Training in General Practice

A Guide for Practice Managers

This guide follows RNIB’s clearprint guidelines. If you have additional accessibility needs we can provide you with the document in electronic format. We welcome your input with suggestions to develop this document further (please email ssmith@kss.hee.nhs.uk)

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Introduction

This guidance is structured to allow easy linkage to areas of interest whilst giving an overall description of all aspects of GP training relevant to GP Training Practice Managers.

Information is provided within two main areas:

1) The structure and governance of GP Training in the UK and the HEKSS GP School.
   This includes information about the structure of the HEKSS GP Specialty School, the role of the GMC in postgraduate specialty training, how GPs can become GP Trainers, and the principles and criteria that guide and shape how GP training is carried out.

2) The processes relevant to the employment of GP Specialty Training Registrars in general practice.
   This gives relevant guidance to the employment of GP Registrars by the Practice, or to the hosting of them when the Acute NHS Trust is the Single Employer. Practice Managers who need to find information purely related to employment should go to the section ‘Employment of GPSTRs’.

When a Practice embarks on the project of preparing to train GP Registrars, the Practice Manager is possibly the most important person in supporting and delivering this. There are a number of standards to be achieved en route in acquiring Training Practice status; many of these relate to Practice systems and organisation and therefore fall within the Manager’s domain. As well as becoming familiar with the criteria for, and the process of, gaining approval as a Training Practice, the Manager needs to learn about the HEKSS GP School, the rationale behind GP training, how GP Specialty Training Registrars (GPSTRs) / trainees are paid, as well as the changing process of contracts of employment for GP Registrars, etc. A new Manager joining an existing training Practice also has a similar amount of new learning to acquire.

This guide is designed to support Practice Managers in all situations related to the training of GPSTRs. Its aim is to summarise the essential information needed to prepare for the GP School approval, and the first re-approval (solo) visits. It also aims to give guidance on issues relating to employing or hosting a GPSiR for the first time. References to more definitive sources of information and a useful contact list are also included.

Communications with the GP Specialty School

Further information and relevant documentation for training Practice Managers can be found in the Practice Managers section of the HEKSS GP website: http://kssdeanery.org/general-practice-managers.

Practice Managers are sent regular HEKSS GP Department e-bulletins and e-Newsletters and will be invited to HEKSS GP Specialty School conferences by email so please ensure that we have your up to date email addresses.
E-bulletins and newsletters are also published on the website available for all to view: http://kssdeanery.org/general-practice/gp-bulletins-newsletters

IMPORTANT INFORMATION

Historically GP trainees when placed in GP Practices were employed by the Practice. In HEKSS this is changing, with the commencement of the Single Employer Acute Trust pilot (SEAT). This arrangement has been in place since August 2011. The Acute Trust will employ the majority of GP Trainees throughout their GP training programme from the start
of their ST1 year which will result in GP Training Practice hosting Registrars in placements rather than employing them directly.

There are a few trainees still in training, who are not part of the Single Employer arrangement, who would have started before August 2011 and may have been training less than full time or had a break in their training. Trainees in the Epsom Programme are not part of the Single Employer arrangement. They need to be employed by the practice when they are in a GP training placement. It is important that Practices and Practice Managers know the status of the GP trainee, as their administrative processes will differ significantly.

Further information regarding employment can be found below under the sections “Hosting a GPStR” and “Employing a GPStR”.

WHILST WE STRIVE TO KEEP YOU INFORMED OF CHANGES TO PROCEDURES, WE WOULD ASK YOU TO PLEASE CHECK THE WEBSITE TO OBTAIN THE LATEST VERSION OF ANY DOCUMENTATION

Training in General Practice: A Guide for Practice Managers

Structure of the Health Education Kent, Surrey & Sussex GP Specialty School

The Health Education Kent, Surrey and Sussex (HEKSS) Local Education Training Board (LETB) Deanery function coordinates the delivery and funding of postgraduate medical and dental education in Kent, Surrey and Sussex. The HEKSS staff are employed by Health Education England. The HEKSS GP Specialty School Prospectus is available on the web site which provides trainees and stakeholders with an overview of GP training in the HEKSS.


The purpose of the HEKSS Department of General Practice Education is to improve patient care in the counties of Kent, Surrey and Sussex. It does this by ensuring high standards for recruitment to general practice, by improving the quality of education for GPs in training and by supporting and facilitating the on-going development of established GPs.
The current office of the GP Department is located in London at 7 Bermondsey Street, London SE1 2DD.

HEKSS covers around 4.5 million people and has 12 major acute hospitals trusts, 2 Local Area Teams, 12 NHS Acute Trusts, 4 Mental Health & Specialist Trusts and 3000 GPs. There is 1 School of General Practice which supports 245 individual GP training programmes clustered around the acute trusts. There are about 410 approved GP Trainers and the School can have approximately 850 GP trainees in all of the three years of training. This includes those working ‘Less than Full Time’ (LTFT) and those on maternity leave. The GP trainees and GP Trainers and Programme Directors in each of the main training programme areas form the Local Faculties of the HEKSS GP School. HEKSS GP Department also has a Post-Certification GP School for supporting GP principals in their CPD activities.

A brief overview of Medical Training in the UK

Following graduation from Medical School, newly qualified doctors undertake two years of the Foundation Programme (FY1 and FY2). Although this is largely undertaken in hospital posts, just over half of the trainees in the second year of the programme (FY2) will undertake a 4 month placement in GP. Trainees successfully completing the Foundation Programme will be eligible to apply for Specialty Training. Those trainees who are successful in an application for GP training will undertake a three year training programme composed of hospital posts and placements in GP. The time spent training in a GP placement will be at least 16 months. These trainees will be known as GP Specialty Training Registrars (GPStRs). Further information is given below.

The GMC is the overall regulator not only for each doctor on the medical register but also for the delivery of all medical education in the UK, from undergraduate (medical school) through to all levels of specialty training to Completion of Certificate of Training (CCT) or its equivalent. The GMC provides guidance and criteria for training and for trainers in all specialties (Educational and Clinical Supervisors), and requires HEE to ensure that these are in place and complied with.

The GMC approves and registers GP Trainers formally in addition, mandating the GP School processes to be robust and appropriate. Thus the processes the GP School of HEKSS have in order to train, support, approve and re-approve GP Trainers and GP Training Practices must be congruent with this. The GMC also sets the standards for training across all specialties. These are described below.

www.gmc-uk.org/Trainee_Doctor.pdf

HEKSS has also created the GEAR (Graduate Educational Assessment Regulations) to support the quality management of the delivery of medical education and training. The main effect of this is to provide Local Faculty Groups (LFG) for each specialty in the main Programme training locations (normally the main Acute NHS Hospital Trust), one of which will be GP.

HEKSS has a regular programme of quality assessment visits that it carries out to all specialties and Local Education Providers (LEP). This process takes place over a three year cycle whilst GP Trainers are re-accredited individually every five years.

Who's Who in HEKSS

The Postgraduate Dean Director and responsible Officer for doctors in training in HEKSS is Professor David Black

The GP Dean and Deputy Dean Director is Professor Abdol Tavabie
The Head of the GP School and Deputy GP Dean is Dr Hilary Diack
The Head of the Post-Certification GP School is Dr Kevin Hurrell
The Lifelong Learning Adviser is Mr Steve Scudder

Each county is divided into east and west to create six patches that are supported by Patch Associate GP Deans:

<table>
<thead>
<tr>
<th>East Kent</th>
<th>Dr Kim Stillman</th>
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<tr>
<td>West Kent</td>
<td>Dr Debbie Taylor</td>
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<tr>
<td>East Surrey &amp; Crawley</td>
<td>Dr Chris Warwick</td>
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<td>West Surrey</td>
<td>Dr Bob Ward</td>
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<tr>
<td>East Sussex</td>
<td>Dr Mary Rose Shears</td>
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<td>Dr Glyn Williams</td>
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**Office staff and roles:**

There is a team of administrative staff who will be able to help you with your queries. The team is managed by Primary Care Business Manager, Sandra Forster and GP Office Manager, Sue Smith.

- [Follow this link](#) to useful Contacts

**GP Programme Directors (PD)**

GP Programme Directors run the local GP Training Programme with the support from the Medical Education Centre, and co-ordinate the GP and FY2 training placements. They are tasked with ensuring that individual training programmes are sufficiently broad and balanced to meet the requirements for a certificate of completion of training (CCT). Details of your local PD can be found on our web site.

All further information about the Department of General Practice Education can be accessed via our web site at:

[http://kssdeanery.org/gp](http://kssdeanery.org/gp)

**Practices Aspiring to Train**

Details of the GP Educational Pathway courses for prospective GP Trainers can be found on the web site: [www.kssdeanery.org/general-practice/educator](http://www.kssdeanery.org/general-practice/educator)

**Progression through the GP Educator Pathway to Become a GP Trainer**

We have designed a flexible modular GP educational pathway which offers three possible options to become engaged in teaching in General Practice:

- **Introductory Day** (1 day) – what you need to know about embarking on the educational pathway – is it for you and your practice? The day affords an opportunity to discuss your own circumstances with your local Patch Associate Dean
- **Part 1** - Clinical Supervisor including Foundation Clinical Supervisor (FY2 CS) (3 days)
- **Part 2** - Foundation Community Teacher (FY2 CT) (3 days)
- **Part 3** - GP Trainer (GPT) (5 days)

**NB:** Trainers may also be referred to as Educational Supervisors (ES)
These courses are provided free of charge by the Department of General Practice Education but please note there is no locum funding.

**Educational roles in HEKSS**

Within HEKSS there has been developed a series of roles which allow existing independently registered GPs to become involved in education:

- Foundation Clinical Supervisor (FY2 CS)
- FY2 Educational Supervisor (FY2ES)
- Foundation Community Teacher (FY2 CT)
- GP ST1 / 2 Clinical Supervisors
- GP Trainer / Educational Supervisor
- Programme Director

**Foundation Clinical Supervisors** oversee an FY2 doctor during a placement in GP and undertake the roles and responsibilities for the doctor as described above. Doctors acting as FY2 Clinical Supervisors must work in an approved FY2 training practice.

**FY2 Education supervisors** oversee a FY2 doctor for the duration of their training in FY2. Only those who have completed all three Parts of the GP Educator pathway, or are a KSS Accredited GP trainer may undertake this role.

**Foundation Community Teachers** support FY2 doctors whilst they are in their GP attachment through a regular weekly teaching tutorial. They also support FY2CS locally by running learning sets.

**GP ST1 / 2 Clinical Supervisors** undertake the roles and responsibilities of a Clinical Supervisor BUT must work in a KSS approved training practice under the supervision of a GP Trainer / Educational Supervisor. Such arrangements have to be agreed with the local Patch Associate GP Dean.

**GP Trainer/ Educational Supervisors** undertake the roles and responsibilities described above. A doctor may only be a GP Trainer / Educational Supervisor on successful completion of all three parts of the GP Educator pathway, have been approved under the KSS Framework for the accreditation of trainers and for new trainers have obtained a PG Certificate in Strategic Leadership and Medical Education.

**Becoming a FY2 CS**

GPs wishing to become FY2 Clinical Supervisors must:

- Have MRCGP
- Be in good professional standing (as demonstrated by approval by the LMC and Local Area Team)
- Participate in NHS appraisal.
- Meet the GMC standards for re-licensing and re-certification (revalidation)
- Work in a substantive post (have a formal contract of employment), usually be a minimum of three years post CCT and have been in their current Practice for a minimum of 1 year.
- Have successfully completed Part 1 of the KSS GP Educator Pathway
- To be up to date with Equality and Diversity training (by undertaking the KSS on-line training every three years).

**Potential supervisors** need to complete a reflective self-evaluation (Clinical Supervisor Appointment Questionnaire – CSAQ). If the practice is not currently an accredited training practice in HEKSS, the practice will also need to be visited and complete a reflective self-evaluation (Clinical Supervisor Appointment Questionnaire – CSAQ). If the practice is not currently an accredited training practice in HEKSS the practice will also need to be visited.
Foundation Community Teachers undertake tutorial teaching for small groups of FY2 doctors and support other FY2 Foundation Clinical Supervisors. Training for this role takes place on a 3 day module (Part 2) providing the doctor has successfully completed Part 1.

Becoming a GP Trainer
GPs applying for the first time to be approved as GP Trainers must possess:

a) MRCGP  
b) Evidence to support their participation in annual NHS appraisal  
c) Meet the standard required for re-licencing and re-certification (revalidation)  
d) Have successfully completed the KSS GP educator pathway  
e) Be in possession of a Post Graduate Certificate in Medical Education (or higher equivalent postgraduate degree)  
f) Have usually been in their current practice for one year  
g) Have usually gained a minimum of three years post CCT

The doctor will ideally have undertaken some practical experience of teaching, e.g. supervising an FY2 doctor in the Practice, supporting a GP trainee as a Clinical supervision or under the direct responsibility of a GP Trainer. Other educational responsibility such as teaching a nurse, or other healthcare professional in a learning placement and participated in supporting the FY2 CES role locally prior to becoming a trainer will need to be evaluated on an individual basis by the Patch Associate GP Dean.

GPs who become GP Trainers are also required to register for and obtain the Postgraduate Certificate in Strategic Leadership and Medical Education Programme run by the GP School which is academically accredited through the University of Kent.

Approved GP Trainers may then act as Educational Supervisors to GP Registrars both in the Practice and in their hospital training placements.

For further information on the GP educator pathway courses please contact the GP Education Pathway Manager, Sarah Cadlock scadlock@kss.hee.nhs.uk or Tel: 0207 417 3435.

Trainer Accreditation and Re-Accreditation

Doctors who have undertaken the educational pathway described above and have met the criteria to become a trainer will be invited to submit their application to become a GP Trainer. The process involves the completion of a Self-Evaluation Questionnaire (SEQ) which asks the doctor to draw on the experiences he/she has had and reflect on those experiences. This is then submitted together with supporting documentation from a mandatory evidence list.

The new Trainer SEQ is provided as part of the documentation when commencing the modular training in order that they may commence the document for both Trainer accreditation and PG Certification. Requirements for the PG Cert are included within the SEQ and potential new trainers will be advised about a learning set in their area managed by an Academic Mentor.

The New Trainer SEQ is available as a download from this page of the website:

www.kssdeanery.org/general-practice/educator/forms-guidances-handbooks-policies

Practice Managers may be asked to assist with completion of the practice data as requested and may also be able to support the trainer in providing information on practice protocols in the following areas:

- Induction Plans  
- Absence Cover Plan e.g.: rota plan that indicates who will be supporting/supervising the Trainee on any given day when the Trainer may not be available
If the Doctor is in an already approved GP Training Practice, then a visit will be organised for the Patch Associate Dean to visit the Doctor to discuss his/her portfolio, SEQ and plans for training as this will then form the basis of the Doctor’s initial appraisal as a GP Educator. The Patch Associate Dean will also wish to meet with the Practice Manager to ensure that the Practice is prepared for another Trainer/Trainee in the Practice.

If the Doctor is in a non-training Practice then the Patch Associate Dean will be accompanied by a Practice Manager from another Training Practice to check that the learning environment meets the standard required and to discuss with the Doctor his/her SEQ and plans for training. Full details of this process are outlined in the appropriate Guidance emailed to the GP as part of the accreditation paperwork.

The GP Department Patch Managers (one for each county, Kent, Surrey & Sussex) manage the trainer re-accreditation processes and will keep the Trainer informed when their trainer appointment is due to expire and will ensure they receive the paperwork for completion and return.

Documents for the Trainer Re-Accreditation can be downloaded from this page of the website: www.kssdeanery.org/general-practice/resources-gp-trainers

Approval by the Trainer Selection Committee (TSC)
In each case, the SEQ will be completed and submitted to the Trainer Selection Committee (TSC) which discusses all applications for accreditation and re-accreditation. The TSC will make a recommendation regarding the SEQ and where the appointment is supported this decision will be shared with HEKSS GP School Board for final ratification and the Trainer will receive written notification of the appointment/re-appointment. The GP School also confirms the appointment to the appropriate Local Area Office and the GMC.

If the Trainer is undertaking the Postgraduate Certificate in Strategic Leadership and Medical Education their submission will be marked in accordance with the requirements of the Exam Board (University of Kent) and managed in a parallel process.

Should the appointment not be approved initially, the Patch Associate Dean will discuss the situation with the Doctor concerned to see how the appropriate required development can take place. This would be an unusual situation as the Patch Associate GP Dean will normally address any necessary development before the report is presented to the committee.

New Trainers will be accredited for no more than 2 years from the date of the first appointment. During the two year period, the Patch Associate Dean will undertake a solo visit to review the trainer’s development to meet with both the Trainer and Trainee. The first re-accreditation process follows a very similar pattern to the Accreditation process with the completion of the First Re-Accreditation SEQ which asks for an update on the information provided at your first accreditation and once again supported by mandatory evidence which it is hoped will include feedback from the Trainee by means of an Exit Interview and if available the on-line questionnaire. Whilst the on line questionnaire is not mandatory, Trainees should be encouraged to complete the questionnaire. After the first re-accreditation, Trainers are then re-appointed for a 5 year period and will be required to complete the Trainer Re-Accreditation SEQ together with supporting mandatory evidence. A visit is not usually required unless there is a significant event to require a trigger visit.
If you have any queries about GP training in your geographical area please contact your GP Patch Manager:

Kent Patch Manager        Julie Malvermi jmalvermi@kss.hee.nhs.uk
Surrey Patch Manager      TBA           snorton@kss.hee.nhs.uk
Sussex Patch Manager      Sue Smith     ssmith@kss.hee.nhs.uk

Indemnity and liability arrangements
Indemnity and liability arrangements are in place to indemnify agents or persons acting on behalf of the HEKSS (Deanery) but who have no contract of employment with HEKSS. The arrangements relate solely to situations where the individuals are involved in roles and responsibilities that fall within the management of HEKSS in respect of appointments, supervision, assessment, management and targeted training of relevant trainees and students. Liability will not be accepted for actions that do not accord with the policies of the Department of Health or Deanery or actions that are unlawful.


Training FY2 Doctors in General Practice - The role of the FY2 Clinical Supervisor
The named individual who will oversee the FY2 doctor during the attachment will undertake the following:

- Arrange and monitor the work of the FY2 doctor so that the doctors do not perform tasks they are not yet equipped to do thus ensuring the safety of the FY2 doctor and patients;
- Offer constructive clinical feedback to FY2 doctors;
- Develop in association with the FY2 doctor a programme which meets individual learning needs;
- Undertake assessments on FY2 doctors using the tools developed for this purpose.

The manual for supervising Foundation trainees, including the honorary contract, can be found on our website:

http://kssdeanery.org/general-practice-managers

A service level agreement and claim form must be completed by the Clinical Supervisor for each FY2 trainee placed in the practice. These will be sent to the Clinical Supervisor and Practice Manager at the beginning of each four month rotation.

The GP School places very great importance on the feedback it receives from trainees about the placements that they have experienced. This feedback is essential to the development of our GP Trainers and Educational/Clinical Supervisors, both in hospital and in general practice, and to the training placements. The HEKSS GP School has introduced the FY2 Exit Interview and all Clinical Supervisors are asked to undertake an exit interview with their FY2 trainees when they come to the end of their placement. The Exit Interview form can be downloaded from this page of the website:

http://kssdeanery.org/general-practice/educator/pathway/clinical-supervisor

There is also an on-line survey and FY2 doctors should complete this feedback at the end of their GP placements (the deanery will write to trainees asking them to complete this). It would be helpful if Practice Managers encourage the trainee to complete the on-line survey, the details of which will be emailed to trainees in the last month of their rotation.

For further information please contact Sarah Cadlock (scadlock@kss.hee.nhs.uk)
Training Paramedic Practitioner Students

HEKSS Department of General Practice Education is working in conjunction with the South East Coast Ambulance NHS Trust to place Paramedic Practitioner (PP) students in general practice training placements. This is in line with the DOH 2005 guidance “Taking Health care to the patient”. The Deanery will co-ordinate and arrange the training placements with approved GP Training Practices for the eight week placement and the GP Trainer will be paid the Trainers grant pro-rata from the GP Department.

The GP Trainer will act as Educational Supervisor but may delegate teaching and clinical supervision to the GP Registrar (giving the Registrar an opportunity to develop their leadership skills*) and other appropriate members of the Primary Health Care Team. The GP Trainer will carry this out under a Service Level Agreement with the GP Department and have an honorary contract with the PP student. Paramedic Practitioner students (PPS's) will follow the PP Curriculum and complete Work-based Placed Assessments. These assessments are similar to those that the GPStRs carry out.

The GP Department and SECAMB have now agreed to place up to 40 Paramedic Practitioner students in GP Training Practices in a year. Practices interested in having a Paramedic Practitioner student should contact Pauline Smith for more details (psmith@kss.hee.nhs.uk)

More information can also be found on our website: http://kssdeanery.org/general-practice/paramedic-practitioners

GPStR Training

Doctors wishing to train for GP in the UK will need to be appointed by a nationally managed competitive selection process. This is carried out by individual HEE GP Departments co-ordinated by the National GP Recruitment Office (NRO)

The length and content of GP training is defined by the overall competent authority, the GMC, who issue the certificates to trainees at the completion of their training to enable them to be put on the GP register of the GMC in order to practise as GPs in the UK. The structure and content of GP training is defined by the Royal College of General Practitioners (RCGP) who define the curriculum, and the assessment process leading to Membership of the College (MRCGP) which is an essential part of the certification process to be registered as a GP. GP trainees record their educational progress in training on-line through the RCGP e-Portfolio. This record is an essential part of the assessment process.

GP training at present must be no less than three years, with at least one year in hospital and ideally no less than 16 months in general practice. Many trainees will undertake placements in general practice throughout their three years of training (GPST1/ST2/ST3) often in conjunction with placements for part of the week in a hospital specialty, clinic or other learning environment(e.g. PCT): these posts are known as Integrated Training Posts (ITP).

Although the RCGP ideally look for 18 months in GP as part of the three years training, it is possible for GP Registrars to undertake a minimum of a year, provided the learning outcomes of the GP curriculum are very robustly evidenced.

During the whole of their training, GPStRs need to be registered with the Royal College of General Practitioners in order to be on the RCGP electronic record of their training and assessments (the ePortfolio). This is the GPStRs responsibility and they will need to complete a form registering them for Specialty Training (the form R) every year during their training and send it in to the GP School.

The GP Trainer will provide educational supervision to the GPStR during their training.

Further information relating to this can be found in the GPStR Guidance available within the Resources for GP Trainees section of the website via the link below:
GPStR Induction in the Practice

The aim of the induction is to introduce the GPStR to the GP surgery – and in the case of a first time trainee, to general practice as a specialty.

1. At the end of the induction period, the GPStR will have acquired the essential information and skills needed to be able to consult effectively with patients and work with the team in your Practice. This means introductions to all the team members and an initial understanding of their roles, familiarisation with the Practice premises and fire and evacuation procedures. The GPStR must quickly come to understand some key Practice systems, including how to operate the clinical IT system, access the internet and e-mail and messaging systems, and use the telephone system.

2. The clinical part of the induction is primarily the job of the GP Trainer and that involves an initial assessment of the GPStR’s competencies and learning needs. However the Manager will be closely involved in timetabling and possibly the documentation of this. (The Manager is increasingly important for managing the overall educational activities in the Practice).

3. The length of the induction period is for the Practice to decide and will be dependent upon the previous experience of the GPStR. For example a GPStR coming to a paper-light Practice and who is unfamiliar with the IT clinical system will need a longer induction than one who has used it before. However, it will normally take between two and four weeks for GPStR coming into a GP placement for a first time

Induction Pack
The first section of the GPStR Guide should form the induction pack – ie the information that should be offered and discussed on the first day. The following might make up an induction pack:

- Contract of Employment/or Honorary contract (depending on employment status)
- Registrar Induction day 1: Induction Timetable / normal timetable for first time registrar / on call rota / OOH rota
- A map of the Practice Area
- Staffing Structure Chart
- Practice Profile
- Practice Leaflet
- Keys to Premises
- Useful addresses and websites
- Written information to help the trainee become familiar with the IT system used in practice
Induction: essential topics
The Trainer and Manager will plan teaching sessions to cover the essential topics that a new Registrar must know.

Other:
- Check if the GPStR needs a smart card for logging in for NHS services such as Choose and Book.
- Give the GPStR a Practice profile for information about the Practice.

The Practice Manager should ensure that the Training Practice information for patients is displayed when a GPStR is in the practice.

Training and Assessment
The training week for a GPStR will be a mixture of service and learning. Full time GPStRs will undertake 7 clinical sessions (surgeries, clinics) and 3 educational (the one to one teaching from the GP Trainer, normally called the tutorial, a session of flexible educational time, which is a session of learning that can be project work, working on an audit, learning in a specialty clinic, or other work agreed by the GP Trainer, and during the term time, the half-day release course, which forms part of the study leave allowance for GPStRs). Over the whole of their three year programme, GPStRs need to demonstrate that they are achieving the learning outcomes of the GP curriculum. They will demonstrate this by means of a series of workplace based assessments which are recorded in their electronic learning log, the ePortfolio. The assessments and the ePortfolio are defined by the RCGP, and will largely be carried out by the GP Trainer. These involve the observation of procedures carried out by the GPStR (Direct Observation of Procedures), discussions of cases that they have seen (Case Based Discussion), and observed consultations (normally done with video-recorded consultations, the Consultation Observation Tool). In addition there are assessments that will involve patients feeding back about the GPStR (Patient Satisfaction Questionnaire) and feedback about the GPStR from other members of the team (Multi-Source Feedback). These latter two may involve Managers in some coordination of the process.

GPStRs in their hospital posts will be supervised by GP Trainers who will act as an Educational Supervisor to them. They will be expected to come to the Practice of their Educational Supervisor for one day in each of their 4 month hospital posts (but not, clearly, when they are in a GP placement in their first or second years). The guidance as to how this should be organised and details as to how the GP Trainer can claim the £100 visit fee, can be found in the HEKSS Study Leave Policy which can be found on our website at:


Like feedback from the FY2 doctors, feedback from GPStRs is also extremely important. This feedback is essential to the development of our GP Trainers and Educational and Clinical Supervisors, both in hospital and in general practice, and to the training placements.

This feedback is delivered on-line and every doctor in GP training in the HEKSS GP School should complete this feedback at the end of each of their placements in ST1 and ST2, both in hospital and in general practice. In the ST3 placement in GP this should be completed after the first 6 months and the end of the placement.

It would be helpful for Practice Managers to encourage their GPStRs to complete the on-line form which can be found on our web site. All of the survey forms are found here:

http://kssdeanery.org/general-practice/trainees/gp-specialty-training/training-placement-feedback

The HEKSS GP School has also introduced the Trainee Exit Interview and all GP Trainers are asked to undertake an exit interview as a mandatory part of the training cycle
Employment of GPStRs

The employment of a GPStR in general practice involves the co-ordination of a number of agencies. HEKSS manages the recruitment and selection of GPStRs and provides for a programme of training suitable to allow the trainee to demonstrate their ability to be put on the GP Register of the GMC. GPStRs undertake a three year programme, of which the last year will be continuously in general practice, as well as a four month placement during the first or second year of training which will also be in general practice.

Traditionally, the trainee will have a number of employers during this programme, of which the GP Practice is just one. However, in August 2011, the Department of General Practice Education within HEKSS initiated a pilot whereby the Acute Trust is the Lead Employer of the trainee throughout their training programme. Details of which are given below:

General Practice Trainees (GPStR’s) during their 3 year programme are defined as GPST1, GPST2 or GPST3 Trainees. In August 2011, those entering General Practice Training at ST1 Grade became part of the Single Lead Employer Pilot and therefore the employment processes were different for ST1 Trainees in all localities (except Epsom whose Trust is linked to the London Deanery and not within the HEKSS Single Employment arrangement).

In August 2012, the Single Lead Employer Pilot once again encompassed the new intake of ST1 Trainees but also included all those trainees who were employed under the SEAT arrangement the previous year (with the exception of Epsom for the reasons given above).

Trainees within the pilot are employed by the Lead Employer which is the appropriate Acute Trust. The Trust is therefore responsible for the Trainees employment, payment of the salary, car mileage claims, study leave allowance.

The GP Trainer will be entitled to the Trainer grant for hosting a GP trainee and will claim this direct from the GP Department. Full details of the pilot, including how to claim the GP Trainers Grant can be found on the website via the link below:

www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

The GP Training Practice is still required to undertake some administrative tasks relating to trainees employed under the Single Employer Pilot by completing

- an Honorary Contract with the trainee,
- a Trainer SLA
- Confirming appropriate pre-employment checks have been undertaken

Full details can be found on the web page www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot.

From August 2013 all ST1s and ST2s and the majority of ST3s will be employed by the Single Employer Acute Trust (except for Epsom trainees). There will also be a few trainees who were recruited before August 2011 who may have had a break in training or been training less than full time who will not be part of the Single Employer arrangement.

A) Hosting a GP Specialty Training Registrar

The information in this section applies only to those GPStRs employed under the Single Employer Acute Trust (SEAT) process. In this situation, the Acute Trust is the formal employer of the GPStR and the GP Training Practice has the status of a host organisation.
This has its own set of responsibilities and requirements which are clearly set out in the SEAT Service Level Agreement – host organisation section, in particular, the host organisation is required to complete Absence Returns monthly and send them to the Trust.

1. **SEAT employed Trainees:**
   - Will be employed by the Lead Employer (Acute Trust that is associated with the GP trainees training programme)
   - Will follow the employment policies of the Lead Employer
   - Will have their salary paid by the Lead Employer
   - Will claim their Car Mileage Allowance through the Lead Employer (which is signed off by their GP Trainer).
   - GPST1 & GPST2 trainees will claim all study leave reimbursements (including GP placement study leave) through the Lead Employer’s Medical Education Centre (approved by the GP Programme Director and signed off by the Clinical Tutor or Director of Medical Education).
   - All GPST3 trainees will claim their study leave reimbursements direct from the HEKSS GP Department.
   - All BBT trainees will claim their study leave reimbursements direct from the HEKSS GP Department.
   - Will be offered the discretionary pre-purchased medical indemnity from the MDU, available through completing an on-line form. This will be funded direct from HEKSS on the trainees’ behalf.
   - Will apply for removals expenses (if appropriate) from the London Deanery, under the HEKSS/London Deanery policy (which under this process will cover BBT/GP trainees in a GP or hospital placement, as they are employees of the Acute Trust).
   - Will complete the HEKSS SEGPR placement form.

2. **GP Training Practices who host a GP trainee from the SEAT:**
   - SEAT Trainees (GP and BBT) are employed by the Lead Employer - Acute Trust in the training programme and are therefore not employees of the GP Training Practice.
   - As a host organization, GP Training Practices are required to sign the SEAT SLA with the Single Employer Acute Trust:
     - Follow the Host Organisation obligations in the SLA
     - Ensure the Acute Trust has appropriate contact details for the responsible practice manager or administrator,
     - Complete monthly absence reports (including zero reporting) and significant and untoward events, especially if involving patient safety issues, and return this to the Single Employer Acute Trust
   - Will ensure that the Trainee has completed
     - The SEGPR placement form and sent it to HEKSS
     - The honorary contract with the GP Trainer
   - Will check that the trainee has appropriate:
     - GMC registration,
     - Medical Indemnity
     - Is on the National Performers list (more info is set out in below) (PLEASE NOTE: BBT Trainees are not required to be on the Performers List).
   - The Practice should retain copies of documentation on file.
   - Will ensure that the GP Trainer completes and returns the Trainer/HEKSS SLA for hosting a SEAT trainee (as is currently required for all GP trainees in the Practice)
   - Will ensure that the GP Trainer and the trainee signs the Joint Honorary/Educational Contract (updated version June 2013) which is available on the HEKSS GP web site
   - Will ensure that the trainee receives appropriate induction into the Practice including Health & Safety processes & procedures (as would be the case for all GP trainees in the Practice).

The full information relating to the SEAT processes and forms can be found on our web site at
Medical Indemnity
All HEKSS GP Trainees employed by the lead Single Employer Acute Trust (SEAT), who are entering a GP placement after August 2012, MUST complete the relevant sections of the form provided on the website, including placement details, to confirm how their medical indemnity will be arranged. The form must be signed in either section B or section C, as appropriate.

From August 2013, Discretionary medical indemnity, provided as a benefit of membership of The Medical Defence Union Limited (MDU) and arranged by HEKSS (MDU Indemnity Arrangement), is currently open only to SEAT employed GP trainees. Further details are available on the website at: http://kssdeanery.org/form/medical-indemnity

- Trainees employed under the Single Lead employer are not required to complete the FPGPR1 forms, which means the Local Area Office does not get any paperwork from the GP School. The GP School will email the LAO with details of trainees who should be on the NPL. The Trainee will, complete the SEGPR1 form for the GP School to be able to update the placement on the database and validate the GP Trainers claim for the training grant.

Necessary Documentation
GP Training Practices hosting a GPStR under the SEAT process must still complete 4 essential forms, latest documents can be found on the web page: www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

The Service Level Agreement with the Employing Trust (to be signed annually)
The Trust will send this to you, a template is available on the web site: www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

Joint Honorary, and Educational Contract for SEAT GP trainees (to be completed for each trainee). This can be found here: www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

GP Trainer SLA for SEAT GP Trainees (to be completed for each trainee and sent to the Deanery). This can be found here: www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

GP Trainer Grant Claim Form for hosting a SEAT Trainee
The GP Trainer grant will be paid to the practice for hosting a GP trainees employed under the SEAT arrangement by the GP Department of HEKSS. Trainers should send in a completed claim form together with the Deanery/Trainer SLA (described above). The claim form can be downloaded here: www.kssdeanery.org/general-practice/gp-training-single-lead-employer-pilot

GP Practice can claim reimbursement of the appropriate GP Trainer grant for hosting the SEAT GP trainee as follows:

- For claiming the GP Trainer grant for hosting a SEAT ST1/2 GP Trainee, this should be claimed towards the middle of the four month placement.
- For claiming the GP Trainer grant for hosting a GPST3 trainee, Practices should submit 3 x 4 monthly claims during the period within the appropriate financial year).
- For claiming the GP Trainer grant for hosting a BBT trainee, this should be claimed during the middle of the six month placement.

Practice Checks:
The practice manager should ensure the following checks are carried out and retain a photocopy of documentation on file when hosting a SEAT employed GP trainee:

- Trainee is employed by the Single Employer Acute Trust
- Trainee is Registered on the National Performers List (more information is set out below)
- Trainee has full GMC registration
- Appropriate Car Insurance cover
- Medical Indemnity (as described above)

B) Employing a GP Specialty Training Registrar in the practice

The information in this section applies only to GPStRs who are not part of the SEAT arrangement and thus will be employed by the GP Training Practice. Please note this applies to all Epsom GP Trainees and only a few trainees in other programmes as described above.

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 Local Area Office or Support Agency. They in turn will reclaim the money from the GP School budget. At the beginning of the placement, HEKSS GP school will need a form (FPGPR1) completed by the GPStR, this confirms the attachment between GP Trainer and GPStR and triggers authorisation of their salary and the GP Trainer grant which will be paid by the Support Agency.

Trainees in 4 months GP Integrated Training Posts (ITP) are paid by the Practice who are also responsible for issuing their employment and educational contracts.

Whilst in general practice, the GPStR will need to be on the National Performers List (NPL) and is responsible for organising their own Medical Indemnity. The medical indemnity will be reimbursed to the trainee by the Practice on production of an invoice and this in turn will be reimbursed to the Practice by the LAO/Support Agency.

As this process for being put on the NPL involves an enhanced CRB check, which may take some time, it is very important that all GPStRs commence this process as soon as they know that they are coming to the Practice. GPStRs are normally allowed 3 months for the checks to be done, but over this time there is a grace period of 3 months which allows the trainee to see patients. A very small number of GPStRs are on visa permit status, which may change as they change employers, and the visa status of non UK or EEC passport holders should be checked.

GPStRs will need to sign an employment contract with the Practice (the BMA provides a model contract which we advise is used). The GP Trainer and GPStR will also need to sign an educational contract, and in addition, the GP Trainer should sign an SLA with the GP School. The purpose of this SLA is to formally recognise the relationship between the GP School and the GP Trainer in their role of training an employee.

All the forms mentioned above are available to download from the Practice Managers page of our website.

GPStRs employed by the GP practice will need to get Occupational Health clearance by submitting an Occupational Health Questionnaire that will be sent to them by HEKSS GP School, as part of the starting in Practice paperwork.

All forms should be completed well before the placement commences (ideally at least 2 months). However, the GP School recognises that sometimes this is not possible, particularly when GPStRs commence their training programme with a placement in GP, so in those cases it should be done as soon as possible.

Document Checklist
It is recommended that the GPStR visits the Practice and meets with the Practice Manager prior to the start date. This is an ideal opportunity to complete the many forms and request copies of various documents needed. This is a suggested checklist:

**HEKSS GP School requirements:**

- Employment contract to be completed with each Trainee
  
  [www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPregs0707.jsp](http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPregs0707.jsp)

- Educational Agreement – to be completed with each Trainee
  
  Service Level Agreement - to be completed by the GP trainer for each Trainee employed by the practice, a copy of which must be sent to the GP School.
  

Please ensure that the trainee completes the following forms:

- FPGPR1 form (for employed trainees). GP School sends this form to the GPStR by e-mail. This should have been completed for each GP attachment and returned to the GP School by the GPStR at least a month before commencing a GP Placement. This form is essential in order to arrange payment and enable GP School to authorise the Trainers Grant.

- Enhanced Form R “Registration for Postgraduate Specialty Training”: This is the responsibility of the GPStR and should be completed and returned to the GP School at the beginning of each training year. It is essential for GPStRs to have registration with the Royal College of GP’s. This needs to be completed and returned to the GP School before the GPStR commences in post.

**Practice Requirements when employing GP trainees**

- Occupational Health Clearance (the GP School uses the OH department of Imperial College for trainees that are employed by the GP practice and will provide the forms for GPStRs). Check date of last CPR update for GPStR

- Agree rota for surgeries and educational programme.

- Confirm tutorial arrangements

- Check GPStR has a full driving licence and means of getting to home visits and that car insurance covers business use. GPStRs claim travel/car mileage allowance via the GP Practice from the PCT – a guidance claim form can be downloaded from the website: GPStRs who do not have their own personal transport are required to guarantee that they can provide alternative arrangements that will enable them to undertake the domiciliary requirements of their training post in GP.
  

- Obtain a specimen signature for the Path Lab and X-ray departments at the local hospital.

**Practice to check Trainee Requirements**

- Confirm visa status of GPStR. If GPStR does not hold an EEA passport they must provide a letter from the UK Borders Agency (UKBA) and a copy of the relevant visa confirming their current status to both the Practice and the GP School. It is important to know that if the GPStR requires an extension any Certificate of Sponsorship (CoS) required will be applied for by the GP School. Confirm GMC membership and obtain copy of certificate, with number.
• Ensure GPStR has appropriate indemnity with a Medical Defence Union. GPStRs will need to provide proof of membership of a medical defence organisation. Your local Area Office will advise you on the level of indemnity required which is normally full. The GPStR must contact their medical indemnity organisation and advise that they will now be employed in general practice. The Practice will require a copy of the certificate and reimbursement to the GPStR will be made via the PCT for GPStRs. If an ST1/2 doctor is undertaking a 4 month attachment in general practice the GPStR will need to arrange indemnity with the Defence Union to cover the 4 months.

• Medical Indemnity expenses for GP ST3 trainees that are employed by the GP Practice will be claimed through the GP Practice from their Area Office / Support Services. The Medical indemnity organisation should calculate the appropriate fee payable by the trainee for general practice placement period, and the GP Training Practice will reimburse the amount less the annual hospital subscription fee (which is not reimbursable). The Medical Indemnity Organisation will issue a breakdown of the costs which should be submitted to the Practice by the GPStR. Thus it is the GPStRs responsibility to organise this with the Medical Indemnity Organisation and ensure that this in place. It is important to note that the Defence organisations will allow cover under the NHS Indemnity process for doctors training in hospital work up to 30 days in General Practice every year. This will thus cover all doctors in ST1 and ST2 who are going to 1 or 2 day Practice placements during their hospital posts, and they do not need to take out the alternative cover.

• Establish whether the GPStR is paying any additional pension contributions.
• Request a P45 when GPStR commences post
• Request bank details for paying wages direct into bank
• Make a note of personal details such as address, date of birth, mobile telephone number and/or home number and e-mail address.
• Medical qualification certificates
• Hep B status
• National Insurance number

An example of a template of a GPStR appointment checklist is attached as Appendix B.

Contract of Employment for GPStRs

http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/JuniorDoctorsDentistsGPReg/Pages/DoctorsInTraining-Homepage.aspx

Framework for a written contract (BMA) click link for BMA web site information

Practice Managers need to be aware that while the Strategic Health Authorities and GP Registrar (Amendment) Directions 2005 has considerable bearing on the terms and conditions of service of a GP Registrar, that document serves only to set out the provisions under which a GP Trainer may be reimbursed the costs of employing a GP Specialty Training Registrar. It does not determine contractual entitlements, which should be set out in the contract of employment between the GP Trainer and the GPStR.

This is normally based on the ‘Framework for a written contract of employment for GP Registrars’ which is compiled in conjunction with BMA regional services and includes terms and conditions, leave, review of progress, health and safety at work, discipline and suspensions, educational agreement, and personnel policies and working procedures.

The contract framework should be given to the GPStR during induction and should be signed by the end of the fourth week and not later than the end of week 8. Often the pay
scale for the GPStR is not determined at the outset which accounts for the delay in signing
the contract.

**Sickness, Maternity & Paternity Leave**
Practices will only need to manage these payments where the trainee is not employed by
the Single Employer Acute Trust.

The terms and conditions around leave are subject to regular changes, and the Manager
is advised to regularly consult the NHS Employer’s website for up to date information. For
this reason the following sections lack specific detail.

http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx

In addition membership of the BMA for GPStRs allows them access to their website with
useful areas under General Practitioner Registrars.

**Sickness**
Payment to GPStR during sickness should be made on the basis of the number of years’
service with the NHS.

Where sickness absence totals more than 14 working days (including any weekends on-
call) during a training year, the period in training should be extended by up to the
equivalent period to allow completion of training. This has to be determined by the
Director of Postgraduate General Practice Education. It is important, therefore, that all
GPStRs and the Practice keep a log of sick leave which is corroborated by the employer.
The GPStR should advise the Programme Director and the GP Training Recruitment
Manager at the HEKSS GP School of sick leave taken, that exceeds the threshold
indicated above.

Periods of absence because of disability related leave (under the Equality Act 2010) must
be made up in full to complete training.

**Maternity**
A full guide to maternity leave can be found on the NHS Employers website. This includes
details of eligibility to Occupational Maternity Pay (OMP) and Statutory Maternity Pay
(SMP) and has a useful flow chart to enable you to work this out. If you need further help
after reading the guidance please contact the GP Training Recruitment Manager/Officer.

**Antenatal care**
A pregnant employee is entitled to reasonable paid time off for antenatal care. This
includes appointments with her GP, at hospital and antenatal classes.

**Health and safety**
If there is any potential risk to a pregnant employee then there is an obligation to carry out
a risk assessment. To remove or reduce the risk may lead to the employee’s duties being
temporarily changed, or if there is no other option, suspension of the employee on full pay.

Periods of absence because of maternity leave must be made up in full to complete
training. GPStRs must inform the GP School in writing of maternity leave dates so that our
records can be updated and projected return to training dates can be forecast.

**Paternity**
http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx
A partner is entitled to paid leave – following the birth or placement of child for adoption. If the partner is an employed GP trainee, the Qualifying Conditions for continuous service before entitlement to paternity leave is the same as for maternity leave – i.e. 12 months continuous service by the 15th week before the baby is due

and 2 weeks SSP (Statutory Paternity Pay where the GPStR has been continuously employed for at least 26 weeks ending with the 15th week before the expected date of birth.

- Certification – the GPStR must complete the form, SC3 “Becoming a Parent”, for their employer

To qualify as a "partner" the employee must live in an enduring family relationship. Gay and lesbian couples can qualify as partners.

Periods of absence because of Paternity leave must be made up in full to complete training.

**Holiday and Study Leave**

**Annual leave**

http://bma.org.uk/practical-support-at-work/contracts/leave

For trainees employed under SEAT arrangement the level of annual leave will be set by the employing Trust.

For trainees employed directly through the Practice the entitlement is 25 days paid annual leave for GPStR’s on point 02 or below of the salary scale and 30 days paid annual leave for GPStR’s on point 03 or above of the salary scale per annum for full time employment. Most GPStRs who have entered their GP training straight after their Foundation Programme will not reach the third point of the salary scale, but as many doctors come to GP training with a number of years in hospital medicine behind them, Managers will need to check this.

To ensure that adequate cover is available, the GPStR must give reasonable notice of intention to take leave and must discuss the proposed dates with the GP Trainer and have them agreed. Leave dates must be agreed before booking holidays. Such agreement will not be unreasonably withheld.

If leave entitlement at the date of leaving the Practice, is exceeded for whatever reason, the employer will be entitled to deduct a sum equivalent to the salary paid in respect of such excess leave from the final salary payment. Payment may be made in lieu of leave owing at the end of the post if agreed in advance with the Deanery and the GP Trainer.

**Study Leave**

www.bma.org.uk/practical-support-at-work/contracts/leave/leave-gp-trainees

The RCGP has stated that all GP registrars should be expected to have a minimum of 30 days study leave allowance, which includes that taken for the half day release programme.

The HEKSS GP School runs a number of courses that it expects GPStRs to attend as listed below and other courses should be negotiated with the GPStR’s Educational Supervisor and Programme Director.

- MRCGP familiarisation and learning courses
- Induction for GPStRs
- Out of Hours communication skills course
- Meetings of the KSS GPStR committee.

The HEKSS GP Department has developed a guide for trainees and this can be found on the web site
**GPStR Pay and Pay Protection**

This will be an uncommon issue for most Practice Managers as there are few GPStRs who come into GP training from a previous post with higher pay. However, this does happen and this is an area where great care needs to be taken. There have been widespread problems of misinterpretation of the GPStR pay regulations – including incorrect advice given by the BMA. Therefore do not be tempted to work out the pay yourself but seek advice from the GP Training Recruitment Manager/Officer on the correct interpretation of the policy. The complexities are related to pay protection and the GPStR supplement and whether the doctor is moving from a training or non-training grade into a GP training post.

- The main problem has been with doctors moving from a non-training NHS grade to GP training. These doctors are not usually entitled to the GPR supplement, which is restricted to doctors who are being paid on a training grade scale.
- If in doubt about the level of salary, then pay the basic pensionable salary and then reimburse shortfall later – rather than overpaying and trying to reclaim.
- The GP School will not give formal advice to Practices, trainees or Local Area Office/Shared Services on salary levels.

The definitive regulations about all aspects of GPStR reimbursement is found on NHS Employers website under GPS Reserve Directions Schedule 1. There is an explanatory paper - GPStR Pay Protection Guidance – produced jointly by DH and the BMA, available on the same site.

[http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx](http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx)

Individual disputes about pay and reimbursement for GPStRs, between Local Area Office/Shared Services, the Practice and the GPStR may be addressed to the Family Health Services Appeal Authority.

**Car Mileage Allowance for all GP Trainees (SEAT & Non-SEAT)**

Trainees employed by the practice will claim mileage via the GP practice/PCT. Trainees employed under the Single Employer will claim the mileage via their employer. Trainers are required to approve all claims according to the regulations.

Schedules to the Direction to Strategic Health Authorities concerning GP Registrars were amended and published on 31st July 2007. You may access this on: [http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx](http://www.nhsemployers.org/PayAndContracts/Pages/Pay-and-contracts.aspx)

The GP School has produced a guidance to describe the arrangements for GPStRs, and how to claim for the Car Mileage (or transport) Allowance from their GP training Practices. The guidance is available on our web site [http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies](http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies)

**Local Area Office Requirements for all GP Trainees (SEAT & Non-SEAT)**

- Application for inclusion in the Local Area Offices National Performer’s List. (This may not be necessary if the GPStR is undertaking their second placement in general practice in the same Local Area Office)

From the 1st April 2013 a unified National Performers List (NPL) for England has replaced the individual PCT Medical Performers Lists (MPL)
GPSRs currently continue to be registered on the NPL and information and application forms can be found on http://www.performer.england.nhs.uk/  
The main differences are:

- Trainees now apply to their Local Area Team to join the list. (The website above provides a simple postcode search to alert the trainee which Area office to apply to. (HE KSS has only two offices Kent and Surrey / Sussex)
- Trainees need to provide a Disclosure and barring service certificate
- Trainees who cannot provide UK residency details for the last 5 years must undergo a Police Home Check
- Trainees now have up to 3 months periods of grace
- All GPSRs are required to be placed on the National Performers List by the LAO within 12 weeks of starting the post. Trainees must be referred to the LAO at the earliest possible opportunity (ideally 3 months) to ensure their application is submitted in good time as they will need to undergo an enhanced Criminal Records Bureau (CRB) check. **NOTE:** minor bureaucratic errors can cause long delays, e.g. the same spelling for the GPSR’s name must be used throughout the documentation and this must match that on their passport, in order to avoid these lengthy delays.
- We would ask Practice Managers to please check with the LAO, as early as possible, that their Trainee is on the National Performers List.

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### Quality Management in GP Training

The GMC is the statutory organisation responsible for the delivery of good quality medical training and education for all doctors in postgraduate specialty training. It sets criteria for the delivery of training, and for trainers, and approves specialty curricula. It is the body that approves GP training programmes and posts and GP Trainers, and has approved the GP curriculum.

GP training is based in several locations; Acute NHS Hospital Trusts, Psychiatric Trusts, other location (e.g. Hospice) and GP Practices and OOH providers, and these locations are referred to as Local Education Providers (LEP) in the HEKSS guidance. It is the responsibility of LEPs, and their GP Faculties (local units of the GP School) to ensure a process of quality control is in place. This will cover, for example, the effective delivery of appropriate training and the ongoing monitoring of the progress of all GPSRs in that training programme area. HEKSS is charged by the GMC with the task of quality managing the quality control in all locations, and the GMC will undertake a series of processes, including visits to Deaneries, to quality assure medical education in the UK.

The GMC sets out the requirements for Supervisors (including GP Trainers) and the delivery of postgraduate medical education in:

**GEAR (Graduate Educational and Assessment Regulations)**

In order to ensure that medical education and training in HEKSS is congruent with the requirements of the GMC, HEKSS has created these regulations.

The full regulations can be found at http://kssdeanery.org/education/publications/view-gear-version-3

but probably the most important aspect that the Practice Manager needs to be aware of is the Local Faculty Group (LFG).
**Local Faculty Groups (LFG)**
These exist for each Specialty involved in training at each Local Programme area or Trust. GP LFGs group will comprise all those involved in facilitating and delivering GP training at that locality, as well as the trainees. This thus includes GP Trainers, GP Educational Supervisors, GP Programme Directors, the Patch Associate GP Dean, the Medical Education Manager and the Faculty Administrator. It will also include representatives of the hospital consultant Clinical Supervisors, and the GPStR representative. The group will monitor and support the delivery of GP training in both hospital and GP posts, and will consider any issues of concern. It also has the very important job of reviewing the progress of every GPStR in the Faculty and co-ordinating appropriate support for those trainees recognized to be experiencing difficulties (TID).

The LFG meets three times a year. It provides an annual report to the Local Academic Board.

It is very important that GP Trainers attend these meetings. They may also have the responsibility to attend the LFGs of other Specialties who host GPStRs in their hospital posts.

Each Trust, or Local Education Provider (LEP) has another group, the Local Academic Board, which receives representation from every LFG. The GP Programme Directors are part of this group. This is chaired by the Director of Medical Education (DME) at the Trust and provides an annual report to the Deanery.

**Deanery Quality management visits**
The Deanery already has a process for the approval and re-approval of GP Training Practices and GP Trainers, and the visits to new Practices are a significant part of the quality management process that Practice Managers are already involved in.

As part of the quality management process, each Trust and GP Local Faculty Group will be visited in order to review the provision of education for doctors in training against the standards set by the GMC. This is a two day process. The first day focusses on GP and involves visiting a local GP training Practice and also meeting with the GPStRs in their GP placements, the GP Trainers and the GP Programme Directors; Day 2 is a visit to the Hospital in conjunction with the visitors for the overall Deanery specialty assessment process (looking at the non-GP specialty areas selected for that visit), and the Consultant Clinical Supervisors. This enables us to triangulate information and obtain a broad understanding of the education provided in that Trust and GP training programme area.

Practice Managers are an important part of the visiting team for Day 1, and along with a GP Programme Director and GPStR give support to the Lead Visitor, a GP Patch Associate Dean, in checking information in appropriate areas. This mainly involves talking to the visited Practice Manager and their staff and then collaborating on a report for the Deanery.

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**Funding available to Trainers and Training Practices**

**CPD Funding payable to GP Trainers – £750 Annually**
The GP Trainer CPD payment is an annual one off payment to all approved active GP Trainers. Approval for GP Trainers is with the GMC and we are required to produce regular data to them. The CPD payment will thus be made only to GP Trainers who are on this list at the agreed date in any given year. GP Trainers whose first time approval is after the agreed date will not receive the funding in the current financial year but be entitled to receive their CPD funding the following year.

HEKSS invites Trainers to claim for the CPD funding each year within the claim period (usually by end October) and Practice Managers are copied into the email.
Educational Supervisor Funding for supporting ST1 and ST2
This is payable to GP Trainers who have taken on this responsibility for GPST1 and/or GPST2 Trainees based primarily in hospital placements from August each year. GP Trainers are able to claim a one-off payment of £500 per trainee, per 12 months, in recognition of the work. This funding is to recognise GP Trainers’ additional responsibility for ST1 and ST2 trainees when they are in a hospital setting.

The payment is adjusted accordingly to account for any periods that the trainee spends in a GP Post at your practice when this payment is superseded by the Trainer Grant.

Once again the Deanery invites Trainers to claim for the ES funding each year within the claim period (usually by end December) and Practice Managers are copied into the email.

The form is available to download from: [http://kssdeanery.org/general-practice/resources-gp-trainers](http://kssdeanery.org/general-practice/resources-gp-trainers)

GP Trainers Grant
For Practices employing the GPSiR, this will be paid by the PCT to the Practice following submission of the appropriate claim.

For Practices hosting the GPSiR under SEAT, the GP Trainer will be able to claim the GP Trainer grant direct from the KSS Deanery. This will be paid on receipt of the appropriate Practice invoice (which can be downloaded from this web page [http://kssdeanery.org/gp-single-lead-employer](http://kssdeanery.org/gp-single-lead-employer)). For claiming the GP Trainer grant for ST3 trainees, Practices should submit 3 x 4 monthly claims during the period within the appropriate financial year.

Locality Days
For one day in every 4 month hospital based placement, it will be mandatory for the GP trainee to arrange a day in the GP Practice of their Educational Supervisor. Please note that if a GPSiR is undertaking a 4 month placement in a GP based Integrated Training Placement (ITP), the trainee is not expected to go to another practice during the 4 months.

Undertaking the role of a GP Educational supervisor will require protected time. In real terms it is likely that an average of 1-2 hours of 1:1 trainer time will be utilised per study day. The financial remuneration for the valuable work that trainers undertake is limited (£100 per visit which comes from the trainee study leave budget managed by the Trust) so it is important to find workable frameworks that benefit the doctor in training, the supervisor and practice. These are some suggestions, others will emerge over time. The Claim form is available as Appendix A from the Study Leave guidance.

The Study leave guidance is available to download: [http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies](http://kssdeanery.org/general-practice/resources-gp-trainees/forms-guidance-handbooks-amp-policies)

All funding is subject to being claimed within the applicable financial year, otherwise payment cannot be guaranteed.

Overlaps of GPSiRs
In some cases, a GP Trainer may be required to take two GPSiRs simultaneously. If this is for a period of longer than 2 weeks, this will require approval from the GP Department who will need to be satisfied that there is physical and educational capacity to allow this. The GP Trainer will seek approval for this via their Patch Associate GP Dean.

If there is a significant impact demonstrated on the Practice, the GP Trainer can apply for consideration for an additional sum of money equivalent to that of the Trainer grant. This will need to be approved by the GP School and the Director of Postgraduate GP Education, and will be paid directly by HEKSS.
For your information, additional Trainer Grants (overlap payments) are only paid for overlaps exceeding two months.

Requests for overlaps should be made prospectively. Where a retrospective claim is made the GP School will consider support but cannot recommend financial reimbursement for claims occurring.

**Practice Managers Supporting GP Education**

**Training Practice Visits**
The Practice Manager’s perspective is important in triangulating evidence on Training Practice visits. You may be contacted by the appropriate Deanery Patch Manager and asked to take part in a Training Practice visit which normally takes around half a day. Appropriate reimbursement costs to recognise the time and the travel will be paid by the Deanery on the appropriate claim form.

**Local Education Provide (LEP) Visits**
Practice Managers are an important part of the visiting team for Day 1 of LEP Visits, and along with a GP Programme Director and Trainee give support to the Lead Visitor, a GP Patch Associate Dean, in checking information in appropriate areas. Appropriate support and training will be available. You may be contacted by the appropriate Patch Manager and asked to take part in a Training Practice visit. Again, appropriate reimbursement costs will be paid by the Deanery for claims made on the appropriate claim form.

**Support for Practice Manager from HEKSS GP School**

**E-Newsletters**
E-Newsletters are emailed to GP Educators (including Trainers, FY2 Clinical Supervisors) and copied to Practice Managers on a quarterly basis. These include important information and updates of guidance and policy issues from the GP School and other regulatory bodies. “The Practice Manager’s column” has been introduced at the request of Practice Managers. Please ensure that the e-Newsletter is shared with the appropriate people in your team as well as any trainees in your Practice; similarly, if your email address changes please let us know.

**GP Specialty Training Bulletins**
The Deanery distributes the Bulletin to GP Programme Directors, GP Trainers and Practice Managers every 6-8 weeks [http://kssdeanery.org/general-practice gp-bulletins-newsletters](http://kssdeanery.org/general-practice gp-bulletins-newsletters) Annual Practice Managers Conference

The HEKSS Department of General Practice Education holds an annual conference for Practice Managers involved in training GPSTRs and FY2 doctors. This is usually held in November and information will be emailed to you. In addition local Practice Managers meetings will be organised by the Patch Associate Deans in the spring.

**HEKSS GP Website**
[http://kssdeanery.org/gp](http://kssdeanery.org/gp)
The GP website is regularly updated and has key news items available. A section of the web site has been created for Practice Managers and this is being developed. In addition to this you will find helpful information in the GP Trainers and GP Specialty Trainees section of the web site as well as a vast resources list of documents to be downloaded.
Individual support
Training and support is available to Practice Managers who are involved in the visiting processes. The GP administration team offer a helpful and supportive service and are available to answer your queries via email or telephone. In addition, we have a pool of very experienced training Practice Managers who may be able to offer advice – please contact your Patch Manager.
Useful Contacts

HEKSS Deanery, 7 Bermondsey Street, London SE1 2DD

GP Dean          Professor Abdal Tavabie
Head of GP School Dr Hilary Diack
Associate GP Deans  
Dr Bob Ward       (West Surrey)
Dr Mary-Rose Shears (East Sussex)
Dr Chris Warwick   (Crawley & East Surrey (CRESH)
Dr Kim Stillman    (East Kent & Medway)
Dr Deborah Taylor  (West Kent & Dartford)
Dr Glyn Williams   (West Sussex)

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifelong Learning Advisor</td>
<td>Steve Scudder</td>
<td></td>
<td><a href="mailto:sscudder@kss.hee.nhs.uk">sscudder@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Primary Care Business Manager</td>
<td>Sandra Forster</td>
<td></td>
<td><a href="mailto:sforster@kss.hee.nhs.uk">sforster@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>GP Recruitment Manager</td>
<td>Elena Gonzalez</td>
<td>0207 415 3487</td>
<td><a href="mailto:egonzalez@kss.hee.nhs.uk">egonzalez@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:recruitment@kss.hee.nhs.uk">recruitment@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>GP Training</td>
<td>David Buckle</td>
<td>0207 415 3634</td>
<td><a href="mailto:dbuckle@kss.hee.nhs.uk">dbuckle@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>- Contact David relating to training of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPSTRs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact the Patch Managers for issues relating to GP Trainers accreditation visits

<table>
<thead>
<tr>
<th>Patch Manager</th>
<th>Name</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent Patch Manager</td>
<td>Julie Malvermi</td>
<td>0207 415 3437</td>
<td><a href="mailto:jmalvermi@kss.hee.nhs.uk">jmalvermi@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>Surrey Patch Manager</td>
<td></td>
<td>0207 415 3631</td>
<td>TBA</td>
</tr>
<tr>
<td>Sussex Patch Manager</td>
<td>Sue Smith</td>
<td>0207 415 3630</td>
<td><a href="mailto:ssmith@kss.hee.nhs.uk">ssmith@kss.hee.nhs.uk</a></td>
</tr>
<tr>
<td>GP Educator Pathway Manager</td>
<td>Sarah Cadlock</td>
<td>0207 415 3435</td>
<td><a href="mailto:scadlock@kss.hee.nhs.uk">scadlock@kss.hee.nhs.uk</a></td>
</tr>
</tbody>
</table>

Contact Sarah relating to FY2 trainee placements or the GP educational pathway courses

GP Specialty Training Programmes - For contact details please see the HEKSS GP web site

Useful Websites

<table>
<thead>
<tr>
<th>Website</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://kssdeanery.org/gp">http://kssdeanery.org/gp</a></td>
<td>HEKSS Deanery, GP web site</td>
</tr>
<tr>
<td><a href="http://www.nhsemployers.org/Pages/Toolkits.aspx">http://www.nhsemployers.org/Pages/Toolkits.aspx</a></td>
<td>NHS Employers</td>
</tr>
<tr>
<td><a href="http://www.rcgp.org.uk/">www.rcgp.org.uk/</a></td>
<td>RCGP</td>
</tr>
<tr>
<td><a href="http://www.gmc-uk.org/education/index.asp">www.gmc-uk.org/education/index.asp</a></td>
<td>GMC</td>
</tr>
<tr>
<td><a href="http://bma.org.uk">bma.org.uk</a></td>
<td>British Medical Association (members only access)</td>
</tr>
</tbody>
</table>
## COMMON ACRONYMS

### Appendix A

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKT</td>
<td>Applied Knowledge Test. This will be a machine marked test of knowledge as one of the 3 integrated and triangulated components of the MRCGP [RCGP]</td>
</tr>
<tr>
<td>ARCP</td>
<td>Annual Review of Competency Progression</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>CBD</td>
<td>Case Based Discussion</td>
</tr>
<tr>
<td>CCT</td>
<td>Certificate of Completion of Training</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CEGPR</td>
<td>Certificate of Eligibility for the GP Register</td>
</tr>
<tr>
<td>CES</td>
<td>Community Educational Supervisor</td>
</tr>
<tr>
<td>CS</td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td>CSA</td>
<td>Clinical Skills Assessment. One of the 3 integrated and triangulated components of the MRCGP</td>
</tr>
<tr>
<td>CBD</td>
<td>Case Based Discussion</td>
</tr>
<tr>
<td>COT</td>
<td>Consultation Observation Tool; as part of the WPBA will largely be based on MRCGP video performance criteria</td>
</tr>
<tr>
<td>DOPS</td>
<td>Direct Observation of Procedural Skills</td>
</tr>
<tr>
<td>DPGPE</td>
<td>Dean of Postgraduate General Practice Education</td>
</tr>
<tr>
<td>DRS</td>
<td>Doctors Retainer Scheme</td>
</tr>
<tr>
<td>FPGPR1</td>
<td>Finance Payment GPR form (for trainees employed by the practice)</td>
</tr>
<tr>
<td>FTSTA</td>
<td>Fixed Term Specialty Training Appointment [MMC]</td>
</tr>
<tr>
<td>FY1</td>
<td>Foundation Year 1</td>
</tr>
<tr>
<td>FY2</td>
<td>Foundation Year 2</td>
</tr>
<tr>
<td>GP</td>
<td>General Practice/General Practitioner</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GPC</td>
<td>General Practice Committee</td>
</tr>
<tr>
<td>GPSR</td>
<td>General Practice Specialty Training Registrar</td>
</tr>
<tr>
<td>GPT</td>
<td>General Practice Tutor</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institutes</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>ILT</td>
<td>Institute of Learning &amp; Teaching</td>
</tr>
<tr>
<td>HEKSS</td>
<td>Health Education Kent, Surrey &amp; Sussex</td>
</tr>
<tr>
<td>LAB</td>
<td>Local Academic Board</td>
</tr>
<tr>
<td>LFG</td>
<td>Local Faculty Group</td>
</tr>
<tr>
<td>LTFT</td>
<td>Less than Full Time</td>
</tr>
<tr>
<td>LLA</td>
<td>Lifelong Learning Adviser</td>
</tr>
<tr>
<td>LMC</td>
<td>Local Medical Committee</td>
</tr>
<tr>
<td>Mini-CEX</td>
<td>Clinical Evaluation Exercise</td>
</tr>
<tr>
<td>MCQ</td>
<td>Multiple Choice Question papers</td>
</tr>
<tr>
<td>MSF</td>
<td>Multisource Feedback</td>
</tr>
<tr>
<td>MRCGP</td>
<td>Membership of Royal College of General Practitioners</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>PAD</td>
<td>Patch Associate Dean</td>
</tr>
<tr>
<td>PDP</td>
<td>Personal Development Plan</td>
</tr>
<tr>
<td>PD</td>
<td>Programme Director (GP) (formerly known as VTS Course Organiser)</td>
</tr>
<tr>
<td>PSQ</td>
<td>Patient Satisfaction Questionnaire</td>
</tr>
<tr>
<td>NRO</td>
<td>National GP Recruitment Office</td>
</tr>
<tr>
<td>RCGP</td>
<td>Royal College of General Practitioners</td>
</tr>
<tr>
<td>RTG</td>
<td>Run Through Grade</td>
</tr>
<tr>
<td>SAC</td>
<td>Selection Assessment Centre (Recruitment of GP Trainees)</td>
</tr>
<tr>
<td>SEAT</td>
<td>Single Employer Acute Trust</td>
</tr>
<tr>
<td>SEGPR1</td>
<td>Placement confirmation form (for trainees employed by the SEAT)</td>
</tr>
<tr>
<td>SEQ</td>
<td>Self-Evaluation Questionnaire</td>
</tr>
<tr>
<td>TSC</td>
<td>Trainer Selection Committee</td>
</tr>
<tr>
<td>WTE</td>
<td>Whole Time Equivalent</td>
</tr>
<tr>
<td>WPBA</td>
<td>Workplace Based Assessment, the evaluation of a doctor’s progress over time in their performance in those areas of professional practise best tested in the workplace</td>
</tr>
</tbody>
</table>
### Appendix B

**EXAMPLE TEMPLATE** for GPStR Appointment Checklist for Employed Trainees

<table>
<thead>
<tr>
<th>Personal Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>Post Code</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home No</strong></td>
</tr>
<tr>
<td><strong>Mobile No</strong></td>
</tr>
<tr>
<td><strong>Email address</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appointment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date</strong></td>
</tr>
<tr>
<td><strong>End Date</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spring Term</strong> Start Date</td>
</tr>
<tr>
<td><strong>Summer Term</strong> Start Date</td>
</tr>
<tr>
<td><strong>Autumn Term</strong> Start Date</td>
</tr>
</tbody>
</table>

**Process : Before Registrar Joins Practice**

<table>
<thead>
<tr>
<th>Date PCSS Advised</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advise PCSS of new GP Registrar</strong> Name and Address Joining Date</td>
</tr>
</tbody>
</table>

**PCSS will then send Registrar the following forms:**

- Application to Join Performers List ie PCSS Performers Application Form (MED 1)
- Reference Forms x 2 (MED 2)
- CRB Check Form

**Issue welcome letter to include:**

- Start Date
- Practice profile
- Form FPGPR1 for completion & return with:
  - a) GMC Registration
  - b) MDU/MPS membership
  - c) National Passport (or Birth Certificate if National Passport is not available)
<table>
<thead>
<tr>
<th><strong>d)</strong> Most Recent pay slip</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e)</strong> Medical Qualifications Certificate</td>
</tr>
<tr>
<td><strong>f)</strong> HEP B Status</td>
</tr>
<tr>
<td><strong>g)</strong> NI number</td>
</tr>
<tr>
<td><strong>h)</strong> P45</td>
</tr>
<tr>
<td><strong>i)</strong> Bank Details</td>
</tr>
</tbody>
</table>

Take copies for file and forward completed FPGPR1 form with relevant documents to HEKSS GP Dept, 7 Bermondsey Street, London, SE1 2DD for the attention of GP Recruitment Team.

Check Training Practice Poster is displayed.

Prepare Induction Training Programme.

*NB* Allow for question time in GP Surgeries.

*To attend Practice Meetings / Away Days / Mini meetings*

<table>
<thead>
<tr>
<th><strong>Set up on computer system:</strong></th>
<th>Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Session holder</td>
</tr>
<tr>
<td></td>
<td>Security Level</td>
</tr>
<tr>
<td></td>
<td>Set up QoF alert facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Set up surgeries on computer</strong></th>
<th>Check term times to add extra half day surgeries during non-term time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Graduate appointment time as becomes experienced</td>
</tr>
<tr>
<td></td>
<td>Organise NHS Net e-mail address</td>
</tr>
<tr>
<td></td>
<td>update surgery directory</td>
</tr>
</tbody>
</table>

**First Day**

<table>
<thead>
<tr>
<th><strong>Complete</strong></th>
<th>GPVTS SLA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Contract Confidentiality Statement</td>
</tr>
<tr>
<td></td>
<td>Specimen signature to Registrar’s office (for death certificates)</td>
</tr>
<tr>
<td></td>
<td>Specimen signature to local pharmacy</td>
</tr>
<tr>
<td></td>
<td>RA01 Form – for Smart Card</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Contracts to be signed</strong></th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Educational Contract</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Issue Starter pack to inc:</strong></th>
<th>Staff List</th>
<th>Mini Meeting programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Protocol Manual</td>
<td>BNF</td>
</tr>
<tr>
<td></td>
<td>Map</td>
<td>Practice Leaflet</td>
</tr>
<tr>
<td></td>
<td>Computer password</td>
<td>Selection of patient info</td>
</tr>
<tr>
<td>Health &amp; Safety policies</td>
<td>Practice Charter</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>COSHH Policy</td>
<td>Leaflets</td>
<td></td>
</tr>
<tr>
<td>Holiday Form</td>
<td>Induction Programme</td>
<td></td>
</tr>
<tr>
<td>Practice programme</td>
<td>Meeting programme</td>
<td></td>
</tr>
<tr>
<td>Away Day programme</td>
<td>Surgery Key</td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>Bag</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pocket Mast</td>
<td></td>
</tr>
</tbody>
</table>

**Tour of premises to include:**

<table>
<thead>
<tr>
<th>Introduction to personnel</th>
<th>Fire Evacuation procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident book</td>
<td>First Aid box</td>
</tr>
<tr>
<td>Security Book</td>
<td>Coded Entry Systems/Security Alarms/Panic Alarms</td>
</tr>
<tr>
<td>Stationery</td>
<td>Photocopier</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
</tbody>
</table>

After 6 weeks – Workstation assessment

Update Doctors Computer mailing lists

Update Lablinks – matching table/deputy filers

Advise Meetings Administrator for meeting arrangements

**On/After last day**

<table>
<thead>
<tr>
<th>Ensure return of:</th>
<th>Surgery Key</th>
<th>Alarm Fob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag</td>
<td></td>
<td>HV Scripts</td>
</tr>
<tr>
<td>Protocol Manual</td>
<td></td>
<td>Formulary</td>
</tr>
</tbody>
</table>

Delete from computer system.

Remove from C&B Practice profile