

Postgraduate School of Primary Care, Health Education North East & North Cumbria

**EDUCATIONAL AGREEMENT BETWEEN
POSTGRADUATE DOCTORS IN GP TRAINING, TRAINERS AND SPECIALTY TRAINING
PROGRAMMES FOR GENERAL PRACTICE**

Doctor in GP Training:

Training Number: TBC

GMC Registration Number:

Commencement date:

Your Educational Supervisor (ES) is: TBC

Your Lead Training Programme Director (LTPD) is:

Your Primary Care Dean is: Dr Justin Burdon

Your Postgraduate Dean is: Professor Namita Kumar

INTRODUCTION

Postgraduate doctors in training need to have a clear idea about what is expected of them, and what they can reasonably expect from their Trainers and Training Practices, and their Specialty Training Programme (TP). This document attempts to clarify some issues relating to training and education. It makes explicit certain points that are contained within existing Health Education England NE&NC (HEE NE&NC) criteria for Trainer approval and re-approval and emphasises the importance of educational co-ordination between doctors in GP training, Trainers and Programme Directors.

This document covers what the Postgraduate School of Primary Care at HEE NE&NC offers, what a GP Training Practice offers, what a specialty post offers and what the Lead Employer Trust offers. It also covers the responsibilities of doctors in GP training.

It should be noted that these expectations may change during the course of your training and that more detailed and up to date information is available on the [website](#)

THE PRIMARY CARE DEAN IS RESPONSIBLE FOR:

- Putting the safety of the patient as their first priority
- Ensuring that the following activities are provided, within the educational programme, by the people/organisations named below.

THE GP TRAINING PROGRAMME IS RESPONSIBLE FOR:

- The provision of training posts in General Practice, Community and hospital settings that meet, or exceed, GMC requirements.
- The management of training rotations that are appropriate to meet the educational needs of individual doctors in training. Training rotations will aim to meet a standard of 24 months spent in GP/ITP and Community posts.
- Providing Regional Teaching throughout the 3-year programme, including an appropriate induction for new doctors in training, that maps to the GP Curriculum.
- Ensuring that doctors in training have opportunities to study specific areas of the curriculum, in particular training in;
 - Research/evidence-based practice and basic audit skills, leadership, sustainability.
 - Equal opportunities and diversity
 - Safeguarding children and adults
- Providing active support to both doctor in training and Trainer in the event of problems being identified during the educational planning, formative assessment or delivery of the training processes or the performance of the Trainer or doctor in training. This will include an assessment of learning needs and development of a learning plan and, if necessary, the placement of the doctor in training in an alternative learning environment. [\(click here to visit the web to see how concerns are managed\)](#)
- Gathering and responding positively to doctor in training feedback about the Specialty Training Programme. This will include feedback on regional teaching, the quality of training posts and the overall experience of the doctor in training in the training programme.
- Ensuring that out of hours educational experience in General Practice is provided by your local Out of Hours (OOH) provider and supervised by an approved trainer or OOH [click here to visit the web](#)
- Providing support and advice regarding study leave. Study leave is normally up to 30 days in one academic year. The Regional Teaching is an essential part of this study leave amounting to approximately 15 days per year. Other study leave is governed by the policy on study leave. [click here to visit the web](#)
- Providing appropriate career guidance and ensuring that those giving this advice are fully familiar with the career options in general practice.
- Sharing feedback with the Trainer on the doctors in training' attendance at the Regional Teaching.
- Liaising with Trusts to ensure that the quality of training posts is adequate for GP training.
- Informing the Associate Director for Quality Management of unresolved problems in posts
- Informing the Associate Director for Assessment of any unresolved problems in the progress of doctors in training
- Providing a system of annual appraisal of trainers and training programme directors to aid their professional development as teachers
- Providing and facilitating appropriate educational opportunities for Trainers through workshops, study days and courses.

THE CENTRAL OFFICE IS RESPONSIBLE FOR:

- Ensuring that whilst attached to a GP training practice doctors in training are provided with at least 3 hours protected teaching time per week and that the education is supervised by an approved GP trainer who fulfils HEE NE&NC regional criteria for approval/re-approval of Trainers.
- Providing and facilitating appropriate educational opportunities for Trainers through workshops, study days and courses.
- Managing the Annual Review of Competence (ARCP) processes in line with HEE NE&NC policies, national standards and the guidance in the [Gold Guide](#)
- Ensuring that the trainer standards summarise expectations with regards to trainers and are used to inform the reappointment process
- Ensuring locations used for training are approved with the GMC

THE GP TRAINER IS RESPONSIBLE FOR:

- Putting the safety of the patient as their first priority
- Providing an environment conducive to learning
- Ensuring that they are correctly identified as the Educational/Clinical Supervisor on e-portfolio. If they are the Clinical Supervisor, they will liaise with the Educational Supervisor (ES) prior to any review.
- Providing an induction which will enable the doctor in training to practice and learn safely under supervision. The induction will be of at least one week duration and will include
 - Written information. This will include a description of team members' roles and the services available to patients. It may be electronic or paper.
 - Health and Safety for example use of panic buttons, safety on home visits
 - Undertaking a needs assessment to establish the learning objectives of the doctor in training. This will be done using a variety of methods and sources. It will include knowledge, skills and attitudes, in clinical and non-clinical domains.
 - Producing an outline of a teaching plan that starts to meet the objectives defined in the needs assessment
 - Induction into the use of e portfolio
- Providing other learning and teaching opportunities with other team members in the practice.
- Providing opportunities to discuss cases during and after each surgery
- Keeping a record of all needs, assessments and appraisals, and document supporting evidence as required for the e-portfolio and for quality control.
- Supporting the doctor in training in identifying areas of both strengths and weaknesses in their day-to-day practice that informs the development of the education plan.
- Providing regular time tabled reviews of educational progress according to the needs of the doctor in training and ARCP panels.
- Accommodating the preferred learning style of the doctor in training but facilitating their use of other learning styles.
- Ensuring that they, or a suitably trained member of the practice, are available for WPBA when given adequate notice.
- Monitoring the e-portfolio entries of the doctor in training on a regular basis, giving feedback on entries and providing educational supervision at the appropriate time. The Trainer should be monitoring the e-portfolio weekly when in their practice, whether or not they are the

Educational Supervisor. If the Trainer is the Educational Supervisor when the doctor in training is in a specialty post, monitoring may be less frequent.

- Liaising with hospital colleagues or others to provide educational experience outside the practice, and releasing the doctor in training to attend, where that is the best way of meeting the identified needs. This includes release to undertake Equal Opportunities and Diversity, Safeguarding Children, Child Health Surveillance and Family Planning training.
- Ensuring that practical training in Child Health Surveillance, Safeguarding Children, Evidence Based Medicine, audit/quality improvement and significant event analysis is available in their own practice or elsewhere.
- Agreeing to allocate half a day per week of personal development time to the doctor in training (during the working week - but not time normally designated for surgeries). This time should include appropriate library access/video access and where appropriate, practice staff support e.g. for help with data collection. It is for the Trainer to decide whether the doctor in training must remain at the practice for this time.
- Providing a minimum of 3 hours per week of protected and fully time tabled education, within the practice, for whole-time equivalent doctors in training and a pro rata period for those on flexible training arrangements. This education could include tutorials, joint surgeries, video analysis of consultations, specific practical sessions, time tabled debriefs, assessments, e-portfolio review and sessions with other doctors and attached or employed staff in the practice. This protected time may also, within reason, be used by the Trainer to review the e-portfolio with the doctor in training.
- Providing informal teaching opportunities outside of the protected teaching time as needed.
- Providing appropriate equipment, and opportunities to practice video and audio consultation analysis.
- Be available on-site, or a name a deputy who is available on-site whenever the doctor in training is consulting with patients in the surgeries and be available or name a deputy who is available by phone for visits and on call activities. Exceptional circumstances may exist where this is not possible, but if so, the doctor in training should be appropriately informed.
- Facilitating formative assessment, educational planning, following up progress with reference to present performance, and amending the plan accordingly, in conjunction with the doctor in training during the course of the general practice placement by holding regular meetings. There should be, at a minimum, an initial meeting during the first month of an attachment and subsequent follow-up meetings at 6 monthly intervals.
- Maintaining records of protected teaching sessions and significant educational events. They will record the timetable and all assessments. They will have written records of feedback. *All significant concerns about doctors in training will be documented in the e-Portfolio Educators' Notes and shared, as required with the Training Programme.* They will document other evidence that is important for certification such as OOH sessions.
- Discussing with the doctor in training any aspect of their performance giving rise to concern and subsequently, if necessary, with the responsible Lead Training Programme Director.
- Providing on call arrangements for the doctor in training which allow for sufficient experience and the educational need of the doctor - this should be negotiated at the beginning, and during the course of training.
- Allowing doctors in training access to all clinical and appropriate business meetings within the practice. The doctor in training may be excluded from a business meeting if their presence would be inappropriate.
- Releasing the doctor in training so they can punctually attend programmed Regional Teaching or other educational activities.
- Providing easy access to learning facilities and internet facilities which will be available throughout surgery opening hours. The Trainer will facilitate the access and use of relevant databases for the doctor in training.

- Assisting the doctor in training, where appropriate, with issues relating to career guidance and support. In the main, however, such advice will be provided by the Regional Teaching.

THE LEAD EMPLOYER TRUST (LET) IS RESPONSIBLE FOR:

- Putting the safety of the patient as their first priority
- Your employment during your training contract with HEE NE&NC, this includes the following;
 - Pre-employment Checks
 - Issuing your contract of employment
 - Calculating your salary and annual leave entitlement
 - Maternity/Paternity leave application
 - Managing attendance at work (sickness absence)
 - Dealing with any grievances in relation to your employment
 - Managing any conduct or capability issues
 - Paying your salary and any travel or associated expenses
- Ensuring all posts are EWTD and contract compliant

ACUTE TRUSTS and MENTAL HEALTH AND LEARNING DISABILITY TRUSTS ARE RESPONSIBLE FOR:

- Putting the safety of the patient as their first priority. Please note that occasionally this might entail moving you to different clinical duties to those originally planned. On very rare occasions, a different department or location.
- Providing support for your training, with a designated Consultant responsible for the supervision of your training in that post (your Clinical Supervisor).
- Providing an appropriate and sufficient Induction to the post, the trust and any mandatory Trust training.
- Releasing you to attend the educational programme organised by the GP Specialty Training Programme.
- Providing formal training and assessments orientated to general practice and for the safety of patients in that particular post.
- Providing appropriate appraisal, assessments and performance review:
 - In the first month of an attachment the doctor in training will meet with their Clinical Supervisor and work out a personal educational plan for that attachment.
 - Regular meetings and educational sessions will take place between the doctor in training and the Clinical Supervisor or delegated deputy, and formative assessment shall take place.
 - Some of the workplace based assessments should be done by the Clinical Supervisor but others may be done by other suitably trained members of the specialty team (see RCGP website for guidance: <http://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba.aspx>)
 - During each post there should be the opportunity to review progress at the half way point through that post. This would normally take place between the Clinical Supervisor and the doctor in training. These meetings will facilitate closer working relationships, highlight priorities and point to future training needs to meet both short term and long term objectives.

- Towards the end of an attachment a Clinical Supervisor Review (CSR) will take place between the doctor in training and their Clinical Supervisor. It will be recorded on the doctor in training's e-portfolio. It is the joint responsibility of the doctor in training and Clinical Supervisor to ensure that this occurs.

THE DOCTOR IN GP TRAINING IS RESPONSIBLE FOR

- Putting the safety of the patient as their first priority
- Meeting all requirements with regard to pre-employment checks in a timely manner as required by the LET.
- Completing and returning the Occupational Health Form as required by the LET and by Trusts.
- Completing all DBS documentation as required.
- Signing all employment contracts as requested.
- Ensuring that the appropriate medical indemnity cover is in place. You are **strongly recommended** to maintain 'top-up' indemnity during your training posts, as Crown Indemnity does not cover all eventualities.
- Informing the relevant Training Programme and the LET of all sick leave taken.
- Declaring on the annual enhanced Form R any sick leave taken.
- Declaring on the Form R and significant untoward incidents that have occurred since the last ARCP review.
- Declaring their whole scope of practice on the form R – i.e. any locums, sports medicine or other work undertaken in *any* capacity as a doctor
- Meeting the obligations as set out in "Good Medical Practice" and "The Duties of a Doctor" by the General Medical Council (GMC). Ensure that you are open and honest in all reports and assessments that you submit including learning log entries on your e-portfolio. Where you do refer to other people's work this should be clearly acknowledged. You should not seek or use the services of any external agencies to produce this work.
- [Adhering to the WPBA code of conduct](#)
- Maintaining registration with the GMC
- Registering with the RCGP prior to starting the programme and remaining so registered throughout their training in order to have access to the RCGP electronic record of their training and assessments (the e-Portfolio).
- Completing a form registering for Specialty Training (the enhanced form R) and providing an update at every ARCP during your training
- Punctually attending all (i.e. 100% attendance record) programmed regional Teaching sessions unless prior notification is provided to both the Specialty Training Programme office and the Trainer e.g. holidays, sickness etc.
- Attending all time tabled education activities within the practice unless the Trainer is given prior notice of an acceptable reason for absence.
- Informing the Trainer if you have failed to attend any clinical or teaching session or arrived late, including Out of Hours (OOH) sessions.
- Preparing for protected teaching sessions and actively contributing to educational planning, the educational process and formative assessment
- Using joint surgeries and recorded surgeries, and engaging in analysis of the outcomes with the Trainer or nominated deputy for the purposes of developing skills in the consultation.
- Seeking assistance when in doubt about issues relating to the care of the patients in the practice, and seeking that advice when most appropriate e.g. at the time, or at the end of surgery. The process of deciding on the most appropriate timing should form part of the educative process.

- Reflecting on your own performance and alerting the Trainer and/or Programme Director of any problems that might adversely affect your performance e.g. illness etc.
- Openly discussing errors and weaknesses with your Trainer to ensure development of a relevant education plan and experimenting with different learning styles during the course of their training.
- Making regular reflective entries into the learning log on the e-portfolio.
- Making suitable arrangements for Work Placed Based Assessments (WPBA) and Educational Supervision sessions.
- Ensuring that all Clinical examination and procedural skills (CEPS) are conducted in line with RCGP guidance, and are NOT completed by friends, peers or relatives.
- Attempting assessments including the AKT and RCA exams in a timely manner as per college guidance and within the normal training programme, unless there are agreed educational or health reasons not to. If you have not passed all of the required exams at the end of training, and have not entered for the appropriate sittings, it would be unlikely that you would be offered an extension to training.
- Providing written evidence of competence in audit or quality improvement work and significant event analysis. Engaging with the appraisal and revalidation systems
- Undertaking the number of OOH hours required by your contract of employment with the LET unless given advice not to do so in writing by a Training Programme Director.
- Providing documentary evidence of attainment of competencies gained during OOH work to your educational supervisor. This includes a mixture of telephone advice sessions, face to face consultations and visits. You should ensure that OOH documentation is completed after each OOH session, uploaded onto e portfolio and shared with the Trainer.
- Honestly evaluating your training experiences. This includes an obligation to complete, and return, the School and GMC questionnaires sent at regular intervals throughout your training.
- Giving adequate notice of all study leave and being aware that, as colleagues have similar educational needs, collaboration will be required to allow your educational plans to integrate with those of your colleagues. Adequate notice is defined as meeting the requirements of the organisation within which you will be working at the time of the study leave.
- Maintaining your focus on training to be a GP. There is not sufficient time during a 3 year training programme to train as a GP with Special Interests.
- Being aware that all posts have a service delivery element, and that patients' safety is the first concern
- Not unfairly discriminating by allowing your personal views¹ to affect adversely your professional relationship with patients or colleagues.
- Carrying out GP surgeries and on-call commitments according to the prevailing arrangements in the practice to which they are attached.
- Attending all relevant practice based clinical meetings (following discussion with your Trainer) and appropriate business meetings. You will treat all information covered within these meetings with due care and confidentiality.
- Respecting the library facilities, assisting with the development of library facilities (e.g. suggesting new purchases) and notifying the practice regarding book loans etc. You will inform the LTPD if you have difficulty in accessing appropriate resources in hospital or General Practice.
- Approaching your Trainer and/or Programme Director if issues relating to your future career are causing concern, or are likely to affect the continuance of your training in its present

¹ This includes your views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

format e.g. if you wish to move from a whole-time training pattern to a flexible training pattern.

- Maintaining regular contact with the LTPD and the School by responding promptly to communications from them, through email correspondence
- Informing your employers, the LET, TP, the GMC, and the Local Area Team's Performer's List of any disciplinary action taken against you in previous or current posts, and of any convictions you hold.
- Approaching as appropriate at least one of the following people should you feel there are any problems with an individual post or your progress in general:
 - Your Clinical Supervisor
 - Your Educational Supervisor
 - Any Training Programme Director
 - Your Lead Training Programme Director
 - An Associate Director or the Primary Care Dean

Justin Burdon, Primary Care Dean, Postgraduate School of Primary Care, HEE Northeast and North Cumbria

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FAIR PROCESSING NOTICE

Collection & use of personal information:

Your data will be stored on the TIS database. The information held will be used to communicate with you and may be shared with other NHS organisations in relation to your employment, training and assessment within the School. These organisations include the Department of Health, GMC, Royal Collages and Trusts. The School will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead at HEE.

Please note that your e-portfolio will also be used in the quality management process for your clinical or educational supervisor.