WINDSOR VTS

Practice Managers Concise Guide to Training

December 2012
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INTRODUCTION

Below is part of a statement by Michael Bannon, the Post Graduate Dean, extracted from the Oxford Deanery website, clearly setting out its role and objectives within the context of training.

Oxford Deanery

The Oxford Deanery coordinates the delivery and funding of postgraduate medical and dental education in Oxfordshire, Buckinghamshire and Berkshire.

The Deanery is working to improve the quality of patient care by ensuring that we produce doctors and dentists who are educated, trained and motivated to play their part in a first class, modern health service.

Section 1.01 John Lister Postgraduate Centre, Section 1.02 Wexham Park Hospital

Parallel with this, the local VTS Training centres, such as the John Lister Centre, offer integrated support and training for Foundation and Specialist Trainees as part of the overall training programme.

The General Practice Training Scheme was started in 1971, and the John Lister Postgraduate Centre was opened in October 1993. It covers geographically the Windsor District which includes the towns of Windsor, Ascot, Maidenhead, Slough and Bracknell, and also a small part of South Buckinghamshire, with an overall population of 430,000. Hospital posts include Paediatrics, Obstetrics and Gynaecology, Medicine, Psychiatry, ENT, A&E, and Sexual Health as well as General Practice. GPStR doctors are prepared for, and sit, the nMRCGP exams.
Practice Managers

Practice Managers are an important part of the overall training experience for Learners and will often be the first point of contact when they enter General Practice for the first of three placements. They play a key role in GP Training in the Oxford Deanery by way of their contribution, which covers:

- Administering placement and payment of new GP Trainees in Practice
- Organising an Induction programme for new doctors in training
- Organising a schedule and planning a teaching programme for doctors in training.
- Teaching doctors in training
- Participation in Deanery Training Practice assessment visits

This guide is intended as an aid to assist Practice Managers to navigate their way through the above processes drawing together information relevant to each section.

PERSONNEL WITHIN THE OXFORD DEANERY

The Postgraduate Dean - 01865 740605
Selection and Recruitment
Associate GP Dean - 01869 245665
Acting GP Dean and Head of School Of General Practice - 01865 740645

VTS GP School Manager, Oxford - 01865 740643
Foundation School Manager - 01865 740621

Associate GP Dean (Windsor) - 01753 520917
JOHN LISTER POSTGRADUATE CENTRE

Contact details

The John Lister Postgraduate Centre
Wexham Park Hospital
Slough
Berkshire
SL2 4HL
Telephone: +44 (0) 1753 634384
Fax: +44 (0) 1753 634385

**General Enquiries:**
01753 634383

**Maura Stock,** Centre Manager
01753 634377

**Jackie Stallwood,**
Vocational Training Scheme Administrator
Foundation Programme coordinator
01753 634384

**Windsor VTS Programme Directors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Days of work</th>
</tr>
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<tbody>
<tr>
<td>Manjinder Uppal</td>
<td>01753 863642</td>
<td>Wednesday pm</td>
</tr>
<tr>
<td>Jo Byfleet</td>
<td>01753 634374</td>
<td>Tuesday –all day</td>
</tr>
<tr>
<td>Barbara Alberts</td>
<td>01753 634372</td>
<td>Tuesday –all day</td>
</tr>
<tr>
<td>Suffian Jabbar</td>
<td>01753 634371</td>
<td>Tuesday am</td>
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**T & D Co-ordinator**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>David Taylor</td>
<td>01753 634376</td>
<td>Tuesday – all day</td>
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</table>
SECTION 1

OVERVIEW OF TRAINING PROCESS

Following graduation from Medical School, newly qualified doctors undertake two years of the Foundation Programme (F1 and F2). Although this is largely undertaken in hospital posts, 60% of F2s may undertake a 4 month placement in General Practice or in the community.

This does not mean that they will necessarily go on to train to become GPs, and for some it can simply be a taster period. At the end of the two year period the doctors will apply for Speciality Training in their chosen field.

Those who decide on the route of General Practice will first go through a competitive selection process before embarking on a three year course as a GP Speciality Training Trainee (GPStR). Over the three year period they will step up from a ST1 to ST2 and finally to a ST3. During that time they will spend a minimum of 18 months in General Practice, 12 months of which will be in the ST3 year. Each placement will most likely be spent in a different Practice. An Educational Supervisor will be allocated before starting ST1 and this will be the Trainer for the ST3 year. It is very important that the ST1 makes contact with their educational supervisor before or just after starting the scheme, as this Trainer will be instrumental in e-portfolio management and mentoring throughout.

Graduation from Med School

2 Year Foundation programme - some of which includes:

↓

F2 2nd Year Foundation (4 month rotation in General Practice)

↓

ST1 rotation in General Practice (6 months)

↓

ST2 rotation in General Practice (6 months)

↓

ST3 12 months in General Practice

Not all GPStRs will have undertaken 4m in General Practice during their foundation programme.
F2 Doctors

During his/her 6 month placement in General Practice, an F2 doctor may be supervised by a Foundation Clinical Supervisor. A Foundation Clinical Supervisor will need to have taken appropriate training (refer to Deanery), but can be either a Partner or Salaried GP and does not need to have acquired a MRCGP or a Certificate in Medical Education.

Points to note that differ from that of an ST1, ST2 or ST3:

PAYMENT OF SALARY:

During his/her placement in Practice a F2 student will NOT be paid by the Practice. He/she will be under contract and paid by the employing Trust.

CONTRACT OF EMPLOYMENT/ SERVICE LEVEL AGREEMENT

A Service Level Agreement rather than an Employment Contract should be completed by the clinical supervisor for each Trainee placed in Practice at the beginning of the 4 month rotation. (See Appendix 2).

TRAINERS GRANT

A Trainers Grant will be paid pro-rata of the prevailing annual rate. An invoice for the appropriate amount should be forwarded to:

General Practice School Manager
The Triangle
Roosevelt Drive
Headington
OXFORD
OX3 7XP
LEAVE ENTITLEMENT

F2 doctors are entitled to 27 days holiday per annum. This will be pro-rata during his/her placement, and should be divided equally between the three rotations. Thus, during the 4 month placement he/she will be entitled to 9 days holiday. Annual leave shall run from August to July. The Practice should notify Jackie Stallwood of any leave or sick absence on departure from the Practice. Requests for leave during the 4 months should be authorised by the GP.

STUDY LEAVE

F2s are entitled to 18 days study leave per year, with the consent of the person designated within Practice to manage the rota. All study leave must be booked and signed for on the appropriate Study Leave form obtainable from the Postgraduate Centre, Wexham Park Hospital.

F2 TEACHING

F2s are required to attend weekly teaching sessions. These take place at the Postgraduate Centre every Wednesday mainly between 12.30 – 2.00pm. Timetables and programmes are sent out directly to the Trainee. (Attendance details can be provided upon request).

Role of F2 Clinical Supervisor

- To arrange and monitor the work of the F2 doctor, so that doctors do not perform tasks they are not equipped to undertake.
- Develop in liaison with the F2 doctor a program that meets clinical needs.
- Undertake assessments using tools developed for the purpose.

Great importance is attributed to feedback. Feedback is delivered on line at the end of their placements.
TRAINING FOR VTS SPECIALIST TRAINING POSTS - ST1, ST2 and ST3’s

Doctors wishing to train as General Practitioners have been appointed through a nationally managed Selection Process. This is carried out by the individual Deaneries. Once accepted onto a scheme, each doctor is allocated a National Training Number. The main purpose of the training number is to support educational planning and management by enabling Postgraduate Deans to keep track of the location and progress of Trainees. These numbers have an end point of the award of a CCT – Certificate of Completion of Training. The length and content of GP training is defined by the overall competent authority of the GMC.

The GMC sets the standards of training and the end point has to be achieved and demonstrated in order to enter the GMC’s General Practitioner Register. At the end of training a certificate of Completion of Training (CCT) will be issued to enable the Trainee to apply for inclusion on the GP Register. All doctors wishing to Practice medicine in the UK must be on the list of Registered Medical Practitioners. The structure and content of GP training is defined by the Royal College of General Practitioners (RCGP) who define the curriculum and assessment process leading to the membership of the college (MRCGP). A recent review of Medical Training in the UK (The Tooke report), has suggested that GP Training be extended to 5 years. However, this has not yet been agreed by the Programme Management Board and is still under discussion. At the present time GPStRs spend 3 years in training with a minimum of 18 months in General Practice, and the remainder in hospital placements.

The GP Trainer will provide educational supervision to the GPStR during their training, in line with the format laid down in the Training Handbook. Each Trainee should have an individually named clinical supervisor for each placement, usually a senior doctor, who is responsible for monitoring the Trainee’s day-to-day clinical performance, with regular feedback. They must ensure that Trainees only perform tasks without direct supervision when the supervisor is satisfied that they are competent to do so.
LESS THAN FULL TIME TRAINEES

Less than full-time trainees (LTFT) shall meet the same requirements in General Practice training as full-time training, from which they will differ only in the possibility of limiting medical activities by the number of hours worked each week. Less than full-time Trainees must work for a period of at least half of that provided for full-time Trainees.

Trainees can apply for less than full-time training either at the point of application for entry for speciality training, or at any time once they have been accepted, but it is not guaranteed. Applicants will only be accepted for well founded individual reasons which may include circumstances such as maternity, paternity or ill health and is subject to the availability of suitable jobs. Trainees wishing to undertake LTFT must contact the Associate Dean responsible for LTFT jobs.
SECTION 2

EMPLOYMENT REQUIREMENTS

The employment of a GPStR involves the co-ordination of a number of agencies. During the 3 year training program the last year will be continuously in General Practice, as well as 4, 6 or 8 months during the first and second years also in General Practice. The GPStR will have a number of employers during this time, of which the GP Practice is one. Whilst the GPStR is in a General Practice post, their salary and allowances will be paid by the Practice who will be reimbursed by the Thames Valley Primary Care Agency. This, in turn, will be reimbursed by the Deanery. Whilst in General Practice all GPStRs, whether they are at St1, 2 or 3, will need to be on the Medical Performers List and are themselves responsible for organising appropriate Medical Indemnity. Practice Managers should seek written evidence of such on their arrival to the Practice. Full reimbursement of the cost of indemnity may be claimed from the TVPCA via one of the below stated forms/documents.

Entry onto the Medical Performers List will require a Criminal Records Bureau check which may take some time. Ideally GPStRs should commence the process as soon as they know they are coming to the Practice. All the below listed documents should be completed and taken to the Primary Care Agency for processing at least 2 months prior to the GP Placement. Occasionally representatives from the Primary Care Agency will go into training bases, such as Postgrad Centres in line with open days, when the above requirements can be completed. (Trainees should check with their local training centres for dates). If this has not taken place within two months of the commencement of their placement, they should contact the below personnel at The TVPCA and make an appointment;

1) For entry on Medical Performers List     tel: 0118 918 3332
2) CRB Checks                              tel: 0118 918 3312
   TVPCA – Prior to General Practice, expires after 3 years
3) Smart Card Issue                        tel: 0118 918 3373

All are based at: Thames Valley Primary Care Agency
                   7/9 Cremyll Road
                   Reading, RG1 8NQ
Documentation checklist

THE FOLLOWING DOCUMENTATION IS REQUIRED BY THE TVPCA

It is recommended that the GPStR visits the Practice and meets with the Practice Manager prior to the start of the placement. This is an ideal opportunity to complete the forms and request copies of documents needed.

NOTE: The Postgraduate Centre supplies the TVPCA with names and contact details of ST1/2/3s entering General Practice during their training period. The TVPCA will then be in touch with the trainees with application forms etc.

Documents required by the Thames Valley Primary Care Agency

a) Application for Inclusion on the Medical Performers List
   All Trainees in General Practice are required to be placed on the Medical Performers List by the PCT within 8 weeks of starting the post otherwise they cannot consult. (see Appendix 1).

b) Language Testing for GPStRs wishing to join Medical Performers List
   (Appropriate for non English speaking applicants who have not qualified in the UK)

c) Application for NHS Pension Scheme + Letter

d) GP Trainee Banking Details
   (In the event that a payment adjustment may need to be made directly)

e) Application for Removal and Associated Expenses

NOTE
All the above will require completing once only during GP placements, i.e. if completed as a ST1, will not be required in placements as an ST2 or ST3.

Forms that require completion for each placement (plus signature of Trainer)

f) Medical Defense Organisation reimbursement forms

g) Trainers Grant Application

The following documentation should also accompany the above (a)-(e)
- Birth Certificate, for NHS Pension Scheme
- GMC Registration Certificate
- Original Medical Indemnity Certificate (can be provided later)
- Original Passport (for verification on non UK applicants + valid work permit)
- Curriculum Vitae
- Copy of last pay slip from previous employer

**CRB Checks** - arrange appointment with TVPCA, required once only. This must be done on a face to face basis. Arrangements can be made at the same time for issue of a SMART card. Both are at the TVPCA.

**Issue of SMART Cards**

SMART cards are required to allow doctors access to the NHS spine necessary for referrals via the Choose and Book system and also access to medical records received via GP2GP links. Most Trainees will already have been registered for access whilst in hospital posts but may not have been issued with a SMART card. Therefore there may be three scenarios appropriate for issue:

A Those who will never have been registered on the NHS spine  
B Those who are registered on the spine but have never been issued with a card  
C Those who are both registered and have a card.

For those GPStrRS requiring a new issue, they should arrange to go in person to see the relevant staff and take with them:

A completed RA 01 form 
Plus 1) photo I.D.  
2) Utility bills from within past 3 months confirming address

Those already registered will need to complete a RA2 amendment form only.

**Requirements by Practice on Date of Commencement of Placement**

- Occupational Health Clearance -Evidence of Hep B. vaccination  
- Check date of last CPR update  
- Check GPStrR has means of getting to home visits, as well as Business Insurance. (The GPs must ensure that they are covered by their insurance, in regards to home visits.) GPs that do not have their own transport are required to guarantee that they can provide alternative arrangements that will enable them to undertake domiciliary visits at their own expense. Mileage can be claimed.  
- Specimen signature for Path Lab and X-ray departments
- Confirm Visa Status - if they do not hold an EEA passport they should provide a letter from the Home Office and relevant visa confirming their current status to both the Practice and the Deanery
- Confirm GMC Registration
- Ensure GPStR has appropriate Indemnity with a Medical Defence Organisation. The TVPCA can advise of level required. The Practice will require a copy of the certificate and reimbursement will be made via the TVPCA. Note: it is the responsibility of the GPStR to contact their Medical Defence organisation
- A P45 and National Insurance Number
- Establish if GPStR is paying any additional pension contributions or Student Loan repayments.
- Request Bank Details for paying salary directly into bank account

Make a note of personal details such as
- Address
- Mobile and Landline phone numbers
- Date of Birth
- Next of Kin
- Email address (NHS)
Contracts of Employment

A doctor in training will have a training agreement with the postgraduate Deanery that entitles them to continue in a training program subject to satisfactory progress. They must also be offered an employment contract for the placement they will be working in. This means that some training programs will involve more than one employer, so doctors may have a series of contracts of employment as they progress through a training program.

An allocation offer for a training program is not an offer of employment. This can only be made by the employer who will individually need to ensure that the candidate allocated meets the requirements of employability.

Hence a Practice employing a ST1, ST2 or ST3 will first need to contact the GPStR before issuing a Practice contract to ensure that they satisfy the pre-employment checks such as Criminal Record Bureau enhanced disclosures, occupational health clearance and GMC Fitness to Practice. (www.nhsemployers.org/primary/primary-3524CFM)

It is recommended that the Practice uses the model GPC (General Practitioners model contract) as provided on the Oxford Deanery website.

www.nesc.nhs.uk/primary_areas/oxford_Deanery/oxford_schools/school_general_Practice/gp_educators/Practice_managers.aspx

Educational Contract

Each GPStR should have an Educational Contract agreed with his Trainer as a statement of educational aims and objectives, signed by both as a record of an agreement. This is retained on the e-portfolio.
GP RETURNER, RETAINER

The deanery contact is Honor Merriman and no action should be taken to employ GP Retainer or Returners without first contacting her.
Oxford Deanery (01865740601)
Honor.merriman@ntlworld.com

GP Returner Scheme

The GP Returner Scheme is aimed at assisting GPs wishing to return to General Practice following a career break to allow them the opportunity to refresh their skills under the guidance of a Trainer/clinical supervisor. Ordinarily placements will be full time for a four month period. There is no funding from the Deanery to cover salary costs, but a Trainer’s grant may be paid by the Deanery.

GP Returners are unable to claim reimbursement for cost relating to Medical Defence Organisation subscriptions.

GP Retainer Scheme

The scheme is intended to ensure that doctors who wish to eventually return to General Practice as a principal or non-principal are able to keep up-to-date and further develop their careers.

The Retaine allowance to the employing Practice is available for each, of up to four sessions per week (a session is three and a half hours). This is intended to offset some of the cost to the Practice of employing the Retainee and supporting the Retainee in their educational needs. The remainder of the Retainee’s salary is paid by the Practice.

The employing practice is responsible for the salary.

The Practice will be required to offer the Retainee experience of a sufficiently wide range of General Medical Services (which may include home visits) and monitor the Retainee’s workload and experience. A new Retainee must go through an adequate induction programme. Help and advice, from a named clinical supervisor, must be available to the Retainee during sessions. The Retainee is not expected to undertake any Out-Of-Hours work, but, in order to gain educational experience, is not discouraged from doing so in a supernumerary capacity. The length of the scheme is usually five years.

The Retainee must undertake 28 hours of education time per year to include educational supervision of three hours by the Practice educational supervisor. These 3 hours should be spread throughout the year. The Retainee will receive support for
travel and subsistence for education and a contribution towards course fees for the above 25 hours of education subject to prior approval by the Deanery. In addition, Retainees will receive their usual payment from the Practice for the educational session. Forms for approval and claiming expenses can be obtained from the local Deanery office.
LEAVE

Sickness, Maternity & Paternity

Trainees are required to submit a log of all leave taken i.e. sick, carers, annual study, paternal, maternal – signed by their educational supervisor and Practice Manager within 7 days of completion of placement.

Sick leave

Any absence due to sickness will be paid in line with terms contained within the Handbook of Terms and Conditions of Service for GP Specialist Trainees in General Practice. (Please see BMA website).

Where sickness or other absence exceeds 2 weeks per annum, it may be required to extend the training period to complete training. The decision, in regard to the length of further training, will be made by the GP Dean in consultation with the Trainer/educational supervisor. This will be a pro-rata arrangement for flexible training posts and for those posts that are less than 12 months in duration.

Maternity/Paternity leave

(Please refer to current Employment Law Guidance)

NHS Business Services Authority- HR Policies- Maternity/Leave Policy:

(http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Maternity_Leave_Policy.pdf)
Annual Leave

Entitlement: twenty-five days paid annual leave per annum for full time employment.

GPStRs on the third or higher incremental point of their scale shall be entitled to thirty days paid annual leave.

Proposed dates must be discussed and agreed with the Trainer/educational supervisor. Leave dates must be agreed before booking holidays.

If there is any exceeded leave entitlement at the date of leaving the Practice, for whatever reason, the Partners will be entitled to deduct a sum equivalent to the salary paid in respect of such excess leave from the GPStRs final salary payment. **The GP Dean must be notified of any additional leave** to determine whether an extension to training will be required, or a twelve month rotation period taken.

Bank and Public Holidays

Entitlement: eight bank and public holidays per annum. Part-time employees should be entitled to bank and public holidays on a pro rata basis according to the number of hours worked compared with full time hours, but this is generally at the discretion of the practice.

Study Leave

As a guide, at the discretion of the employing Practice, a full-time GPStR may be permitted five days study leave over and above attendance at the VTS day release courses during the period of twelve months in the Practice and pro rata for shorter periods or part time training. Study leave requests may be agreed between the GPStR and his/her Trainer/educational supervisor subject to approval by the Director of Postgraduate General Practice Education. Such requests will not be unreasonably refused. Such Study Leave is optional and not compulsory, and also at the discretion of the Trainer.

ST1s, ST2s and ST3s in their GP placement should apply for funding via Barbara Gow at Oxford.

Study leave funding is managed by the Deanery to currently provide a £600 educational allowance (pro rata per year) for all GP specialty Trainees employed through General Practice. The educational allowance can be used to attend the MRCGP, Family Planning and Minor Surgery courses, as well as other courses which have been approved by the GP Trainer and the GP Programme Director as meeting educational needs outlined in the Trainee’s Personal Development Plan.
Application forms are available via the website below. They should be completed and returned to Barbara Gow

The Triangle,
Roosevelt Drive, Headington
Oxford
OX3 7XP.

[website link]

Applications for F2 students are processed via the Wexham Park Postgraduate Centre - application forms can be obtained via the website- [website link]
FINANCIAL CLAIMS

Car Mileage

Where ST1s, ST2s and ST3s live up to 20 miles from their place of work, they are entitled to claim a mileage allowance for days when they are expected to do home visits. Claims should be submitted to Finance at the Thames Valley Primary Care Agency on a monthly basis.

For example, if a GPStR lives 7 miles from the surgery and undertakes home visits for the day of 3 miles, he/she can claim for the day a total of 17 miles. Claim forms are available direct from the TVPCA Finance Department.

Professional Defence Organisations – Subscriptions

GPStRs are required to effect and maintain full registration with the General Medical Council, and to maintain membership of a recognized medical defence organisation for the duration of their placement in General Practice. Initially this is at their own expense, but full reimbursement of the cost of basic medical defence cover can be claimed from the Trainer/educational supervisor/funding authority. Evidence, in the form of original documents, of such full registration and defence organisation membership are required ahead of the placement.

The Trainer should send a copy of the acceptance letter from the Medical Defence Organisation, on receipt of payment by the trainee, providing the details of their training practice to the TVPCA, where the payment will be reimbursed in the training practice monthly payments.

Note: F2s do not require additional cover as they are covered under the Trust policy that employs them. GP Returners and Retainers, whilst requiring additional cover, are not able to reclaim the costs they incur.

Trainers Grants

A Trainers Grant is applicable to all placements in General Practice which will include F2s, ST1s, ST2s, ST3s and Returners but NOT Retainers. The rate of remuneration is reviewed in April of each year. It is highly probable that an individual Trainer may have more than one GPStR under his supervision. Where this is the case, a Trainers Grant is paid for each Trainee in the Practice. An educational supervisor payment can be claimed by a Trainer providing educational supervision to a ST1 or ST2 whilst they are in their hospital post.

The below chart summarizes the method of such undertaking:
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<thead>
<tr>
<th></th>
<th>Trainers GrantApplied for and paid via TVPCA</th>
<th>Trainers Grant invoiced and paid direct via the Foundation School</th>
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<td>ST1</td>
<td>Yes *</td>
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<tr>
<td>GP Returner</td>
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<tr>
<td>GP Retainer</td>
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*Unless there is more than one designated GPStR for each Trainer, in which case the second and subsequent grants should be invoiced via Barbara Gow.*
SECTION 3

INDUCTION

The aim of the induction is to introduce the Trainee to the surgery – and in the case of a first time Trainee, to General Practice. It is hoped that by the end of the induction programme the Trainee will be familiar with the other team members and the roles they perform within the Practice, together with the Practice systems. This should include familiarisation with the IT clinical system, the Referral system and in-house Practice protocols and procedures. It may also be appropriate to spend some time with outside agencies such as the local pharmacy, undertaker etc.

At the end of the process the Trainee should feel equipped with the necessary information and skills to be able to consult confidently with patients, with the knowledge that he/she is fully supported and integrated into the Practice team.

The length of the induction programme is for the Practice and Trainer to decide, and may be influenced by the previous experience of the GPStR. Some may require longer than others. Generally however it will normally be expected to take between two and four weeks for a first time Trainee.

Induction Pack

Each GPStR should be supplied with a Practice induction pack. Ideally the information contained within it should be offered and discussed on the first day of the placement. It is down to the individual Practice to decide what it should contain but some suggestions are:

- Contract of Employment
- Induction Timetable
- Normal surgery rota / on call rota / Out Of Hours rota
- In-house educational time table / meeting schedules
- A map of the Practice Area
- Local street map to assist with directions for home visits
- Staffing Structure Chart (both employed and attached staff) + contact numbers
- Practice Profile
- Practice Leaflet
- Keys to Premises
- Details of local pharmacy / undertakers
- Written Guidance on clinical data entry and Choose + Book
- Consultant Directory
- Useful addresses and websites

The Trainer and Manager will plan teaching sessions to cover the essential topics that a new Trainee must know.
SECTION 4

ROUTE TO ACQUIRING TRAINING PRACTICE STATUS

First Approval Visit

This information is aimed primarily at Managers in aspiring training Practices – which have never previously had a GP Trainee in training. Its purpose is to assess the Practice against the criteria for training; looking at essential and desirable standards.

General principles of Good Practice:
The teaching Practice must provide a high standard of care for its patients in order to provide an example for Learners and to provide opportunities for learning.

The Practice will need to demonstrate in its application a commitment to performance review and development over time.

The primary care team is an essential part of General Practice and working within it a vital part of the learning experience. The teaching Practice must therefore be able to demonstrate an effective primary care team, including appropriate values, team work, staff appraisal and continuing professional development, patient involvement, quality improvement, records, registers, information technology, management, premises, etc.

Specific areas of Good Practice:

1. **GMS Quality Outcomes Framework** by way of evidence of QOF achievement score.

2. **Performance Review, Quality Control and Evidence Based Decision Making**
   - **Audit:** The Practice must have in place an active programme of audit, which demonstrates the full audit cycle and the application of both standards and criteria. The Practice will demonstrate the changes that have resulted from its audit programme and discuss the process of selection of areas for audit.

3. **Medical Records** - Reliable information must be readily available to health carers. The purpose of this criterion is to look at the quality of summaries as well as the quantity. Notes must be accurately summarised, including appropriate prioritisation of problems, following a written Practice protocol outlining the system for notes summarising and updating. Patient records should be 80% summarised and this should be demonstrated at the Practice visit.
Evidence required by Practice Manager to support Good Practice includes:

- Protocols and policies for daily running
- Evidence of active Audit Programme (and any admin audits done in the last 2 years)
- Controlled Drug Book (if applicable)
- Minutes of Meetings: PHCT; Practice Team; Significant Event
- Evidence of business/partnership meetings open to Trainee
- Employment policies
- Patient Group Directives for Nursing Team
- Evidence of Equal Opportunities Statements
- Evidence of Health & Safety
- QOF evidence

The Trainer:

Must have at least two years experience in General Practice. This can be either as a principal or salaried partner or assistant in a GMS or PMS Practice. They should have a minimum four sessions per week regular commitment to the Practice.

- Attendance at an approved New Trainers Course is Mandatory
- New Trainers must have the MRCGP (either by examination or by assessment of performance). A Certificate of Medical Education (or equivalent) is mandatory for all new Trainers.
- All individuals are expected to be regular members of their local training group for at least 6 months prior to application.
- New Trainers must be familiar with educational aims for vocational training and methods of teaching and assessment.

Evidence must also be provided to demonstrate an ability to provide an appropriate Trainee Experience during their training. This involves evidence as follows:
The Trainee Experience- Practice Responsibilities:

1. The Learner must be welcomed as a colleague in the Practice with the benefits of access to the full potential range of the Primary Health Care Team. Attendance should be encouraged at Primary Health Care Team meetings, educational meetings, and partnership meetings. Trainees should have access to all aspects of Practice management, including business, finance and employment.

2. All partners should be willing to accept the educational purpose of the Learner’s attachment and their own responsibilities as members of the teaching Practice.

3. Practice Premises, Equipment and Reference facilities: The Learner should be able to consult in a well-equipped room and it is desirable that they should have a consulting room of their own. The Practice should ensure that the Trainee/student is provided with adequate equipment to carry out consultations and home visits.

4. Access to a means of recording and replaying consultations must be provided.

   a. Appropriate IT support should be available in the Practice. This includes a computer with appropriate search facilities, internet and electronic reference access, as well as facilities for private study not accessible online, should be available.

5. Protected Time for Teaching and Learning. The Trainer should have a minimum of 4 hours protected and uninterrupted time each week for preparation and teaching.

6. Out Of Hours work - Training for Out Of Hours remains part of the GP Vocational Training Scheme. Trainees must have sufficient exposure to all aspects of Out Of Hours care to prepare them for independent Practice. ST1/2s are expected to work one OOH session for each month in General Practice. ST3s need to be competent in OOH care and to have completed a minimum of 12 sessions (more, if they have not demonstrated competence).

   (Denise Spiller can be contacted to organize Out Of Hours work through the phone number: 01189365390)
The Visiting Team

GP Team Leader

Practice Manager (PM)

GP Trainer

The visit will begin with a tour of the premises and then the team will split up to examine individual aspects of the Practice. They meet later to compare notes.

A typical Practice visit timetable:

9.30am - Tour of Practice
9.50am - Visitors meeting
10.10am - GP Team Leader meets with Trainer to discuss the following:
  Trainer as a Doctor
  Trainer as a Teacher
  Teaching Programme
  Practice Manager and GP Team Leader to look at Practice systems
11.30am - Feedback from Team Leader to PM
11.50am - Visitors meeting
12.00noon - Feedback to the Practice team
12.30 - End of visit.

What will the visitors need?

Rooms:

Where the visiting team can meet on arrival and where they can present their findings to the Trainer and the team.

- For GP Team Leader to have meetings with Trainer (and trainee if there is one in the Practice)
- For the Managers to meet
- A desk and computer access in one of the offices
Personnel

- The Practice Manager should be available to meet with the visiting Manager
- A deputy Manager or senior receptionist to show the Team Leader the records, computer system and registers etc
- The current trainee should be available to meet with members(s) of the visiting team for 30 minutes: the Trainer, Nursing staff, other doctors.

Access to documents

- Each member of the visiting team will take a section of the training criteria and will need to see documentary evidence of how the Practice is meeting the criteria standards.

Who does what at the Visit?

The GP Team Leader meets with the Trainer to discuss the Trainer as a doctor and teacher and the training programme. Evidence that should be available:

- The Trainers PDP
- Educational Plan for current & last trainee [or if no trainee in place then an outline of the proposed plan]
- Training records for current and last Trainee [or if no Trainee in place then an outline of the proposed plan for training records]
- Trainee timetable
- Examples of teaching materials
- Record of current and last Trainees’ OOH’s experience [where available]

Visiting GP Team Leader: - Examines evidence of integrity of Practice systems relating to clinical activity, such as:

- Clinical protocols
- Practice formulary & prescribing audits (last year)
- Clinical SEAs & clinical governance guidelines (last year)
- All Practice audits carried out in last 2yrs (inc Trainee audits if appropriate)
- Trainee Guide
- Library and catalogue
- Medical Records
APPENDIX 1

APPLICATION FOR INCLUSION ON THE MEDICAL PERFORMERS LIST

1. PERSONAL DETAILS (This section to be completed by ALL applicants)

2. Status of GP (This section to be completed by all GP’s)
   * NB: Please note that GPs who are not signatories to the GMS/PMS Contract are not entitled to Seniority payments.

   Commencement Date (the date you wish to start working as a GP):
   NB: A minimum of three weeks notice is required

3. PRACTICE INFORMATION (This section does not apply to locums)
   Name of Practice:
   Address of Practice:
   Telephone Number:
   Fax Number:
   Email Address:
   Senior Partner:
   Practice Manager:

4. MEDICAL QUALIFICATIONS (This section to be completed by ALL applicants)
   Please list your qualifications (including post-graduate)
   Qualification - Where obtained Date qualified
   Can you confirm English was the language used for your basic medical training?
   Can you confirm that English was the language used for your GP training?
   If no please provide further details. Please refer to enclosed Language Testing guidance and questionnaire.
   Is this your first appointment within the National Health Service (NHS)?
   GMC Registration Number:
   Date of provisional registration: Date of full registration:
   Date of Registration with the Joint Committee on Postgraduate Training
   Training/for General Practice/PMETB (Not applicable to GP Trainees):

5. CITIZENSHIP STATUS (This section to be completed by ALL applicants)
   Are You a UK Citizen? Yes No Are you an EEA Citizen? Yes No
   Are you a spouse/dependant of an EEA National? Yes No
   *(Please enclose your passport or birth certificate unless it has been / will be presented at CRB)*

6. EMPLOYMENT/TRAINING HISTORY (This section to be completed by ALL Applicants)
Appointments/Experience

Doctors Name: GMC No:
7. REFERENCES (This section to be completed by ALL Applicants)  
The referees should normally be representatives of your last two clinical posts, who hold a professional clinical registration (i.e., GMC). The employment should have lasted for a continuous period of at least three months within the last 2 years if your last post was a training post please give the details of your Trainer as one of your referees.

9. DECLARATION (This section to be completed by ALL Applicants)  
Please note that Agency staff engaged in the validation of sensitive information are bound by the confidentiality clause within their Terms and Conditions of employment. This information will be treated in the strictest confidence and will be kept on a confidential file with access limited to appropriate personnel.

Above is an extremely brief condensed version of the application form for inclusion onto the medical performer’s list. To access the complete form, please visit the web address below:

APPENDIX 2

GENERAL PRACTICE SPECIALTY TRAINING

SERVICE LEVEL AGREEMENT

Between [name of General Practice]
And
GP Clinical Supervisor (Insert name)

This Contract is between [Deanery]
And
Dr [Insert Name of Clinical Supervisor] of [Insert Practice address]; an approved GP Clinical Supervisor (“The Clinical Supervisor”)

Whereas the Clinical Supervisor has, with the approval of the GP School Director and following agreed procedures, appointed Dr [Insert GPStR’s Name] to be a GP Specialty Training Trainee (GPStR) from [Insert start date] to [Insert Finish Date] at the agreed proportion of full time of 100% per cent, both agree to the establishment of this contract on the following terms and conditions:

1. During the term of this contract the Clinical Supervisor shall use his or her best endeavours to promote the education and clinical experience of the GPStR following the guidance laid down by the Postgraduate GP School Board / General Practice Education Committee on the advice of the GMC.

2. During this time, provided the appropriate criteria (as defined by Severn Deanery) in the published Criteria for Clinical Supervisors and Training Practices have been met by the Clinical Supervisor, the[ Deanery will provide educational support and indemnify the Clinical Supervisor should there be any complaint of dereliction of duty by that Clinical Supervisor.

3. The Clinical Supervisor will enter into a Contract of Employment that complies with the BMA GPStR Model Contract.

4. The Clinical Supervisor will enter into an individual educational agreement with the GPStR, which complies with the Severn Deanery model.

5. The Clinical Supervisor shall pay to the GPStR a salary and other allowance in accordance with the Schedule to Direction to Strategic Health Authorities concerning GP Trainees 2003 and 2007 amendments (or subsequent as amended from time to time). The Clinical Supervisor shall keep appropriate records thereof. Such salaries shall be paid in arrears at the end of each completed calendar month.

6. The Clinical Supervisor shall account to the proper authorities for all deductions from the Trainee’s salary relating to NHS Superannuation, National Insurance and Income Tax, and shall keep appropriate records thereof.

7. The School Director shall instruct, and contract with the appropriate authority to pay to the Clinical Supervisor in arrears at the end of each completed calendar month:
   a. The GP Specialty training Trainee’s salary
   b. Other appropriate allowance in accordance with the current Schedule to Direction to Strategic Health Authorities concerning GP Trainee 2003 with 2007 amendments.
   c. The Clinical Supervisor’s Trainer Grant
8. The Head of School shall instruct, and contract with the appropriate authority to pay to the GPStR such sums in respect of expenses as shall be authorised by the Head of School and as contained in The GP Trainee Scheme (the UK Guide) and the Schedules to Direction to Strategic Health Authorities Concerning GP Trainees (2003) with 2007 Amendments.

9. In the case of Part Time training, such salaries and allowances may be paid at the appropriate proportion. Clinical Supervisors' grants will be paid in full.

10. The Clinical Supervisor shall keep records of all sickness absences of the GPStR and shall notify the Head of School in writing should the aggregate absences exceed one week in any six months of training.

11. The Clinical Supervisor will notify the Head of School or his or her immediate representative immediately should there be any concerns that could lead to a termination of the contract of employment with the GPStR.

Any dispute between the parties concerning this agreement shall be referred to a sole arbitrator under the Arbitration Acts 1950 and 1979 nominated by the Secretary of the British Medical Association.

Signed:

…………………………………………………………. Head/Deputy Head, GP School    Date .................

…………………………………………………………. Clinical Supervisor          Date

………………..

This SLA contract should be completed at the commencement of the GPStR attachment and forwarded (within 4 weeks of the start date) together with a completed PAY 1 form to: [insert name]

For further in depth information relating to GP Specialty Training, consult the “Gold Guide”, Accessible via the below website:

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