

East Midlands Office

Additional employment of GP Specialty Registrars on general practice training programmes

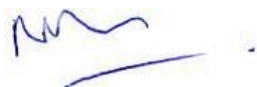
It has been noted that a number of GP StRs are undertaking other employment whilst on their general practice training programme. Examples include OOH care at local hospices, locum consultant employment and other OOH trust employment.

This paper outlines HEE EM's position.

- Whole time GP StRs are primarily employed in training grades and the Lead Employer, host organisations and HEE EM expect that other commitments will not interfere with their ability to fulfil their work duties and their commitment to learning and assessments.
- Less than full-time GP StRs would be expected to honour the arrangements that necessitated part-time working. Thus other employment would not be acceptable unless this was the reason for flexible training (which would be exceptional).
- The primary employer will reasonably expect the GP StR to fulfil the requirements of EWTR. Whilst it is possible for GP StRs to opt out of the total hours requirements, it is not possible to opt out of the obligatory rest periods. This includes not covering locums with the NHS or any agency during annual leave as this is classified as a work free period. In completing EWTR surveys GP StRs should include all employment. HEE and the Lead Employer will regard any negative impact of other employment on educational opportunities as unacceptable. (For example the requirement that there be no formal educational sessions if an employee works past midnight would not be an acceptable reason for a GP StR missing tutorials, half-day release or other courses.) The Lead Employer may consider disciplinary action against anyone who breaches the EWTR.
- GP StRs **must** make their GP trainers as employers and their educational supervisors aware of all work related activity and for them to be cognisant of its effect on training.
- It is the duty of the GP StR throughout their training programme to at all times present themselves in a fit condition for training. If this were considered not to be the case the GP Dean would need to consider this as a training / performance issue.
- If a doctor were to need to apply for an extension to training due to failure to pass MRCGP assessments, the GP Dean would need to consider all relevant facts, such as whether a GP StR has put them self in a position to have reasonably completed their assessments within the allotted period.
- We believe that the general practice training programme is taxing given the short timescale, and that professional development includes self-directed learning and reflection outside of normal working time. GP StRs need to ensure sufficient rest periods to enable reflection and permit documentation of learning within the e-portfolio. Such reflection engenders deep learning which is required to sustain GP StRs for future professional practice.
- Unless they already hold a CCT (formerly CCST) in a speciality, then GP StRs may only work in a supervised capacity and they cannot work in primary care in any capacity except as a GP StR.

We would therefore encourage all GP StRs to seriously consider the detrimental effect of their training before undertaking other employment.

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