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| Guidance Notes for Trainers**For Re-approval of GP Trainers** |
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| **Name of trainer:** |  |
| Please read the following guidance notes/ expectations for training. You will need to confirm at the end of each section that you have read and agree to them. |
| **Equipment provided for trainees:**Trainees need to be provided with the necessary facilities and equipment to be able to undertake their role as outlined below:* The trainee will be provided with a well-equipped room to work in, meeting regulatory standards.
* The practice will provide a doctor’s bag with the following equipment as a minimum: diagnostics set (ophthalmoscope and otoscope), sphygmomanometer, pulse oximeter, glucometer, peak flow meter, spacer for inhaler, tendon hammer, tape measure, tympanic thermometer
* The trainee will have access to appropriate drugs that can be used in an emergency and taken out on visits if necessary, in line with the other GPs at the practice. There is a process for regularly checking these medications are in date that covers any medication carried in the doctor’s bag.
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| **Confirmation of agreement with above expectations:**  | **Yes/No** |
| **Attendance at meetings:**Involvement in practice meetings is beneficial for trainees with regards to working with colleagues and developing understanding of the business side of general practice. * It is expected that trainees will be invited to attend a range of meetings at the practice.
* Trainees will be expected to attend regular practice meetings / clinical meetings where possible
* These meetings should be included in the trainee’s timetable. These can be included as educational time.
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| **Confirmation of agreement with above expectations:** | **Yes/No** |
| **Trainee timetables:**Trainee timetables must be compliant with the trainee’s contract; the hours will be monitored by HR in the employing trust.* Hours must not exceed 40 hours for a full-time trainee (including protected breaks).
* For a full-time trainee, the breakdown of the hours is as follows (LTFT pro-rata hours):
* Clinical time: 21 hours. This includes surgeries, visits, clinical debriefs. Debriefs are clinical time unless they are > 30 minutes in duration and timetabled as educational debriefs.
* Administration time: 7 hours
* Educational time: 12 hours. This is split as follows:
* Structured educational time at the practice: 4 hours. This must include at least 2 hours of tutorial time (which can be individual, joint with other trainees/ learners at the practice or a combination of both). It may also include joint surgeries, practice meetings, educational debriefs (as defined above).
* Half day release: 4 hours.
* Protected study time: 4 hours. This should be in one ‘block’ though it is acceptable if it is split into a maximum of 2 sessions.
* Protected breaks: These are included in the overall hours and the time for them can be taken out of any of the above areas; it is recommended that it is split between each of the areas.
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| **Confirmation of agreement with above expectations:** | **Yes/No** |
| **Trainer Timetables:**The trainer’s timetable must include adequate time to supervise their trainees in practice and prepare for and deliver the educational requirements including keeping up to date with the trainee ePortfolio.* Trainers must meet the minimum requirements of working at least 4 sessions per week in the practice.
* The trainer must also be working at the practice for at least 50% of the time the trainee is at the practice.
* In addition to protected time with the trainee for educational activities, the trainer should also have 1 hour per week protected time for tutorial planning/ reviewing the trainee’s e-portfolio and other educational administration.
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| **Confirmation of agreement with above expectations:**  | **Yes/No** |
| **Alterations according to trainee need:**Certain aspects of the trainee timetable will need to be adapted, depending on the stage of training and the individual capabilities of the trainee. These include:* Appointment length: Appointment lengths will generally reduce as the trainee becomes more experienced and this should be monitored on an individual basis. For ST1s, appointments will generally start at 30 minutes, reducing in stages to 15 minutes by the end of the post. ST3s generally start at 15-20 minutes, reducing to 10 minutes (or the rate of the other GPs at the practice if longer) by the end of the post.
* Trainee involvement in urgent and unscheduled care: This may include telephone triage and involvement in on-call/ duty doctor roles. Trainers need to consider how this can be incorporated into the trainee timetable in a proportionate and appropriately supervised way.
* Home visits: Home visits should initially be directly supervised, however once the trainee is able then they can undertake home visits on their own. Consideration needs to be given to ensure that the visits are appropriate for the trainee’s stage of training. The trainee must have a way to contact a supervisor during any home visit.
* Tasks and test results: Trainees should be responsible for managing their own tasks and blood results and should have training and supervision to enable them to do this. For ST3 trainees at the end of training, it may be acceptable to ask them to manage a select number of results for other GPs, for training purposes.
* Insurance and other paperwork: In general, trainees should not be asked to complete insurance reports etc. Exceptions can be made if the trainee knows the patient well and the report is completed as a learning exercise. Trainees should be responsible for managing letters generated from their referrals, or any other paperwork they have generated.
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| **Induction**:A well thought out induction program is essential to allow trainees to integrate into the practice team. This is individual to the practice but should have the following characteristics:* Length of induction: at least 2 weeks for ST1/2 trainees new to general practice. For other trainees it can be shorter, however it should be at least 1 week and incorporate all the essential elements.
* Involvement of practice team members: should involve meeting practice team members from all teams (reception/ administration/ nursing/ pharmacist/ ACPs etc. as well as GPs)
* Involvement of wider primary health care team: should involve meeting other members of the primary health care team e.g. community nurses, health visitors, midwives etc.
* Include time for administration: including time for practice induction to policies and procedures, learning how to use the clinical system.
* Safeguarding: **must** include a face to face safeguarding briefing specific to the practice (e-learning alone is not sufficient).
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| **Confirmation of agreement with above expectations:** | **Yes/No** |
| **Signed:** |  |
| **Date:** |  |