

Guidance for trainee workload in General Practice

There has been a spate of trainees complaining about excessive workload, and working beyond their contracted hours, so I think it would be helpful to issue more detailed and specific guidelines for trainers and practices.

The context is a pressured GP system, an increasing workload and shrinking income. Many qualified GPs are working long days and more than full-time hours to manage the workload, The pressures are considerable, and it is hard to avoid this having an impact on training.

Unfortunately the increased workload has shifted perceptions of what is normal in General Practice, and this in turn is leading to expectations that trainees do more work so that they are prepared for real world General Practice.

The reality is though that we need to ensure trainees **don't** work excess hours, or have too much clinical workload.

Trainees salaries are commensurate with a forty hour working week, not that of a salaried of Partner GP, but there are lots of other reasons for protecting them from excess clinical workload:

- Consolidation of learning and time to think through and reflect is an essential part of the trainee working week.
- Trainees are continually learning from experience to develop skills in assessment. They will be slower during this process and need time to look things up, ask questions, and do background reading
- Longer clinical sessions without admin time to do paperwork, look at blood results and letters has caused considerable stress for some trainees to the extent they are too stressed to work.
- The training experience needs to be positive for trainees to enthuse them to enjoy General Practice as a career
- The BMA has, and does query excess workload when trainees ask for support from their representative union.
- Increasing workload to prepare trainees needs to be individualised and be done collaboratively with the agreement of the trainee.

The Deanery and BMA guidelines are in the 'Timetables' section below. To some extent this lacks a level of detail, so I have added at the end more detail that I think can help produce a level playing field that is supportive and encourages progressive development through training.

Timetables – Health Education England (East of England)

Here are the rules:

- A GPST is contracted to work 10 sessions per week plus 6 OOH hours per month
- The EWTD requirements must be met.
- After an OOH shift, the trainee must be allowed 11 hours rest before returning to work.

The breakdown of the 10 sessions is as follows:

- 7 clinical sessions
- 1 protected tutorial/ teaching time in practice
- 1 protected session for teaching on the local Programme (Half day release)
- 1 session for private study (can be in the practice for audit for example)

Teaching time in the practice should be as follows:

	Full Time GPR	Part time GPR
Undisturbed face to face teaching (eg formal tutorial with full debriefing)	2.5 hours	2.5 hours
Other educational events eg, informal teaching/ debriefing, practice educational meetings)	2.5 hours	Proportionate to the % of full time hours worked (eg if working at 60% this would be 1.5 hours)
Planning and Preparation	2 hours	2 hours

However, the teaching does not all have to be delivered at one time. For example the tutorial time could be divided and given by different members of the team on different days.

When the Half Day Release is in recess, the trainee is expected to work at the practice.

If the days the trainee works in the practice are longer than 8 hours, then it is reasonable to allow a half day off, as long as the full 40 hours are worked in the above proportions. Example:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	0800-1130 Surgery	0800-1130 Surgery	0800-1130 Surgery	0800-1130 Surgery	0900-1100 Tutorial and WPBA
	1130-1200 Debrief	1130-1200 Debrief	1130-1200 Debrief	1130-1200 Debrief	11-1130 Admin
	1200-1300 Visits and paperwork	1200-1300 Visits and paperwork	1200-1300 Visits and paperwork	1200-1300 Visits and paperwork	
				1300 – 1400 Admin	1130-1300 Visits and paperwork
PM	1400-1530 Practice educational meeting	Half day (40 hours worked in total)	Half day release	1400-1530 Tutorial	Private study
	1530-1700 Surgery			1530-1700 Surgery	
	1700-1730 Debrief			1700-1730 Debrief	
	1730-1800 Admin			1730-1800 Admin	
Hours	9h	5h	8h	10h	8h

(NOTE: The timetable above is an example of how it is possible to give trainees longer working days, but allow them a half day off in compensation – so their forty hours is spread over nine sessions instead of ten. The advantages are that trainee timetables more closely match that of existing GPs – and are not hanging around for debriefs while the GPs are seeing more patients; and the extra time out of practice can help their resilience. JK)

Timetables (BMA Guidance)

Guide to a clinical session for GP trainees and trainers

This guidance note has been drafted to replace the previous 'Guide to a session' (January 2009) and has been produced by the GP Trainees Subcommittee in conjunction with COGPED.

General practice is often organised around clinical 'sessions'. This guidance is intended to help GP trainees and their hosting practices understand ways to organise working patterns that are in keeping with the conditions described in the COGPED-BMA agreed framework contract.

For the purpose of GP training the 40 hours of in-hours work can be thought of as 10 sessions of approximately four hours in length. A full-time trainee would expect their time to be divided roughly as follows:

7 x 'clinical' sessions

2 x 'structured educational' sessions

1 x 'independent educational'

In addition, trainees will need to undertake out-of-hour duties and the nature of the sessions which are available will depend upon local arrangements. The description of work as falling into sessions is therefore notional as trainees will often be asked to undertake work outside of the surgery consultation times.

Timetables and rotas are helpful ways to organise duties. The way that a practice organizes duties may reflect their established working arrangements in providing general medical services. Arrangements may be subject to certain constraints such as available consulting rooms and the working patterns of supervisors. The hosting GP practice will need to be aware of duties outwith the practice and must adjust the start and finish times of practice clinical duties in order to ensure that the combination of the trainee's activities is compliant with the European Working Time Regulations.

The duties, work or responsibilities that contribute to clinical or educational sessions do not need to occur continuously, but the ratios described should be considered appropriate for an 'average' week. For example, you may consider that 1 x educational session has been met by the combined activity of three tutorials, each of one hour in length, and 1 hour reviewing Consultation Observation Tool (COTs) exercises. Similarly, a session during the week may consist of a 2.5 hour clinical surgery, a 30 minute debrief and a home visit. Trainees should be able to undertake approximately one hour of admin time per three hour of clinical time.

The balance between working arrangements and educational activities will need to have some flexibility based around the individual training needs of GP trainees. It may be desirable for some individuals to have additional clinics for educational purposes.

Duties and activities suited to clinical sessions

Supervised or supported consultations within the practice, with a minimum appointments length of 10 minutes for face to face consultations. There should be adequate time provided for at the end of any consulting period to allow a trainee to debrief with the supervising GP.

Supervised or supported home visits, nursing home visits, community hospital duties including time for debriefing, and travelling.

Administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, general administration.

Time spent with other members of the practice and healthcare team for the purposes of care and learning e.g. practice nurses, community nurses, nurses with a role in chronic disease management, receptionists, triage nurses, GPWSIs.

Time spent with other healthcare professionals who are encountered in primary care eg ambulance crews, school nurses, midwives, occupational therapists, physiotherapists, counsellors, to gain a necessary understanding of working relationships within primary care.

Time spent with dispensing and pharmacy professionals gaining experience in these areas, especially where a trainee might have duties that require training to be able to assist with dispensing duties, for example.

Clinical activities that may be considered educational

Time spent in activities relating to work-placed based assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Direct Observation of Procedure Skills exercises (DOPS).

Time spent analyzing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose.

Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a trainee's programme, eg family planning clinics, joint injection clinics.

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

Non-clinical activities suited to educational sessions

Locally organised educational events, e.g. specialty-specific educational programme run by the deanery, including "half-day release" or "day-release" sessions.

Structured and planned educational activities, such as tutorials delivered in the GP practice.

Primary care team meetings.

Educational supervisor meetings and other educational reviews.

Audit and research in general practice.

Independent study or revision.

Case Based Discussions (CBDs) selected from outside the debrief time.

Commissioning services.

Time spent with other professionals who deliver services that are not considered part of general medical services, such alternative and complementary therapists.

Time spent with other professionals who have expertise in other matters that relate to aspect of healthcare and death administration, social workers and undertakers. Getting to know local healthcare professionals and helping the practice maintain links with the local community.

More details and suggestions

It is worth breaking down the recommendations on the HEE East of England website in the light of BMA guidance to make some suggestions about how much time might be allowed for admin, paperwork and visits:

Surgery time	17
Debrief time	3
Tutorial time	3.5
visits and admin	8
half day release	3
private study	4
practice education	1.5
	40

I would have found it more helpful to have separated out visit and admin time into, say, 4 hours for visits, and 4 hours for paperwork and admin.

It is also worth remembering that during the 22 weeks of the year that there is no half day training, the trainee is expected to spend that time in practice seeing patients, therefore in these weeks trainees may have more surgery time. I have found it more helpful to average the timetable up over the year, and I have some more detailed examples of timetables as Excel spreadsheets embedded below.

As a rough guide I would recommend the following breakdown of total work for full time trainee:

Direct patient contact time excluding visits(face to face and telephone including catch up breaks, and extras):	17 - 20 hrs
Debrief time (will vary according to experience of trainee), plus other educational meetings	2.5 - 5 hrs
Directed Tutorial time	2.5 – 4 hrs
Visits (will depend on travelling times, normal number of visits, etc)	2 – 5 hrs
Half day release	3 hrs
Personal Study half day	4 hrs
TOTAL TO COME TO	40 hrs



sample trainee timetables.xlsx

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