

Dear PDs

You may be aware that as HEE employees we are not permitted to give advice on employment and contractual matters relating to trainees. However, I recognise that as an area without single employer arrangements in place that our practices are having to 'find their way around' the new contract. I have generated some words below which I hope will be helpful. It comes at the issues from the educational perspective only. Please share with your own trainers and practice managers.

- 40 hours is the maximum working hours in each week.
- This means that rotas will need to be flexed with reference to how long the trainee is in their VTS training that week. This will clearly require a proactive approach from all parties.
  - This includes time working Out of Hours (OOH).
- When OOH work is undertaken, the equivalent number of hours will need to be deducted from the clinical sessions and not the educational sessions in the same week (or following weeks).
- 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. 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.
  - This becomes an educational issue when a trainee has done an OOH session the day before a VTS day (which completed less than 11 hours before the VTS session starts). Trainees should be advised to avoid this as we will be unlikely to be able to 're-provide' that the educational input.
- It is also therefore important that there is proactive dialogue between the trainee and practice to ensure that calculations take into account educational time.
- The clock starts when they start work in the practice (or arrive at VTS/other educational event), and stops when they leave – it keeps running over the time e.g. between morning and afternoon surgery. This is the same as for FY2s, for those who have worked with these Trainees. Similarly, the clock starts when they walk into the VTS or other educational event.
- We will need to be explicit about what the educational (30%) time looks like. The national guidance documents describe this below.
  - 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.
- However, our VTSs all run their educational inputs slightly differently and we are keen to continue with a flexible approach to this. That might, for instance see all 3 sessions as structured sessions. What it does mean is that it will be necessary for

week by week calculations to be made which take account of all of the OOH time, educational time, and particularly variations in the VTS time (i.e. when there are full day events at VTS for instance).

- Breaches of the 40 hours will be reported to the Guardian and should be expected to result in a fine and 'sanctions'.
- Some useful documents here.
  - <http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract/information-for-employers>
  - <http://www.nhsemployers.org/~media/Employers/Documents/Need%20to%20know/Guidance%20for%20managing%20exception%20reporting%20GP%20setting.pdf>
  - <http://www.nhsemployers.org/~media/Employers/Documents/Need%20to%20know/Guidance%20for%20managing%20work%20scheduling%20in%20general%20practice%20settings.pdf>

### 'What counts as what'

#### **Duties and activities suited to clinical sessions**

- Supervised or supported consultations within the practice. There should be adequate time provided for at the end of any consulting period to allow a trainee to debrief with the supervising GP.
- Supervised or supported home visits, nursing home visits, community hospital duties including time for debriefing, and travelling.
- Administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, general administration.
- Time spent with other members of the practice and healthcare team for the purposes of care and learning e.g. practice nurses, community nurses, nurses with a role in chronic disease management, receptionists, triage nurses, GPwSIs.
- Time spent with other healthcare professionals who are encountered in primary care e.g. ambulance crews, school nurses, midwives, occupational therapists, physiotherapists, counsellors, to gain a necessary understanding of working relationships within primary care.
- Time spent with dispensing and pharmacy professionals gaining experience in these areas, especially where a trainee might have duties that require training to be able to assist with dispensing duties, for example.

#### **Clinical activities that may be considered educational**

- Time spent in activities relating to work-place based assessment
- Time spent analysing video recordings of consultations, such as COTs, where time is set aside for this purpose.
- Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a trainee's programme, e.g. family planning clinics, joint injection clinics.

- Participation in clinics run by other GPs – such as minor surgery lists, especially where direct supervision is required in the process to get formal verification of procedural competences.
- The educational component of the debrief.

### **Non-clinical activities suited to educational sessions**

- Locally organised educational events, e.g. VTS sessions, QI days other study days and courses
- Structured and planned educational activities, such as tutorials delivered in the GP practice.
- Primary care team meetings.
- Educational supervisor meetings and other educational reviews.
- Audit and research in general practice.
- Independent study.
- Case Based Discussions (CBDs) selected from outside the debrief time.
- Commissioning services.
- Time spent with other professionals who deliver services that are not considered part of general medical services, such as alternative and complementary therapists.
- Time spent with other professionals who have expertise in other matters that relate to aspect of healthcare and death administration, social workers and undertakers. Getting to know local healthcare professionals and helping the practice maintain links with the local community.

**It follows then that the supervisor protected time of four hours per week should be divided to cover the following**

- WPBAs
- Tutorials
- Meetings with the trainee to review progress
- Time spent advising on research and audit
- Advising on action plans for further learning
- Time spent relating to the eportfolio as well as writing Clinical Supervisor Reports
- Preparation time for the above
- Attendance at trainer meetings
- Attendance at ARCP panels
- Things like our faculty days

### **Debriefing time after consultations.**

This is an important issue as debriefing has 2 purposes. One is purely patient safety and the second is that in most cases debriefing has an element of education. The GMC guidance is very clear on this however. Debriefing is to be counted as a patient safety activity only. Although it has a significant educational element it cannot be counted towards educational time.