". Therefore the Trainee works for 40 hours per week.

The contract also states that "a degree of flexibility may be required from time to time in order to meet your training needs" Their contract doesn't state when those sessions start

and end, i.e. it doesn't state 9-5, and so could (and should, if it is educationally valuable) include extended hours – for example working a Saturday morning if the practice does this but having a half day in lieu that week.

Trainees can insist on 10x4 hour sessions per week as per their contract. However, supervisors usually adjust hours to suit the practice's working patterns, which means learning and supervision can be maximised. Most trainees agree to a work pattern that maps to the practice as the longer days will provide a half-day off in lieu.

Two examples of working weeks are as follows:

Example 1

	Morning Surgery	Lunch	Visits (2)	Afternoon Surgery
Monday	8.30-12.30	12.30-1.30	1.30 – 2.30	2.30 – 5.30
Tuesday	8.30-12.30	12.30-1.30	1.30 – 2.30	2.30 – 5.30
Wednesday	8.30-12.30	12.30-1.30	VTS Scheme	
Thursday	8.30-12.30	12.30-1.30	1.30 – 2.30	2.30 – 5.30
Friday	8.30-12.30	12.30-1.30	1.30 – 2.30	2.30 – 5.30

Example 2

	Morning Surgery	Lunch	Visits (2)	Afternoon Surgery
Monday	8-12.30	12.30-1.30	1.30 – 2.30	2.30 – 6.30
Tuesday	8-12.30	12.30-1.30	1.30 – 2.30	2.30 – 6.30
Wednesday	8-12.30	12.30-1.30	Day Release Scheme 2.00 – 5.pm	
Thursday	8-12.30	12.30-1.30	1.30 – 2.30	2.30 – 6.30
Friday	8- 12.00		Half day	

Note, for the purposes of the timetable, tutorials and joint surgeries are omitted but would be included in the surgery times.

The working week and work plan, should consider:

- Length of appointments and how these will be reduced down to shorter appointments as they become more competent. (SEE BELOW)
- Number of appointments to be completed per week, gradually building this up over time.
- Telephone Calls and Triage - building these up over time.
- On call – starting with shadowing GPs and then running their own GP on call sessions with support from another GP.
- Home Visits – consider when to give registrars home visits
- Protected Tutorial Time – with their own trainer, other GPs, other practice staff
- Private study (attending a hospital clinic, audit or project work)
- Study leave (courses for examinations etc)
- If the Day Release programme is not being held that week – the GPST would be expected to work in the practice

## Home Visits

Undertaking home visits is an important part of the learning provided in practice. It is reasonable to ask the Trainee to undertake one to two visits every day even if this means that other doctors in the practice do not visit on that day.

## Mileage

There are very complicated rules around mileage. The trainee submits claims and the PCT approve and pay them accordingly. It is essential that the Trainee understand what they can claim and thus avoid any potential for fraud allegations.

## Consultation Length

Consultation lengths will depend on the trainee's ability. **ST1 and ST2 trainees will likely take longer initially.** It will vary on an individual basis, and will depend on what your supervisors have planned for the trainee. It is very important that the trainee gradually decreases their appointment length to the average length of ten minutes before they finish their ST3 placement. This is likely to correspond to an increase in the number of appointments. It may be useful to table prompts as to when a reduction may be considered.

## On-call

Again, it is important that the Trainee gets a full experience of being a GP and so should undertake on-call sessions. When the trainee commences these will vary on an individual basis but it may be useful to timetable prompts as to when this should be considered.

## Out of Hours

The ST3 Trainee must undertake 72 hours of OOH training in their year placement. ST1/2 trainees must also do OOH training pro rata, details to be found on the deanery website: [http://primarycare.severndeanery.org/information\\_for\\_trainees/out\\_of\\_hours\\_training](http://primarycare.severndeanery.org/information_for_trainees/out_of_hours_training) This is to be undertaken in their own time. The Trainee is not permitted to have a paid day off following an out of hours shift (unless they take it as holiday etc). They must have 11 hours off after a shift but they should accommodate this when they book their session.

## Private work

As the trainee needs to learn all aspects of being a GP, they should undertake all aspects of the work. This includes a reasonable amount of private medicals and so on. The funding of which remains in the practice.

## Trainee Absence and Leave

Trainees should be made aware of your local leave policies as part of their induction and ensure that they are reminded of these if any episodes of absence occur. This includes participation in any 'return to work' interviews already in place and so on. The trainee should inform the practice, the PCT and the Deanery of any absence as soon as it practicable (before surgery for the practice).

## Annual Leave

Annual entitlement is dependant on the trainee's joining date but is confirmed and advised to the GP practice by the PCT. It is based on the [BMA-approved contract template](#) all Practices are required to use when taking on trainees.

- Each Trainee is entitled to twenty five days holiday a year, this is pro-rata for those who work less than a year and the number of days will be calculated pro-rata for those that work less than full time. Trainees who, as a result of their longer service in the NHS, are on pay scale 03 and above are entitled to an extra five days leave.

- Annual leave entitlement should be clarified at the start of the placement on a pro rata basis of period of placement.
- It may be useful to note the annual leave here: \_\_\_\_\_
- Registrars are supernumerary to GP practices but still need to submit annual leave requests in a timely fashion to Practice Managers so appointments etc can be managed. Trainees should comply with the practice leave request policy e.g. at least 4 weeks prior notice.
- Trainees cannot bring forward untaken leave from prior placements and cannot carry leave forward to future placements. It is not the practice's responsibility to ensure trainees take leave owing from previous employment.

## Study Leave

Annual entitlement is dependant on the trainee's joining date but is confirmed and advised to the GP practice by the PCT. It is based on the [BMA-approved contract template](#) all Practices are required to use when taking on trainees.

The annual study leave allocation is pro rata for shorter periods or part time training. Those who work less than full time should complete a calendar year of half day release course sessions, attendance after that being at the discretion of the trainee, educational supervisor and Training Programme Director.

Practices should confirm what a trainee's entitlement is with them at the start of the placement.

- Annual entitlement is 30 days for ST1/2 trainees and 40 days for ST3
- Details about study leave entitlement can be found on the Severn Deanery website: [http://primarycare.severn deanery.org/information\\_for\\_trainees/leave\\_information\\_and\\_the\\_working\\_week](http://primarycare.severn deanery.org/information_for_trainees/leave_information_and_the_working_week) and from the local patch office (Somerset – Penny Bridges [penny.bridges@ydh.nhs.uk](mailto:penny.bridges@ydh.nhs.uk) (See attachments – Allowances Letter/Study Leave Forms)
- All study leave applications should be sent by the trainee to the local patch office using the deanery forms (see attachments) for authorisation from the local patch Associate Postgraduate Dean
- 50% entitlement is for internal study leave – which is for day release. There are forty half days of compulsory education (attendance must be above 70% of these to complete the ST3 year), this includes morning group work, whole day sessions, single days or residential two days course. During ST3, these forty half days are to be spent in Trainer approved study.
- 50% entitlement is for external study leave – subject to supervisor approval and dependant on registrars identified training needs. Personal study and study for additional skills will be in study leave. The Trainee has access to Educational Trusts around the Deanery, (not just in their own patch) in addition to Deanery arranged sessions and courses in family planning, child health etc. It is assumed that the Trainee will identify their learning needs with their Trainer and document them on their PDP. They will then identify a suitable session to fulfil this need and have the necessary study leave agreed by the Trainer. Teaching provided by the practice will not require study leave but any period of private study or work in study groups would, if agreed, be part of Trainer approved study. All other sessions will be based in the practice undertaking work within the curriculum.
- It may help to clarify how much study leave a trainee has remaining during their induction. This data is also held in the Deanery electronic database. If you want to check whether your trainee still has study leave available please contact your patch administrator who keeps records on the central deanery database.
- It may be useful to note the number of days study leave here: \_\_\_\_\_
- All study leave needs to be requested prior to the date of leave by completion of a formal study leave form, signed by the supervisor and submitted to the deanery

where a formal record is kept (with the trainee giving a copy to the Practice Manager).

- The Trainee should follow the practice policy for requesting study leave e.g. six weeks notice. If a trainee does not apply for this leave before taking it, it is likely they are in breach of practice policies on taking leave. They are also in breach of the Deanery study leave policy, which could have serious educational ramifications.
- If an educational session – such as the half day release, patch tutorial or an external training event – does not run or is cancelled, the trainee should attend the practice instead. If the trainee does not return to the practice this could expose the trainee to allegations of fraud. Taking this time as annual leave or personal study may be granted by the supervisor but this must be done in advance (or as soon as practicable if a sudden cancellation).

### **Other leave**

- The RCGP will allow time off from the training programme for sickness absence, jury service, maternity leave or paternity leave, or carer's leave in accordance with the contractual arrangements with the current employer.
- Trainees must first seek advice and agreement from the Director of Postgraduate Education if they need to take maternity/paternity leave, have to attend jury service or are absent due to sickness or the taking of carer's leave. Managing compliance with absence from training is a function of deaneries.
- The total, aggregated allowance for sickness absence, jury service and or maternity/paternity leave must not exceed one week in any post, up to a maximum of two weeks in a twelve month training period, and six weeks over the three-year training period (Please note that one year would be a calendar year beginning from programme start date).
- Any sickness and/or jury service and/or maternity/paternity leave and/or carer's leave taken in excess of this must be made up in full, but not necessarily in the speciality or post where the absence occurred. (Note that although this is the instructions from the RCGP discussions are currently taking place around the one week in any post rule and the Deanery currently feel that two weeks is more appropriate). Trainees should confirm with the RCGP and their deanery that their plans to make up lost time will mean that their programme of training conforms, on completion, with regulatory requirements.
- The local patch office (for Somerset – Penny Bridges: [penny.bridges@ydh.nhs.uk](mailto:penny.bridges@ydh.nhs.uk)) must be notified of any sickness absence so that a record over the 3 year training period can be kept. This is the Trainees responsibility but it would be useful if practices also did this – perhaps as part of their monthly payroll process.
- Trainees may require an extension to training for longer periods of absence (absences of over two weeks).

### **Maternity Leave**

A trainee who goes on maternity leave continues to be employed by that employer while on leave, even if the period of leave extends beyond their placement.

- Qualifying criteria for SMP is:-
  - Being employed by you in the 15th week before expected date of delivery (EDD) and
  - must have been in continuous employment in that practice for the 26 weeks up to and including the 15th week before EDD
- Trainee rotations are continuous employment for occupational purposes such as NHS pensions but are not counted as continuous employment for SMP under revenue & Customs rules
- Registrar employees who are not eligible for SMP from any of their employees may be entitled to maternity allowance – but need to complete a Form MAT1 and obtain

Form SMP1 from each of their employers and then apply for maternity allowance from Jobcentre Plus ([www.direct.gov.uk](http://www.direct.gov.uk))

- Registrars must advise their Practice Managers and the Primary Care Organisation GP Payments officer of any maternity allowance granted as this affects calculations of reimbursement to the practice from the Primary Care Organisation.
- The local patch office must also be informed of any pregnancies so that extensions to rotations/training periods etc can be made. The Trainee is responsible for doing this but it would also be helpful if the practice also notified the office.

### **Compassionate Leave**

Any compassionate leave should be reported to the [GP Support Manager](#) at the Deanery outlining the personal circumstances of each case. The Trainee should also inform the Practice Manager and PCT.

### **Management and wider learning opportunities**

Learning opportunities will come in many forms, trainees should be involved with:

- taking part in audits
- feeding back at significant event meetings
- managing complaints
- attending meetings (internal and external)
- involvement in projects with the practice manager.
- Practice management training

### **Management Tutorials**

As a Practice Manager, you have valuable knowledge you can share with your trainee to help them become better GPs. Many Practice Managers run tutorials for their trainees covering the following topic areas:

- Understanding the role of a Practice Manager, and what a good relationship between PM and GP looks like,
- How to manage finances,
- How to manage people,
- How to manage premises
- The NHS organisations a politics in primary care
- How to manage, negotiate and monitor practice contracts, and meet QOF targets
- What is required when buying in to a practice

### **At the end of a Training Placement**

Treat the trainee like any other employee who is due to resign. In addition the following tips may be helpful:

- Ensure the trainee has informed the Primary Care Organisation, especially if this is an ST3 placement and the trainee is due to complete training.
- Refer them to the [PCT ticklist](#) for more information.
- Ensure any leave owing is settled
- Ensure the trainee has completed any handover activity for the work they have undertaken and for any activity outlined in local policy
- Close the employee file and ensure it is archived according to local policy