**Taken from Wessex LMC website (with some adjustment to OOH):** <https://www.wessexlmcs.com/possiblenewgptrainingrotas>

**Sample Rotas:**

**We have worked with the Wessex Ait committee to produce 6 sample rotas that can be used to help trainees and trainers produce an acceptable and compliant working pattern whilst in practice.**

**The rotas cover both full time and part time (LTFT) scenarios.**

**Please click here to view:**[**SAMPLE ROTAS**](https://www.wessexlmcs.com/websitefiles/download/5688)

**GP Working pattern:**

* A full time week is 40 hours (on average),
* Notionally split into 10 sessions of four hours in length and including ‘out of hours’ work to be scheduled across the year. Your working pattern is arranged across a weekly rota cycle.
* A week includes, on average:
	+ 7 ‘clinical’ sessions: including (but not limited to) booked and emergency surgeries, house visits including travelling, telephone consultations, associated administrative work, appropriate debriefing time with the supervising GP and ‘out of hours’ work;
	+ trainees should have one hour of admin time for each three hours of clinical time, and
	+ **The booking of appointments will allow for this as well as debriefing to take place within the session**.
	+ 2 ‘structured educational’ sessions: including (but not limited to) release to local structured teaching programme, tutorials, practice educational meetings, educational supervisor meetings, activities relating to workplace based assessment, e-portfolio entries and other engagement with the ARCP process.
	+ 1 ‘independent educational’ session: for independent study and revision.

**KEY POINTS:**

* Admin time should be built into the session - you should not be expected to work beyond your session time. Debrief time must be built into the session - you should not be seeing patients from 8-12 and then be expected to debrief after this as this would be beyond a single ‘session’.
* There must be a recognition that the amount of debrief time will often be dependent on the trainee and their supervisor - this will need to be negotiated locally but under the understanding that it **will take place within the session**time.
* Independent educational session - this is for independent study and should not be included in the structured educational session (e.g tutorial, WBPA, day release).
* NHS Employers state - “It may be desirable for additional clinical sessions to be used instead for educational purposes – though you should normally have no fewer educational sessions than outlined above”. We would interpret that in that it can be appropriate to use your educational sessions as clinic time but this should not be the norm and should be agreed both between trainer and trainee. An example would be - having extra clinical sessions in the run up to CSA to allow for adequate practice.

**OOH:**

This is a particularly difficult section as it can be interpreted in different manners. When approaching how to manage the time in lieu this needs to be managed with both your trainer and the practice bookings system. Prebooked appointments and follow up are an important part of your training and it would not be appropriate to request time off when these have been organised. You will have to be proactive with getting OOH organised and ensuring your lieu time is taken with the practice.

* When ‘out of hours’ work is undertaken, the equivalent number of hours will need to be **deducted from the clinical sessions**(as described above) **in the same week (or following weeks)**as agreed with your practice.
* The scheduling of ‘out of hours’ work must also remain compliant with the average 40 hour weekly total and ensure a safe working pattern in accordance with Schedule 3 of the TCS.
* Depending on the nature of the out of hours work, the consequent time off may need to be taken in one block during the same week (perhaps the same day or the next day), or it may be possible to take it in smaller amounts across a number of weeks; this should be agreed with your supervisor.
* The timing of any time off in lieu will need to be agreed with regard to the need to maintain safe working hours and must be agreed prior to the out of hours work being undertaken.

**KEY POINTS:**

* Deducted from **clinical sessions**- not educational or independent study.
* The same or following week as agreed with your practice - I would argue there could be flexibility here according to both trainee and supervisor.
* Your supervisor should be involved in this discussion throughout.

**For ST1-ST2:**

* You are required to undertake a minimum of **2 sessions of OOH work**across the placement; you should schedule this in accordance with availability and with the agreement of your supervisor.
* You may spread these sessions across the year in any safe pattern compliant with the working hours provisions of Schedule 3 of the TCS; however, you should not schedule work across more than six weekends per year (or three weekends in a six month placement), as defined in Schedule 2, paragraph 5 of the TCS.
* No fewer than 1 and no more than 11 of these hours should fall into the period attracting a night enhancement (broadly, after 9 pm or before 7 am), as set out in Schedule 2, paragraphs 14-16 of the TCS.

**For ST3:**

* You are required to undertake a minimum **6 sessions of OOH**; you should schedule this in accordance with availability and with the agreement of your supervisor. These need to be logged as OOH sessions on your e-po.
* You may spread these hours across the year in any safe pattern compliant with the working hours provisions of Schedule 3 of the TCS; however, you should not schedule work across more than 6 weekends per year, as defined in Schedule 2, paragraph 5 of the TCS.
* No fewer than 12 and no more than 22 of these hours should fall into the period attracting a night enhancement (broadly, after 9 pm or before 7 am), as set out in Schedule 2, paragraphs 14-16 of the TCS.
* In addition you need to gain additional experience on unscheduled care and record this as per the deanery website. There needs to be an OOH schedule of evidence completed prior to your final ARCP.

<https://primarycare.peninsuladeanery.nhs.uk/about-us/gp-specialty-trainees/out-of-hours-training/>

**Exception Reporting:**

* Under the new contract you are encouraged to submit exception reports whenever your actual work has varied from your agreed work schedule.
* Send exception reports as soon as possible after the exception takes place, and in any event **within 14 days.**
* Details for exception reporting will be provided by whoever holds your contract (the hospital trust if you are in a single lead employer area, or if not you should be informed by your practice who to report to).
* This will build up a picture of training and can be an agent for change.

**Moving from 60-80% as a LTFT:**

* As you will see from the sample rotas below there is only a half day difference between 60% and 80% LTFT working
* Many trainees may see it as desirable to increase their training to 80% for reasons of pay, progression etc
* If you wish to do this you must submit a PAY2 form to the deanery
* You will need to know your new CCT date if you change to 80% - contact deanery admin team for advice. Note the deanery can insist for operational reasons that you are either 60 or 100% time as this enables job-sharing when places are limited.

**Annual Leave:**

For a full time working trainee:

* On first appointment to the NHS: 27 days
* After five years’ completed NHS service: 32 days.
* Annual leave for LTFT should be calculated on a pro-rata basis. For example, a less than full-time trainee working 60% of a full-time rota should receive 60% of the entitlement to annual leave and 60% of the entitlement to public holidays.

Please note that the annual leave is based on the days worked and not the hours.

* For example – an employee works 40 hours over a 5 day period Monday to Friday. This employees requests 2 weeks holidays which equates to 10 working days leave.
* On the other hand an employee works 40 hours over a 4 day period Monday to Thursday, also requests 2 weeks annual leave, this equates to 8 working days, as they do not work on Fridays.
* Please refer to the 2016 TCS schedule 9, page 47.

**Study Leave:**

* You are entitled to **30 days of study leave**per year.
* Study leave in GP training is used for day release course / small groups / tutorials - you should work out how much is needed and how much you have left.
* This is best planned and approved at least 6 weeks in advance.
* For LTFT this is pro rata according to your percentage.
* Importantly worth noting that “any grant of study leave will be **subject to the need to maintain NHS Services**(and, where the doctor is on an integrated academic pathway, academic responsibilities) and must be authorised by the employer.”

“If study leave is not granted because of rota shortages or poor rota design, this should be raised with the Clinical Tutor, Director of Medical Education or the Guardian”.

**Pay:**

* The BMA can help with concerns regarding pay, members can email directly with specific queries to juniorscontract@bma.org.ukand advice is available at<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/transition>.
* The Deanery are not allowed under the terms of their contract to issue employment advice (which includes pay), but are able to chase up missing payments for things like Mileage and Indemnity reimbursements - please email Fenella Williams using the following gp.wx@hee.nhs.uk
* LTFT trainees are entitled to a pay premium of £1500 - this should automatically be applied to your salary.

**Financial Hardship:**

We recognise that there are many people still with outstanding payments. Please note the following organisations that can support you if you are facing financial hardship:

The Cameron Fund - <http://www.cameronfund.org.uk/>

The Royal Medical Benevolent Fund - <http://www.rmbf.org/>

The BMA Charities - <https://www.bma.org.uk/about-us/who-we-are/bma-charities>

The main five charities involved in supporting doctors in times of financial hardship can be found at   [https://www.doctorshelp.org.uk](https://www.doctorshelp.org.uk/). There is a simple 5 questions to answer to help you select which charities can help you.

**Useful Websites:**

[http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-serv](http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3) [ice-for-nhs-doctors-and-dentists-in-training-england-2016-version-3](http://www.nhsemployers.org/case-studies-and-resources/2017/04/terms-and-conditions-of-service-for-nhs-doctors-and-dentists-in-training-england-2016-version-3)

[http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Guidance%](http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Guidance%20for%20managing%20work%20scheduling%20in%20general%20practice%20settings.pdf) [20for%20managing%20work%20scheduling%20in%20general%20practice%20settings.pdf](http://www.nhsemployers.org/~/media/Employers/Documents/Need%20to%20know/Guidance%20for%20managing%20work%20scheduling%20in%20general%20practice%20settings.pdf)

[https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/guidance-for-gp-practice](https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/guidance-for-gp-practices-on-the-2016-junior-doctors-contract) [s-on-the-2016-junior-doctors-contract](https://www.bma.org.uk/advice/employment/gp-practices/gps-and-staff/guidance-for-gp-practices-on-the-2016-junior-doctors-contract)

<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/transition>

<https://www.bma.org.uk/advice/employment/contracts/juniors-contracts/juniors-handbook>

<http://www.cameronfund.org.uk/>

<http://www.rmbf.org/>

<https://www.bma.org.uk/about-us/who-we-are/bma-charities>