

Bolton Trainers Group Meeting – Tuesday 6th September 2016

Present: Julian Page, Julian Tomkinson, Angus Kirby, Raza Akram, Rachel Jesudas, John Tabor, Sumit Guhathakurta, George Ogden, Sharif Uddin, Kamran Khan, Dharmesh Mistry, Nick Pendleton (Chair)

Apologies: Eve Haworth, Ian Hamer, Niruban Ratnarajah, Antoni Pomian, Steven Whittaker

Minutes

The group discussed initial workload for GP ST2s and ST3s at the beginning of the practice placement. Trainers present at the meeting were asked to outline the basic structure of a typical session and the distribution of tasks for Trainees. This is recorded in the tables below:

ST grade	Surgery Length (not including extras)	Number of Appointments and extras	Visits	Prescriptions to review/reauthorise	Letters	Results
2	2 hours	4 x 30 mins +2 emergency extras	1	6	Own (relating to patients personally seen)	Own
2	2	4 x 30 mins + 1 extra	1	5-6	5-6	5-6
2	2 ½	5 x 30 mins and contribute to pool of extras	2-3 can be more or less depending on demand	None	None	Own
2	2	4 x 30 mins No extras	1	5	5	Own
2	2 ½	5 x 30 mins + 1 extra	1	10	None	None
2	2	4 x 30 mins No extras	1-2	None	5	Mix of own and others
2	2 ½	5 x 30 mins	1-2	Shared out < 10	Own	Own

ST grade	Surgery Length (not including extras)	Number of Appointments and extras	Visits	Prescriptions to review/reauthorise	Letters	Results
3	2 hours	6 x 20 + 4 x 10 min extras	1-2	12	Own + 12 from daily share out	Own
3	2 – 2 ½	6-8 x 20 mins with catch up gaps + 1-3 extras	1-2	6	6-10	Own (abnormal only)
3	2h 20 mins	7 x 20 mins + 2-3 extras	2-3	None	<10	Own
3	2 – 2 ½	6-8 x 20 mins inc extras	1	5-10	5-10	Own
3	2 – 2h 20 mins	6-7 x 20 mins No extras	1-2	None	10	Share
3	2	6 x 20 mins + 1 extra	1	None	None	None
3	2 ½	6 x 20 mins with 2 gaps	1-3	None	Own	Own

Comments/Observations/Discussion

- There is a high degree of uniformity seen based on the data collected from those Trainers in attendance.
- Not all Training Practices were represented at the meeting.
- In some cases where Trainees are doing a longer surgery or more visits they are doing less admin.
- If some trainees are not given scripts to reauthorise how will they learn what to do?
- On-call/Duty Dr: Following appropriate training and with ongoing support some trainees are introduced from the start as 'Duty Dr support' or 2nd on-call, in other surgeries contribution to on-call/Duty Dr is introduced later in the year.
- It could be useful to share the information collected with Trainees (Trainers are welcome to do this).
- Increasing workload – Trainees workload is increased throughout the year so that they gradually become accustomed to the workload and responsibility of a functioning GP.
- Shortening appointment length and increasing the number of appointments helps with preparation for the CSA exam (13 cases of 10 minutes duration with a 15 minute break after the 7th case).
- Ideally Trainees should be actively involved in determining how their workload increases and this can be different with each Trainee depending on how they are progressing.
- Explaining the reasons behind workload allocation enables Trainees to understand why workload distribution is not always exactly equal between Trainees and between Trainers and GPs and not always uniform on one day compared to another.

The next Trainers Group meeting is on Thursday 8th December at 7pm.

The Mock CSA is on the afternoon of Wednesday 4th January 2017 and as usual this requires the active participation of local Trainers for it to be successful and useful for our Trainees. Please help if you can.