



East Midlands Healthcare Workforce Deanery

# General Practice Out of Hours Training for GP Specialty Registrars 2012

This guidance is based on the COGPED OOH Policy Documents 2007 & 2010, Trent Deanery Guidance 2008, LNR Deanery Guidance, DOH Guidance to PCTs (Gateway Ref 3073), European Working Time Directive, RCGP Report on OOH training Sept 2011, meetings of GP Specialty Programmes and OOH providers, and agreed guidance at meetings of the Associate Postgraduate Deans in the East Midlands Healthcare Workforce Deanery.

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Start Date	March 2009
Interim Update	Nov 2009
Review Date	March 2010
Review Date	August 2012

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## **INTRODUCTION**

1. Emergency and unscheduled work remains an essential component of General Practice and it is important that GPStRs continue to gain this experience in their training.
2. All GPStRs are required to demonstrate that they are, by the end of their training, competent to practice independently in all areas of general practice. This includes emergency and unscheduled work both during the normal working week and in and an out of hours (OOH) situation. Without such demonstration they will not be eligible for a certificate of completion of training (CCT) in General Practice.
3. OOH training must be planned and seen as an integral part of the overall educational experience of GP training.

## DEFINITION OF OUT OF HOURS

4. The GMS contract defines the normal working day and week for general practice to be between 0800 and 18.30 Monday to Friday (52.5 hours). For the purpose of GPStR out of hours training, "Out of Hours" is therefore defined as emergency and unscheduled work undertaken between 1830 and 0800 hours Monday to Friday, and all day and night on weekends and bank holidays.

### Emergency & Unscheduled work "in-hours"

Some OOH Providers in the Deanery area, are providing an "OOH service" within the normal working day either on a regular basis or on an occasional planned basis such as providing cover to the training practice for Protected Learning Time Events. GPStRs can only count time working for the OOH provider in these circumstances as long as

- (a) practices have closed and handed patient care to the OOH provider, and
- (b) the total hours worked outside the GMS definition constitutes *no more than one sixth* the total required hours for the three year training programme.

### Scheduled work in the "Out of Hours" period

Many training practices are now providing *Extended Hours* of service outside the above definition of the normal working week. GPStRs working *Extended Hours* (either in their own training practice or other approved practice) cannot normally regard this as supervised OOH training, or count these hours as part of their OOH training.

GPStRs working OOH in a practice that is regularly open outside the normal GMS hours and at weekends (eg an 8-8 centre) cannot count these hours as part of their OOH training unless the local GP Training Programme & the Deanery have agreed that the centre is suitable for OOH training.

## RESPONSIBILITIES

5. The **GPSt Registrar** is responsible for organising their OOH training sessions, regularly updating and maintaining their e-portfolio and attaining both sufficient experience and the required OOH competencies within their planned GP training period.
6. The **GP Trainer** has overall responsibility for the education and management of the GPStR's OOH experiences, directing learning, assessing the GPR, using the e-portfolio during the GPStR's primary care training period, and for confirming that the GPR has attained the appropriate competences covering OOH work. The GP Trainer is not required to work OOH themselves or provide OOH training personally.
7. The **GP Educational Supervisor** is responsible for reviewing and monitoring the GPStR's primary care out of hours training throughout the their training programme.
8. The **Deanery**, via the locality specialty **Programme Director**, is responsible for the training of clinical supervisors and monitoring the quality assurance of out of hours training.
9. **PCTs** are responsible for organizing and providing OOH services for Primary Care, whether this is contracted out to independent OOH providers or organized by the PCT directly, Explicit DOH guidance in 2004 stipulates that this should include provision for the training of GPStRs. (*DOH Gateway Ref 3073 – Appendix 6*). PCT Chief Executives and SHAs were reminded of this in December 2009 (*DOH Gateway Ref 13196 – Appendix 6*)
10. The **OOH Providers**, through their contractual agreements with the PCTs, will be responsible for the direct provision of out of hours training for GPStR's as commissioned within their contract.
11. The **OOH Clinical Supervisors** are responsible for providing work place based supervision and debriefing including completion of the Deanery "*Record of Out of Hours Session*" forms (*Appendix 2*), and if appropriate, the e-portfolio assessment forms.

## OOH TRAINING REQUIREMENTS FOR GPStRs

12. **A GPStR will be expected to complete a minimum of six hours of supervised OOH work per full time calendar month of GP (Primary Care) training.** This will apply to any post where the GPStR is contracted to a GP Trainer in a Training Practice. The full six hour requirement will apply to innovative training posts (ITPs) where the primary care component of training may be less than full time.
13. The hours requirement does not have to be completed on a month by month basis – for example a GPStR commencing their first post in general practice may not be expected to do six hours OOH training in the first month; however **the Deanery strongly recommends that GPStRs complete their hours requirement by the end of each GP post.** For example a GPStR doing a 4 month GP post would be expected therefore to have completed a minimum of 24 hours of OOH training on completion of that attachment.
14. GPStRs unable to complete their required hours of OOH training in post can “catch up” their hours in a subsequent GP post but will need to be aware that it is their responsibility to complete their total hours requirement in time for their final Annual Review (ARCP) which usually takes place 2 months before the end of their training, which means that there is already an element of “catch up” for all GPStRs in their ST3 year.
15. GPStRs are contractually able to undertake GP OOH training only when contracted to an approved trainer, so they cannot catch up or undertake any GP OOH training whilst in a secondary care post.
16. GPStRs undertaking less than full time training linked to an extended training period will have their OOH training requirement adjusted pro rata so that they complete their total requirement over the agreed extended period of GP training.
17. All OOH work for GPStRs should comply with the European Working Time Directive (EWTD).

## **OOH TRAINING & THE EUROPEAN WORKING TIME DIRECTIVE (EWTD)**

17. The EWTD was extended to include doctors in training and the provisions have been phased in with a maximum hours requirement reducing from 58 hours in 2004 to 56 hours from August 2007 and to 48 hours from August 2009. (*See Appendix 1 "Implications of the Working Time Regulations for GPRs"*).
18. East Midlands Deanery expects that all GPStR training should be compliant with the current EWTD.
19. It is the responsibility of the GP trainer to monitor the workload and timetable of their GPStR to ensure that there is compliance with the EWTD.
20. Programme Directors need to ensure that their Trainers are aware of the requirements of EWTD especially with regard to maximum hours worked per week, maximum hours worked per day and its implications on OOH activity

## **SESSIONS AND VENUES**

22. Availability of OOH session times will depend on agreed local arrangements between the OOH Provider (OOHP) and the appropriate Programme Directors.
23. Programme Directors need to work closely with their OOH Provider to ensure that
  - a) there is a reliable and robust system available for GPStRs to book OOH sessions with their OOHP
  - b) there is sufficient flexibility in the provision of OOH sessions to enable GPStRs to carry over hours if the demand for supervised sessions exceeds what is available.
24. GPStRs should be encouraged to work a variety of differing shifts such as a mix of week nights and weekend sessions
25. It is desirable that GPStRs have experience of the different activities provided by the OOH service and venues, to include sessions in the OOH Centre, telephone triage and home visiting
26. It is recommended that the hours worked by a GPStR should follow the EWTD of no greater than 13 hours "continuous work allowed". OOH sessions will need to be arranged so that the 13 hour rule is not breached. Time spent travelling to or from the OOH Centre is not regarded as working time.
27. A GPStR working, for example, a full day starting at 9am followed by an OOH session will need to complete their 13 hours maximum (to include appropriate rest periods) at 10pm to ensure that they have the minimum of 11 hours rest if they were expected start work the next day at 9am.
28. Trainers and Programme Directors will need to ensure that GPStRs are aware that the finish time of a week night OOH session does not adversely affect next day training or work

activities.

29. OOH work overnight (after midnight) should not be undertaken the night before any organized daytime activity to comply with the EWTD, but the value of overnight working should not be overlooked.
30. Taking into account the EWTD and the need to minimize disruption of the normal working week, it is suggested that OOH sessions undertaken during the week be not more than 3 hours, and that longer sessions or overnight sessions are arranged during weekends. However longer sessions can be worked on a week night only if the training practice agrees to shorten the working day to comply with the EWTD.
31. Secondary Care placements (such as Accident & Emergency Departments) are not normally acceptable venues as they do not represent a true experience of Primary Care OOH responsibility unless the GP OOH Centre happens to be sited within the A&E Department.
32. Experience in an NHS Walk-In Center would be useful as part of a range of acceptable venues as long as the GPStR is supervised according to Deanery requirements and that pure NHS Walk-In Center clinical activity does not constitute a significant proportion of their OOH Training

## **SUPERVISION**

33. The GPStR will work under the supervision of a Deanery approved OOH Clinical Supervisor (OOH-CS) and undertake tasks to a level to which the CS is personally responsible.
34. Clinical supervision at its most basic ensures the quality of care and patients' safety. However the Deanery expects the clinical supervisor to have additional skills to that of being a proficient professional and these include the ability to teach, observe, assess and feedback to learners. In this context the Deanery expects all OOH supervision to be undertaken only by those who have undergone clinical supervision training unless they are listed in one of the categories in (35), as already having these skills.
35. An OOH Clinical Supervisor can be any suitably qualified health professional who has undertaken a Deanery approved OOH Supervisors Training Course.

An approved GP Trainer or Associate GP Trainer does not need to attend Supervisor Training to be able to supervise GPStR's OOH activity.

36. At all times when the GPStR is undertaking OOH clinical activity supervised by a trained health professional who is not a doctor, the GPStR must be able to seek advice from a doctor on the Performers List and request their attendance if they deem it necessary. Therefore there must be such a doctor available at all times when a GPStR is involved in such clinical activity in the OOH environment.
37. The GPStR is a fully qualified doctor undergoing training to become a General Practitioner. They are not able to undertake an unsupervised role and must remain supernumerary to the core service of the OOH Provider
38. Sufficient time must be planned and set aside after and/or during the session for discussion and feedback between the OOH-CS and GPStR of work undertaken and cases seen
39. Clinical Supervision Training will be provided and funded by the Deanery through the



Programme Directors. The Deanery is currently able to make a payment to potential Clinical Supervisors for attendance at a Supervision Training session. Payment is also available for conducting the training session. The Deanery recommends that training sessions are run, and reviewed by the local PDs and/or a senior GP trainer working for the OOH provider.

40. Training of Clinical Supervisors should be subject to a regular review by those running the training session. The Deanery recommends that newly trained OOH-CSs should have a review training session 3 months after they commence supervision, and that all supervisors (except approved trainers and associate trainers) attend re-training every 2 years.
41. Programme Directors and OOH providers should work closely to provide and monitor the levels of supervision available to GPStRs. This will depend on the learning environment, the availability of supervisors and the learning needs of the GPStR. The trainer will retain ultimate responsibility for deciding on the appropriate level of supervised clinical responsibility to be undertaken by the GPStR and for communicating this to the OOH provider. In order to ensure that appropriate clinical sessions are allocated, a three tiered system of allocation is recommended as follows;
  - RED (Direct Supervision): GPStR supervised directly by the OOH-CS and takes no clinical responsibility. Examples of RED sessions might include Induction into the workings of the OOH provider, observation of NHS Direct, or attending a training course in telephone triage.
  - AMBER (Close Supervision): GPStR consults independently but with the OOH-CS close at hand e.g. in the same building. Most OOH training is likely to be AMBER sessions
  - GREEN (Remote Supervision): GPStR consults independently and remotely from the OOH-CS, who is available by telephone. An example of a GREEN session would be a session “in the car” supervised by the clinical supervising GP “at base”. In order to be considered competent in OOH care, GPStRs will normally be undertaking green sessions by the end of their training period and green sessions should aim to provide the GPStR with a safe but authentic experience of working independently out of hours.

## **CONTRACT AND PAYMENTS**

42. There will be an Honorary Contract between the GPStR and the OOH provider. (*Appendix 4 for example contract*). The contract will need to be signed by the GPStR, and an appropriate representative of the OOH provider (eg medical director) on behalf of their Clinical Supervisors.
43. It is expected that the honorary contract will be signed and completed before the GPStR undertakes their first OOH session, and would remain valid for every GP post that the GPStR undertakes with that provider during the entire period of that GPStR’s training programme.
44. GPStR’s contractual salary from their training practice includes payment for OOH work
45. Travel expenses to and from an OOH provider are not eligible for reimbursement.
46. There will be no cost to the OOH provider for the GPStR’s time and work. Some OOH providers make an enhanced payment for Registrar supervision to Clinical Supervisors working for the provider. This cost will need to be met from within the OOH provider’s budget and be agreed locally.

## DOCUMENTATION AND FEEDBACK

47. GPStRs should demonstrate their competence in the provision of OOH care. The six generic competencies embedded in the Curriculum Statement 7 on “*Care of Acutely ill people*”, are defined as
- 1) Ability to manage common medical, surgical and psychiatric emergencies in the OOH setting
  - 2) Understanding of the organizational aspects of NHS OOH care
  - 3) Ability to make appropriate referrals to hospitals and other professionals in the OOH setting
  - 4) Demonstration of communication skills required for OOH care
  - 5) Individual personal time and stress management
  - 6) Maintenance of personal security and awareness and management of the security risks to others
48. GPStRs are responsible for recording each of their OOH sessions in their e-portfolio. The entry should be tagged against at least one curriculum statement heading, and in the case of an OOH session this would usually be statement 7. The OOH entries should be “shared” with their Educational Supervisor (ES). These entries and the competencies achieved will be formally reviewed by their ES at regular intervals throughout the GPStR’s training programme.
49. All OOH sessions should have a “*Record of Out of Hours Session*” form (see Appendix 2) completed and signed by the Clinical Supervisor. **It is the GPStR’s responsibility to ensure that the form is completed for each session attended, that the form clearly states the number of hours in the session and that it is scanned into the e-portfolio against the relevant OOH entry.** The form should also be shared with the GP trainer as evidence of attendance, and can be useful to debrief the GPStR on their OOH activity. In the unlikely event that an OOH-CS has serious concerns that he/she is unable or unwilling to record on the form, there should be a mechanism whereby the OOH-CS is able to contact the trainer or Programme Director to make them aware of their concerns.
50. GPStRs are also encouraged to use an appropriate OOH case for a Case Based Discussion (CBD) entry in their e-portfolio. In these circumstances the OOH Clinical Supervisor will be able to make the appropriate joint entry in the GPStR’s e-portfolio.
51. Programme Directors should have documentation of feedback on a regular basis, preferably annually, from GPStRs regarding the organizational aspects of their GP OOH experience. Feedback items should include the availability of sessions, ease of booking, level of clinical supervision, range of OOH learning environments and learning opportunities.
52. Programme Directors should ensure there are robust systems in place for obtaining information from their OOH provider for monitoring OOH training activity by all GPStRs on their programme. This should help to inform PDs about factors such as GPStR’s attendance at booked sessions, confirmation of number of hours completed, and help resolve any problems that the providers may be having with GPStRs.

## **QUALITY ASSURANCE & MONITORING OF OUT OF HOURS PROVISION**

53. The Deanery is responsible for the quality assurance of GPStR's OOH training. PCTS are responsible for ensuring that OOH services they provide, either contractually or directly themselves, includes the provision of OOH training for GPStRs. DOH guidance requires *"PCTS to work closely with the postgraduate Deaneries in establishing clinical and educational governance standards for training in OOH and assuring the quality of training in the OOH organizations "*
54. As part of the quality assurance process, there will be an annual visit to every OOH provider. The attached *Quality Assurance Monitoring Form (Appendix 3)* will form the basis for the visit which will involve the Associate Postgraduate Dean (APD) for the area, the local Programme Director and an appropriate representative from the OOH provider. The format will be similar to visits currently undertaken to training practices – the OOH providers will comment and provide any evidence that may be required for the various standards listed on the quality assurance document. There is a listed explanation of the essential and desirable standards in the attached document (*Appendix 5*) *"GP OOH Training – Clinical and Educational Governance"*.
55. The Quality Assurance Monitoring Form should form the basis of the annual report. Programme Directors should work closely with the OOH providers and implement any recommendations from the report. Copies of the report should be forwarded to the PCT, the appropriate Head of the GP Academy at the Deanery, and the Deanery Lead APD for Out of Hours

## KEY POINTS FOR OOH CLINICAL SUPERVISORS (OOH-CS)

- The OOH-CS is responsible for providing work place based supervision and debriefing including completion of the Deanery “*Record of Out of Hours Session*” forms, and if appropriate, the e-portfolio assessment forms.
- The GPStR doing OOH work will be supervised by a Deanery approved OOH-CS and undertake tasks to a level to which the OOH-CS is personally responsible.
- Clinical supervision at its most basic ensures the quality of care and patients’ safety. The Deanery expects the OOH-CS to have additional skills to that of being a proficient professional and these include the ability to teach, observe, assess and feedback to learners. In this context the Deanery expects all OOH supervision to be undertaken only by those who have undergone clinical supervision training unless they are listed in one of the categories (listed below), as already having these skills.
- An OOH-CS can be any suitably qualified health professional who has undertaken a Deanery approved OOH Supervisors Training Course.
- OOH Clinical Supervision can be provided by the following **without the need for Supervisor Training**:
  - a) an approved GP Trainer
  - b) an approved Associate Trainer
- At all times when the GPStR is undertaking OOH clinical activity supervised by an OOH-CS who is not a doctor, the GPStR must be able to seek advice from a doctor on the Performers List and request their attendance if they deem it necessary. Therefore there must be such a doctor available when a GPR is involved in such clinical activity in the OOH environment.
- Sufficient time must be planned and set aside after and/or during the session for discussion and feedback between the OOH-CS and GPStR of work undertaken and cases seen
- Clinical Supervision Training will be provided and funded by the Deanery through the Programme Directors. The Deanery is currently able to make a payment to potential and current OOH-CSs for attendance at a Supervision Training session.
- The Deanery recommends that newly trained OOH-CSs should have a review training session 3 months after they commence supervision, and that all supervisors (except approved GP trainers or associate trainers) attend re-training every 2 years.
- OOH-CSs should encourage GPStRs in the ST3 year to undertake more “Green Supervision” sessions to better prepare them for independent practice.

## KEY POINTS FOR OOH PROVIDERS (OOHPs)

- OOHPs, through their contractual agreements with the PCTs, will be responsible for the direct provision of out of hours training for GPStR's as commissioned within their contract.
- The GPStR is a fully qualified doctor undergoing training to become a General Practitioner and is not able to undertake an unsupervised role for the OOH Provider.
- GPStRs are supernumerary to the core service of the OOH Provider
- OOHPs should work closely with the locality Programme Directors to provide and monitor the levels of supervision available to GPStRs
- There should be an Honorary Contract between the OOHP and the GPStR provider. (*Appendix 4 for example contract*).
- There should be no extra cost to the Deanery for the GPStR's time and work for the OOHP.
- OOH providers may make an enhanced payment to Clinical Supervisors working for the provider for the additional service provision of supervision. This enhanced payment is at the discretion of the OOHP and will need to be met from within the OOH provider's budget.
- There will be an annual Deanery visit to the OOHP. It is recommended that The *Quality Assurance Monitoring Form (Appendix 3)* will form the basis for the visit which will involve the Associate Postgraduate Dean (APD) for the area, the local GP Programme Director and an appropriate representative from the OOHP. The OOHP should comment and provide any evidence that may be required for the various standards listed on the quality assurance document. There is a listed explanation of the essential and desirable standards in the attached document (*Appendix 5*) "*GP OOH Training – Clinical and Educational Governance*".
- The *Quality Assurance Monitoring Form* should form the basis of an annual report following the visit. Programme Directors should work closely with the OOH providers and implement any recommendations from the report. Copies of the report should be forwarded to the PCT, the appropriate Head of GP Academy and the Deanery Lead APD for Out of Hours.

## KEY POINTS FOR GP PROGRAMME DIRECTORS

- Programme Directors, on behalf of the Deanery, are responsible for monitoring the quality assurance of out of hours training, in their Locality Programme
- Programme Directors should work closely with their OOH Provider(s) to:
  1. ensure there are sufficient supervised sessions available for their GPStRs. This should include appropriate flexibility to enable GPStRs to catch-up sessions if demand exceeds availability of sessions
  2. ensure that there is a reliable and robust system for GPStRs to book their OOH sessions with the OOHP
  3. ensure there are systems in place for obtaining information from their OOH provider for monitoring OOH training activity by all GPStRs on their programme, including for example factors such as GPStR's attendance at booked sessions and confirmation of number of hours completed, and help resolve any problems that the providers may be having with particular GPStRs.
  4. ensure there are systems in place to help resolve problems that OOHPs may be having with the general supervision of GPStRs
  5. organise OOH Clinical Supervisor training as recommended in this guidance. This would be particularly important where OOHPs are unable to offer GPStRs sufficient sessions supervised by GP Trainers
- Programme Directors need to make their Trainers aware of the requirements of the EWTD especially with regard to maximum hours worked per week, maximum hours worked per day, and its implications for daytime and OOH work
- GP Training Programmes should obtain feedback from their GPStRs on a regular basis, preferably annually, regarding the organizational aspects of their GP OOH experience. Feedback items should include the availability of sessions, ease of booking, level of clinical supervision, range of OOH learning environments and learning opportunities. This will help to inform the annual quality assurance visit to the OOHP.
- Programme Directors should arrange an annual visit to their OOH provider(s) using the *Quality Assurance Monitoring Form (Appendix 3)* and the *GP Training in OOH care; Clinical and Educational Governance document (Appendix 5)* as the basis for the visit which should ideally include an Associate Postgraduate Dean (APD). Feedback from the GPStRs should be provided to the OOHP. A report from the annual visit should be submitted to the appropriate Head of Academy who should monitor that any recommendations from the report are implemented

## KEY POINTS FOR GP TRAINERS & EDUCATIONAL SUPERVISORS

- The GP Trainer has overall responsibility for the education and management of the GPStR's OOH experiences, directing learning, assessing the GPR, using the e-portfolio during the GPStR's primary care training period, and for confirming that the GPR has attained the appropriate competences covering OOH work.
- The GP Trainer is not required to work OOH themselves or provide OOH training personally.
- East Midlands Deanery expects that all GPStR training should be compliant with the EWTD of 48 hours from August 2009.
- It is the responsibility of the GP trainer to monitor the workload and timetable of their GPStR to ensure that there is compliance with the EWTD.
- Trainers will need to ensure that their GPStR is aware that the finish time of a week night OOH session does not adversely affect next day training or work activities.
- OOH work overnight (after midnight) should not be undertaken the night before any organized activity to comply with the EWTD, but the value of overnight working should not be overlooked.
- Taking into account the EWTD and the need to minimize disruption of the normal working week, it is suggested that OOH sessions undertaken during the week be not more than 3 hours, and that longer sessions or overnight sessions are arranged during weekends. However longer sessions can be worked by a GPStR on a week night but GPStRs need to be aware that this can only be undertaken if the Trainer agrees to shorten the working day to comply with the EWTD.
- GP Trainers should debrief their GPStR on their recent OOH activity. This should ideally be done using the "*Record of OOH activity*" form which the GPStR should have completed and signed by the OOH Clinical Supervisor after each OOH session. The form will be used by the GPStR, the Trainer/Educational Supervisor and the Programme as evidence of attendance.
- Trainers need to ensure that GPStRs complete as much as possible of their expected hours for their GP post, and bring this to the attention of the Educational Supervisor if there is a shortfall in the required hours during the ST1 and ST2 years.

## KEY POINTS FOR GPStRs

- The GPStR is responsible for organizing their OOH training sessions, regularly updating and maintaining the OOH aspects of their e-portfolio and attaining both sufficient experience and the required OOH competencies within their planned GP training period.
- A GPStR will be expected to complete a minimum of six hours of supervised OOH work per full time calendar month of GP (Primary Care) training. This will apply to any post where the GPStR is contracted to a GP Trainer in a Training Practice. The six hour requirement will also apply to any innovative training posts (ITPs) where the GP component of daytime training may be less than full time.
- The hours requirement does not have to be completed on a month by month basis. However the Deanery strongly recommends that GPStRs complete their hours requirement by the end of each GP post. For example a GPStR doing a 4 month GP post would be expected therefore to have completed a minimum of 24 hours of OOH training on completion of that attachment.
- GPStRs unable to complete their required hours of OOH training in post can “catch up” their hours in a subsequent GP post but will need to be aware that it is their responsibility to complete their total hours requirement in time for their final Annual Review (ARCP) which usually takes place 2 months before the end of their training, which means that there is already an element of “catch up” for all GPStRs in their ST3 year.
- GPStRs are contractually unable to catch up or undertake any GP OOH training whilst in a secondary care post.
- GPStRs undertaking less than full time training linked to an extended training period will have their OOH training requirement adjusted pro rata so that they complete their total requirement over the agreed extended period of GP training
- When organizing their sessions, GPStRs should work a variety of differing shifts such as a mix of week nights and weekend sessions
- It is desirable that GPStRs have experience of the different activities provided by the OOH service and venues, to include sessions in the OOH Centre, telephone triage and home visiting
- GPStRs need to be made aware of the requirements of the EWTD by their Trainer/Training Practice. When booking sessions they need to obtain agreement from their Trainer that for example a week night OOH session does not adversely affect next day training or work activities, and that any overnight (after midnight) work should not be undertaken the night before any organized activity.
- GPStRs are responsible for ensuring that at the end of every OOH session a “*Record of Out of Hours Session*” form (see Appendix 2) is completed and signed by their OOH Clinical Supervisor. The form should state the number of hours in the session. This form is evidence of their attendance, and shared with their Trainer and Educational Supervisor.
- GPStRs cannot complete their training without the required OOH experience. **Extension to training will not be granted on the basis that the GPStR has not completed the required hours.** It is therefore vital that GPStRs fully engage with OOH training and do so in good time to successfully exit from GP Specialty training.



# Implications of the Working Time Regulations for GP registrars

## Background

The Working Time Regulations were introduced in the UK in 1998, in line with the European Working Time Directive. Doctors in training have been subject to weekly working time limits since August 2004, although these are being phased in over a five year period. The rest requirements of the Working Time Regulations have applied in full to doctors in training since August 2004.

## Implications for GP registrars

Two main points of the Working Time Regulations are particularly relevant to GP registrars:

1. **The imposition of an average maximum working week of 58-hours.** This will be further reduced to 56 hours from 1 August 2007 and to 48 hours from 1 August 2009.

It is important to note that these working week requirements are based on the average number of working hours over a reference period of up to 6 months (26 weeks). We feel it is unlikely that GP registrars will exceed the maximum average working week requirements, even when this is reduced to 48 hours. However, these requirements should be considered when planning the registrar's timetable.

2. **Stipulation that employees may only work for a maximum of 13 hours at a time and that they are then entitled to a minimum of 11 hours rest, which must be taken before the next period of work.** [Employees are also entitled to a rest break of 20 minutes in every 6-hours worked at a stretch.]

These regulations will have the most impact when registrars are gaining out-of-hours experience. If the registrar were to work all day in the practice, and then do an out-of-hours shift in the evening, there may be a breach of the maximum length of work (13 hours). If the registrar were to work again the following morning there may also be a breach of the rest requirements (11 hours before the next period of work). This means that if GP registrars are to do out-of-hours sessions on weekdays, they may need to be given some of the morning off on the day of and the day after the out-of-hours session. If a doctor is performing a night shift they should not be expected to work in the practice 11 hours before or after the shift.

## What is 'working time'?

The definition of working time includes:

- 1 any period during which you are working at your employer's disposal and carrying out your activity or duties (including travelling where it is part of the job and working lunches)
- 2 any period during which you are receiving relevant training
- 3 any additional period which is to be treated as working time for the purpose of the Regulations under a relevant agreement
- 4 'on-call' time or out-of-hours training when you are required to be at your place of work. [If you are permitted to be away from the workplace and are accordingly free to pursue leisure activities, on-call time is not defined as working time.]

## The opt-out clause

It is possible for an employee to opt-out of elements of the Working Time Regulations, providing this is entirely voluntary. The opt-out, however, only applies to total hours of work. It is not possible to opt-out of rest requirements. If you wish to opt-out you need to sign an opt-out agreement with your employer. You are free to cancel any opt-out agreements within the agreed period of notice, which cannot be longer than three months long. **The BMA would not advise any doctors in training posts to opt-out of the Working Time Regulations.**

## Compensatory rest

In a number of specific circumstances, including those relating to patient care, the European Working Time Directive allows employers to exclude the provisions in relation to length of night work, daily rest, weekly rest and rest breaks (without employee opt-out) if compensatory rest is provided. There has been prolonged

discussion about the implementation of this element of the legislation and the BMA is still awaiting clarification. Updates can be found at [www.bma.org.uk/ewtd](http://www.bma.org.uk/ewtd)

## Liability

Liability in the case of a breach of the Working Time Requirements lies solely with the employer (training practice). Each breach risks a fine of £5,000 from the Health and Safety Executive. As yet, no fines have been imposed with respect to doctors in training, despite breaches still being relatively common in some hospital environments.

As long as the registrar has suitable membership of a medical defence organisation, and considers themselves “fit” to work, there is not currently thought to be any excess liability associated with a breach of the Working Time Regulations with regards to medicolegal complaints.

If your job is not compliant with the Working Time Regulations you should contact the BMA on 0870 6060828 for advice.

For more detailed information on the Working Time Regulations as they apply to all workers see [www.dti.gov.uk/er/work\\_time\\_regs/wtr\\_guide.pdf](http://www.dti.gov.uk/er/work_time_regs/wtr_guide.pdf)

Detailed information on how these regulations affect junior doctors working in a hospital environment can be found at [www.bma.org.uk/ap.nsf/Content/TimesUp](http://www.bma.org.uk/ap.nsf/Content/TimesUp)

GPStR NAME:

**APPENDIX 2**

GMC Number:

LOCATION OF OOH SESSION:

**RECORD OF OUT OF HOURS SESSION**

*Photocopy for each session attended. When completed scan into e-portfolio.*

<b>Type of session (e.g. base doctor, visiting doctor, telephone triage minor injuries centre) .....</b>
<b>Date of session..... Time of session and length (hours).....</b>
<b>Type of cases seen and significant events</b>
<b>Competencies demonstrated</b>
<b>Learning areas and needs identified</b>
<b>Debriefing notes from OOH Clinical Supervisor</b>
<b>Signature of OOH Clinical Supervisor .....Date.....</b> <b>Name:</b> <b>GMC No:</b> <b>Contact Phone:</b>

## **Out-of-hours Training for GP Specialty Registrars: Quality Assurance Monitoring Form**

**OOH Provider:**

**Date of Visit:**

- § In accordance with national agreement, deaneries have a responsibility to quality assure the training received by registrars in out-of-hours care.
- § This quality assurance monitoring form has been designed for use with out-of-hours care providers.
- § The form will be used as the basis of an annual review meeting between a Deanery representative, usually the local Programme Director, and the out-of-hours care provider.
- § Prior to the annual review meeting, data relating to training in out-of-hours care will be collated by the Programme Director from GP Specialty registrar feedback.
- § Out-of-hours care providers are asked to comment on each of the quality standards and present supporting evidence at the annual review meeting.
- § Paragraph numbers refer to the document *General Practice Training in Out-of-hours Care: Clinical and Educational Governance*

<b>Standard</b>	<b>Comment</b>	<b><u>Evidence to be presented</u></b>
<b>1. Clinical standards</b>		
<i>The Out-of-hours Provider and/or Primary Care Trust will provide:</i>		
1.1 A workload that will enable trainees to acquire adequate clinical experience across the full range of age and disease.		
1.2 Written protocols on record keeping.		
1.3 A system of induction for all new staff.		
1.4 A system of audit of workload and practice that enables quality of care to be monitored and practice reviewed, as part of clinical governance.		

<p>1.5 A system of critical incident reporting, analysis and feedback.</p>		
<p>1.6 A system of information that enables the members of the OOH team to keep up to date with clinical and administrative matters relevant to OOH work.</p>		
<p>1.7 An appropriate range of diagnostic and therapeutic equipment for static and mobile use.</p>		
<p>1.8 An appropriate range and quantity of drugs for emergency and OOH use.</p>		
<p>1.9 Adequate secretarial and support staff to run the OOH system and encompass training.</p>		
<p>1.10 Effective and efficient management and administration systems.</p> <p>1.11 Evidence of good team working.</p>		

1.12 An appropriate method of responding to patient comments and complaints and evidence that patients are involved in the organisation and development of the service ( <i>desirable</i> ).		
1.13 Methods of monitoring prescribing as an important part of the audit process and a formulary or prescribing policy including a statement on how the formulary is reviewed and implemented ( <i>desirable</i> ).		
1.14 Registers and indices that can be used for teaching, research and audit ( <i>desirable</i> ).		

**2. Educational standards**

*The Out-of-hours Provider and/or Primary Care Trust will provide:*

2.1 Sufficient consulting rooms so that the GP trainee and clinical supervisor can consult during the same session.		
2.2 An appropriate clinical supervisor for the whole of the trainee's shift.		
2.3 Sufficient time within the session for teaching, feedback and completion of paperwork.		

<p>2.4 Sufficient transport so that the GP trainee and clinical supervisor can travel together as required on home visits.</p>		
<p>2.5 A reliable method of transferring records of education to the trainee's GP trainer. Normally this will entail completion of the "Record of Out-of-hours Session"</p>		
<p>2.6 Opportunities for trainees to learn from and about management and administration systems.</p>		
<p>2.7 Opportunities for trainees to appreciate how computerisation can contribute to clinical and organisational work in OOH (<i>desirable</i>).</p>		
<p>2.8 An environment that encourages multi-professional learning.</p>		

**3. Clinical supervision standards** *The Out-of-hours Provider and/or Primary Care Trust will ensure that:*

<p>3.3 All clinical supervisors must be qualified to teach although they will not necessarily require the educational expertise required of GP trainers. (Suitability is defined in guidance attached).</p>		
<p>3.4 Where non-GPs are involved as educational supervisors, they will only supervise red sessions i.e. where the trainee takes no clinical responsibility.</p>		
<p>3.6 There is a system of review, the purpose of which is to help clinical supervisors to reflect upon and develop their educational skills (<i>desirable</i>).</p>		

**4. Administration standards** *The Out-of-hours Provider and/or Primary Care Trust will ensure that:*

<p>4.1 There is an administrative system that ensures that trainees are allotted clinical responsibility commensurate with their experience and competence.</p>		
<p>4.3 No trainee is expected to undertake an out-of hours session without appropriate supervision.</p>		
<p>A meeting is held annually with deanery representative to review the above quality standards.</p>		



**Summary of feedback from GP registrars**

**Highlights**

**Recommendations**

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Signed on behalf of the out-of-hours  
provider

Signed on behalf of the Deanery

Date

*The deanery representative should ensure that the out-of-hours care provider receives a copy of this form which should then be returned to:*

The Head of the appropriate GP Academy, East Midlands Deanery

The OOH Lead Associate Postgraduate Dean, East Midlands Deanery.

### Clinical Supervisor - Honorary Contract

**Honorary contract between GP Specialty trainee (GPStR) and their Primary Care Out Of Hours Service Clinical Supervisors on behalf of the Out of Hours Service Providers ( Primary Care Clinical Supervisor).**

This Agreement is made on \_\_\_\_\_ [Date]  
between \_\_\_\_\_  
\_\_\_\_\_  
(Primary Care Clinical Supervisor/OOH Medical Directors)  
and \_\_\_\_\_  
(GP Specialty trainee (GPStR))

The terms and conditions of this honorary contract are as follows:

- A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC)
- B. Primary Care Clinical Supervisors will be so recognised by the East Midlands Healthcare Workforce Deanery
- C. This contract will cover the OOH training experience component of GP Specialty training programme. It will form part of the supplementary regulations enabling that training period.
- D. This document will act as a supplementary/honorary contract between the above parties. A host GP Training Practice within the deanery will hold their principal contract for the duration of the OOH training experience.

#### General

- 1 The Primary Care Clinical Supervisor will supervise the period of OOH training experience within General Practice for the purpose of teaching and advising on all matters relating to OOH service for a period from \_\_\_\_\_ [date placement commences] unless this agreement is previously terminated under the provision of clause 2.
- 2 This agreement is subject to the contract of employment for the GPStR which will be held by the employing GP training practice.
- 3 GPStR's salary will be paid by the host GP Training Practice at the agreed rates as determined by the contract of employment.
- 4 Both parties will become and remain members of a recognised medical defence body at their own expense for the period of this agreement. The GPStR must ensure that they take out the cover for the time they are working in general practice.
- 5 a) The GPStR will not be required to perform duties which will result in the receipt by the provider of private income.  
b) Any specific or pecuniary legacy or gift of a specific chattel, if appropriately given, shall be the personal property of the GPStR.
- 6 a) The hours worked by the GPStR in the OOH service, and regular periods of tuition and assessment will comply with the requirements set out in the contract of employment, be agreed between the Primary Care Clinical Supervisor and the GPStR and make provision for any educational programme organised and advised by the Deanery.

- b) The hours of work shall comply with the Working Time Regulations 1998 as amended from time to time, and the European Working Time Directive.
  - c) The GPStR is supernumerary to the usual work of the OOH Service Providers.
  - d) The GPStR may be offered the opportunity to accompany their Primary Care Clinical Supervisor or another member of the OOH team on community/A&E Department and home visits.
  - e) The GPStR should not be used as a substitute for a locum GP in the OOH Service.
  - f) Time spent in OOH Service by the GPStR should be based on timetable/Rota agreed in advance, and should be commensurate with the terms of the contract of employment and agreement of the GP training practice.
- 7 a) The GPStR is entitled to approved study leave to attend Deanery educational sessions and any other educational activity considered appropriate by the GP Programme Director.
- b) If the GPStR is absent due to sickness, they must inform the OOH Service as early as possible on the first day of the sickness. Statutory documentation shall be provided as required for any illness. Any accident or injury arising out of the GPStR's working in the OOH Service must be reported to the OOH Manager, duty doctor in the OOH Service or the GP Trainer/ GP Programme Director.
- 8 a) The OOH Service/ Primary Care Clinical Supervisor will ensure or organise any message taking facilities that will be required for the GPStR to fulfill their duty requirements.
- b) The Primary Care Clinical Supervisor will provide cover or arrange for suitably qualified cover to advise the GPStR while he/she is working in the OOH Service at all times.
  - c) The GPStR shall undertake to care for, be responsible for and, if necessary, replace and return any equipment that may have been supplied by the OOH Service or Primary Care Clinical Supervisor at the end of the training session/period.
  - d) The GPStR will apply himself/herself diligently to the educational programme and service commitments and other matter as directed by the Primary Care Clinical Supervisor in accordance with the advice of the Deanery GP Programme and its Directors.
  - e) The GPStR will keep an educational log and records as part of collecting evidence to be verified by Primary Care Clinical Supervisor such that they may be able to enter to their e-Portfolio as required. These records will enable them to fulfill any requirements of the Annual Review Competence Progression Panel (ARCP), for appraisal process, and or for assessment in their GP Specialty training Programme.
  - f) The GPStR shall keep proper records of attendances or visits by and to any patients in handwritten or electronic format as advised by their Primary Care Clinical Supervisor.
  - g) The GPStR shall preserve the confidentiality of the affairs of the Primary Care Clinical Supervisor, of the other workforce members in OOH service, of the patients and all matters connected with the OOH Service. The exception shall be where information may be required by the GP Postgraduate Dean or their nominated officer.

- h) The GPStR will make suitable provision for transporting themselves in order to arrive on time to carry out the above duties satisfactorily.

9 Any dispute between the GPStR and the Primary Care Clinical Supervisor should be brought to the attention of the GP Trainer in the first instance, and then the GP Programme Director. If the matter cannot be resolved at this level it will then proceed through the appropriate Deanery channels.

10 The terms of this contract will be subject to the terms of service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.

I have read and understand the terms of this honorary contract

Name	[GPStR]
Signature	
Date	
In the presence of	[Witness Name]
Signature	
Date	
Name	[Primary Care Clinical Supervisor/OOH Medical Director]
Signature	
Date	
In the presence of	[Witness Name]
Signature	
Date	

## **General Practice Training in Out of Hours Care: Clinical and Educational Governance**

This document sets out the governance arrangements relating to the training of General Practice Specialty Registrars (GP StRs) in Out of Hours (OOH) care. This guidance should be read in conjunction with the Committee of General Practice Education Directors (COGPED) Position Paper on the out of Hours Training of GP Registrars,

The guidance covers the following issues:

- Clinical standards
- Educational standards
- Clinical and clinical supervision
- Ensuring appropriate clinical experience
- Indemnity and liability

*All standards listed are 'essential' unless otherwise specified. It is expected that, over time, criteria currently labelled 'desirable' will become 'essential'. Providers should therefore aspire to meet all criteria.*

### **1. Clinical standards**

*The Out of Hours Provider and / or Primary Care Trust will provide the following:*

- 1.1 A workload that will enable GPStRs to acquire adequate clinical experience across the full range of age and disease.
- 1.2 Written protocols on record keeping.
- 1.3 A system of induction for all new staff.
- 1.4 A system of audit of workload and practice that enables quality of care to be monitored and practice reviewed, as part of clinical governance.
- 1.5 A system of critical incident reporting, analysis and feedback.
- 1.6 A system of information that enables the members of the OOH team to keep up to date with clinical and administrative matters relevant to OOH work. This may be provided in the form of books, newsletters, journals and access to electronic information. Standard reference information must be available either in book or electronic form as appropriate. There must be easily available static facilities to access electronic information services including access to the internet.
- 1.7 An appropriate range of diagnostic and therapeutic equipment for static and mobile use.
- 1.8 An appropriate range and quantity of drugs for emergency and OOH use.
- 1.9 Adequate secretarial and support staff to run the OOH system and encompass training.
- 1.10 Effective and efficient management and administration systems.
- 1.11 Evidence of good team working.

- 1.12 An appropriate method of responding to patient comments and complaints and evidence that patients are involved in the organisation and development of the service (*desirable*).
- 1.13 Methods of monitoring prescribing as an important part of the audit process and a formulary or prescribing policy including a statement on how the formulary is reviewed and implemented (*desirable*).
- 1.14 Registers and indices that can be used for teaching, research and audit (*desirable*).
- 1.15 Continuing performance review as an established practice (e.g. appraisal system). (*desirable*).

## **2. Educational standards** *The Out of Hours Provider and/or Primary Care*

*Trust will provide the following:*

- 2.1 Sufficient consulting rooms so that the GPStR and clinical supervisor can consult during the same session.
- 2.2 An appropriate clinical supervisor for the whole of the GPStR's shift.
- 2.3 Sufficient time within the session for teaching, feedback and completion of paperwork.
- 2.4 Appropriate transport so that the GPStR and clinical supervisor can travel together as required on home visits.
- 2.5 A reliable method of transferring records of education to the GPStR's GP trainer. Normally this will entail completion of the "Record of Out of Hours Session" sheet which is available as an appendix to this guidance document
- 2.6 Opportunities for GPStRs to learn from and about management and administration systems.
- 2.7 Opportunities for GPStRs to appreciate how computerisation can contribute to clinical and organisational work in OOH (*desirable*).
- 2.8 An environment that encourages multi-professional learning.

## **3. Clinical and Clinical Supervisors**

- 3.1 The clinical supervisor is responsible to the Deanery:
  - Supporting the GPStR so that she/he can provide the appropriate standard of care.
  - Helping the GPStR to gain appropriate educational benefit from each encounter.
  - Providing feedback on the GPStR's performance and learning needs to the trainer.
- 3.2 Clinical supervisors must help GPStRs to take on all the responsibilities of GPs, to make diagnostic and management decisions like GPs and to undertake all the medical and medico-legal roles of GPs. This can only be done if the clinical supervisor is a GP. This should normally be the case.
- 3.3 All clinical supervisors must be able to teach although they will not necessarily require the educational expertise required of GP trainers: Those considered fit to be clinical supervisors are detailed in point (35) of this guidance document.

- 3.4 Where non-GPs are involved as clinical supervisors, they will only supervise 'red' sessions.
- 3.5 The non-GP clinical supervisor has the same responsibilities for clinical and educational governance within the bounds set by their profession. The GP clinical supervisor must have the time and opportunity to discuss aspects of the case pertaining to general practice after the event.
- 3.6 The OOH Provider should also have a system of review, the purpose of which is to help clinical supervisors to reflect upon and develop their educational skills (*desirable*).

#### **4. Ensuring appropriate clinical experience**

- 4.1 The OOH Provider will have an administrative system that ensures that GPStRs are allotted clinical responsibility commensurate with their experience and competence.
- 4.2 The trainer will retain ultimate responsibility for deciding on the appropriate level of supervised clinical responsibility to be undertaken by the GPStR and for communicating this information to the OOH Provider.
- 4.3 In order to ensure that appropriate clinical sessions are allocated, a three tiered system of allocation is recommended corresponding to the traffic light colours; red, amber and green, as stated in the guidance document attached.
- 4.4 In order to be considered competent in Out of Hours care, GPStRs should normally be undertaking green sessions by the end of their training period.
- 4.5 It is expected that 'green' sessions will play an integral part of the rota of the OOH Provider and should aim to provide the GPStR with a safe but authentic experience of working independently Out of Hours.

#### **5. Indemnity and liability**

- 5.1 GPStRs in general practice will be subject to the normal processes of clinical governance, GMC regulations and civil law.
- 5.2 Each doctor will carry their own professional insurance and medical indemnity organizations have indicated that a GP registrar's standard membership will provide indemnity for work undertaken during OOH training.





**PRIMARY CARE**  
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**To PCT Chief Executives (cc SHA Chief Executives)**

28 April 2004

Dear Chief Executive,

**OUT OF HOURS TRAINING FOR GP REGISTRARS (Gateway Ref 3073)**

**Purpose**

This letter is to draw your attention to a position paper from the Committee of General Practice Education Directors (COGPED) setting out how GP Registrars (GPRs) are to continue to receive training in out of hours (OOH) care where their training practice has opted-out.

**Action**

PCTs will need to discuss with their local GP Postgraduate Deanery the OOH training opportunities that are needed for GPRs and take steps to ensure they can be delivered through the new arrangements they are putting in place to provide OOH services. Arrangements need to be in place as soon as training practices opt-out. Advice and help will be provided by Deaneries

**COGPED Paper "Out of Hours (OOH) Training for GP Registrars"**

It is a requirement of the Joint Committee on the Postgraduate Training of GPs (JCPTGP), that GPRs must successfully complete training in OOH care as part of their overall training to become a fully qualified GP.

At present, GPRs typically undergo this training within their Trainer's practice, or by assisting Trainers fulfil their commitments to a GP OOH co-operative or other OOH provider. This will no longer be possible where GPRs are being trained in practices that opt-out of providing OOH services.

After consulting the General Practitioners Committee (GPC) and other stakeholders, COGPED has produced a paper "Out of Hours (OOH) Training for GP Registrars" setting out a process by which GPRs can continue to receive the OOH training they require. The paper has been endorsed by the JCPTGP. It is available at [http://www.gpkss.ac.uk/who/deanery/zfr\\_policy.htm](http://www.gpkss.ac.uk/who/deanery/zfr_policy.htm)

In summary:

- where GP Trainers' practices have opted-out of OOH care, GPRs will be able gain OOH training by working sessions for OOH providers (e.g. GP co-operatives) approved for the purpose by the Director of Postgraduate GP Education (DPGPE);
- their work be supervised by other clinicians working for the OOH provider, who have had training to fulfil that role ("clinical supervisors");
- while training in the OOH provider, GPRs will work under their normal contract of employment with their GP Trainer. They will not be entitled to any remuneration from the OOH provider itself;
- GP Trainers will remain responsible for the overall supervision of GPRs' learning experiences, and for certifying that required OOH training has successfully been completed, using feedback from clinical supervisors. Because Trainers retain overall responsibility, the GP Trainer Grant will be paid in full whether or not the Trainer's practice has opted-out of OOH services.

### **Responsibilities of PCTs, GP Postgraduate Deaneries and GP Trainers**

Implementation of the arrangements set out in the COGPED paper will require co-operation between DPGPEs, GP Trainers, OOH providers and PCTs (as commissioners or providers of OOH services).

DPGPEs will:

- identify the training opportunities required in their area and discuss with PCTs how those opportunities can be made available;
- fund and support training for clinical supervisors;
- quality assure the provision of GPR training in OOH providers.

GP Trainers will:

- help DPGPEs and PCTs identify the training opportunities required;
- arrange placements for their GPRs with approved OOH providers, free of charge to those providers.

PCTs will:

- discuss with DPGPEs and GP Trainers what training opportunities are required;
- discuss and agree with their OOH providers how those training opportunities can be provided;
- or (where providing OOH services themselves) make arrangements for offering training under the supervision of appropriately trained clinical supervisors.

Where one PCT is commissioning (or providing) OOH services on behalf of other PCTs, it may make sense for it also to lead on discussions with DPGPEs. Where two or more PCTs are commissioning OOH services from the same provider, they may wish to work jointly to agree arrangements for GPR training.

To ensure that GPR training is not interrupted, new arrangements for OOH training will need to be in place as soon as local GP Training practices opt-out of OOH responsibility.

Successfully implementing new arrangements will not only help to ensure that GPRs are able to complete their training, but should have longer term benefits for PCTs and OOH providers in recruiting GPs.

For queries about this letter or the COGPED paper please contact your local DPGPE. Details at <http://www.copmed.org.uk/Deaneries/details.html>. DPGPEs will also be writing to GP Trainers to

inform them of the new arrangements. Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gary Belfield', with a large, sweeping flourish at the end.

**Gary Belfield**  
**Head of Primary Care**

17<sup>th</sup> December 2009

Clare Chapman

*Director General Workforce  
for the NHS and Social Care  
Richmond House 79  
Whitehall London SW1A 2NS*

020 7210 5314  
[clare.chapman@dh.gsi.gov.uk](mailto:clare.chapman@dh.gsi.gov.uk)

**To PCT Chief Executives (cc SHA Chief Executives)**

Dear Chief Executive,

**OUT OF HOURS TRAINING FOR GP REGISTRARS (Gateway Ref: 13196)**

**Purpose**

This letter is to draw your attention to PCTs' responsibility to commission increased GP Out of Hours (OOH) training to reflect the recent extension of training undertaken in GP practices from 12 to 18 months. Following this extension, the capacity for OOH training effectively needs to be increased by 50%, but GP Directors are reporting this increase has not been realised.

**Action**

PCTs will need to discuss with their local GP Postgraduate Deanery the increase in OOH opportunities that are needed for GP Registrars (GPRs) and take measures to ensure they can be delivered through arrangements currently in place to provide OOH services.

**Background**

In 2004, the Committee of General Practice Education Directors (COGPED) wrote a position paper setting out how GPRs are to continue to receive training in OOH care where their training practice has opted-out. This paper was updated in 2007, and can be found at:

<http://www.cogped.org.uk/page.php?id=199>

The Department also circulated a letter in April 2004 (Gateway Ref: 3073) detailing the responsibilities of PCTs, GP Postgraduate Deaneries and GP Trainers to provide OOH training. In summary, these were:

DPGPEs should:

- identify the training opportunities required in their area and discuss with PCTs how those opportunities can be made available;
- fund and support training for clinical supervisors;
- quality assure the provision of GPR training in OOH providers.

GP Trainers should:

- help DPGPEs and PCTs identify the training opportunities required;
- arrange placements for their GPRs with approved OOH providers. While training in the OOH provider, GPRs will work under their normal contract of employment with their GP Trainer. They will not be entitled to any remuneration from the OOH provider itself.

PCTs should:

- discuss with DPGPEs and GP Trainers what training opportunities are required;
- discuss and agree with their OOH providers how those training opportunities can be provided;
- or (where providing OOH services themselves) make arrangements for offering training under the supervision of appropriately trained clinical supervisors.

Where one PCT is commissioning (or providing) OOH services on behalf of other PCTs, it may make sense for it also to lead on discussions with DPGPEs. Where two or more PCTs are commissioning OOH services from the same provider, they may wish to work jointly to agree arrangements for GPR training.

Thank you for your help with this important matter.

Yours sincerely,

A handwritten signature in black ink that reads "Clare Chapman". The signature is written in a cursive, flowing style.

**Clare Chapman**  
Director General, Workforce  
NHS and Social Care





