<Your Name>

<Your address>

<Insert Date>

Occupational Health

<Insert address here.>

Dear Occupational Health

We would value your assessment of Dr. XXX who is currently a GP trainee on the YYY GP Training Scheme.

Context

This trainee is in ST XX year, their current post is in .. and runs from to

Their rotation is scheduled to be

Reasons for referral: <inset here, with as much detail as possible the concerns or issues on which advice is being sought. >

The questions we would particularly value your advice on are:

1. Is this trainee likely to be able to **undertake the *full* duties** of the training post (albeit on a less than full-time basis)?
2. What is the likelihood of a **return to normal health** (and the timescale)? Is it likely that this will be associated with a return to a normal working pattern?
3. Will the trainee be able to **complete the required training programme**?
4. What **adjustments** might be necessary?
5. Other appropriate questions to this case…

To help you with your assessment, we have enclosed a brief 2 page guide to the structure of GP training in the UK. In the past the GP school was able to demonstrate a high degree of flexibility around arrangements for trainees assessed by Occupational Health as having particular needs. However, the current financial climate has dampened this degree of flexibility in that those recommendations which have a significant financial impact on the GP School’s budget (such as a supernumerary post), may no longer be possible.

However, there is still a fair degree of flexibility. Each case will be assessed and reviewed by the HEYH Deputy Deans and the GP School is committed to being as accommodating of your recommendations as we can. We therefore look forward to receiving your report.

Yours Sincerely

Dr. <insert name>

<insert role>

<insert organisation/training scheme>

GP Training In a Nutshell

GP trainees are employed on a 3 year rotation which will normally include 18 months in General Practice - normally 6 months within the ST1 or 2 year and 12 months in the final (ST3) year - with the rest of the rotation being in hospital posts deemed relevant to GP.

In line with GP School policy, all these posts are available part-time at 50% for those who are not able to work at full time for health reasons. On the advice of Occupational Health, we are also able to consider part-time work at percentages between 50 and 100% for defined lengths of training. In the ST3 year (i.e. whilst the trainee is in a GP post), we are also able to offer 60% training.

# Work-Place Based Assessments

GP training (throughout the 3 years of the rotation) requires the GP trainee to undertake mandatory Work-Place Based Assessments (WPBA). *Regular* WPBAs include things like:

* Case Based Discussions – where the trainee has to present a case to discuss with their clinical supervisor who will formally assess them on a variety of professional competencies.
* Consultation Observation Tool – where the trainee (if in a GP post) is formally evaluated on their consultation/communication skills either live with a patient or retrospectively using video recordings of real consultations.
* Mini-CEXs: which is a formal clinical evaluation exercise done whilst a trainee is in a hospital post.
* Engaging with their ePortfolio: the ePortfolio is an online tool where trainees are expected to regularly record and reflect on their clinical encounters and educational events. Again, this is evaluated by their clinical and educational supervisors.

There are quite a number of other *adhoc* WPBA tools that trainees are expected to engage with too:

* Direct Observation of Procedural Skills (DOPS),
* Multi-Source Feedback (MSF),
* Patient Satisfaction Questionnaires (PSQs) and
* Naturally Occurring Evidence (NOE).

You can find more information about these assessments and the requirements for GP training at this link: [www.bradfordvts.co.uk](http://www.bradfordvts.co.uk) (click on MRCGP).

**The point that we would like to make clear is that engagement with the Work-Place Based Assessment part of their training is mandatory. It is work for which they are paid to do and it is not optional. A recommendation of allowing a GP trainee to continue with some of their work duties but being exempted from WPBA is not acceptable. It is not possible to separate involvement with WPBA from the rest of their paid work.**

# Professional Examinations

Completion of GP training not only requires doing a minimum number of WPBA assessments to a certain standard but also passing two examinations – the AKT and CSA. The AKT is a computer marked MCQ type exam. The CSA is an exam in which the GP trainee consults at the normal 10 minute GP intervals with 13 successive patient simulators. It is expected that GP trainees should arrange their timetable so that they can attempt these exams twice during their normal training rotation. It is the GP School’s understanding that an individual who is fit to work is also fit to take exams as this is part of their normal expectations. Please note that the GP School is therefore unable to accept Occupational Health advice that a trainee is fit to work but not to take exams.

# Out-Of-Hours Work

GP placements also contractually include an Out-Of-Hours (OOH) component – an on-call service which operates usually when GP practices are closed. This is not onerous: only one session of 4-6 hours is required per month, typically in the evenings (adjusted pro-rata for less than full time trainees). During this OOH work, trainees are expected to build up and provide evidence (via their ePortfolio) of specific OOH skills. Trainees in their GP posts are allowed some flexibility in when they do their OOH work and they would also be allowed to delay doing OOH sessions for a reasonable length of time subject to agreement with their Educational and Clinical Supervisors (more about supervisors below).

During their hospital posts, GP trainees will normally be expected to engage in hospital on-call work (i.e. provide an input outside of routine hours – outside of Monday to Friday 9:00am to 5:00pm). The amount will vary in accordance with their banding and the specifics of the post. Some of the learning objectives of posts are most easily achieved during these on-call hours.

One needs to remember that all GP training posts (both General Practice and hospital based) have prospective GMC/RCGP approval. If you feel a trainee should not engage in OOH work for a substantial period (i.e. more than a third of their post), then job descriptions will need to be revised because this in essence would be a substantive change to the post. These revised job descriptions would then need to be submitted to the GMC/RCGP for approval as suitable *new* training posts. Please be aware that this process can incur additional delays to the training period.

# Clinical & Educational Supervisors

Each trainee will have both a Clinical and Educational Supervisor (usually not the same person).

* The Educational Supervisor is the person who follows the trainee throughout their whole 3 year programme and periodically reviews them (every 6 months), making sure that they are on track with the requirements of GP training, getting the appropriate clinical/professional experience in an integrated way and that they are generally okay within themselves.
* The Clinical Supervisor is the person who only looks after the trainee whilst they are in the specific post they are responsible for (i.e. a hospital consultant in a hospital post; GP Trainer in a GP post). The job of a Clinical Supervisor is to make sure trainees are regularly clinically supervised and debriefed during that post, performing WPBA assessments on them, and generally making sure they are able to access educational opportunities.

The Clinical Supervisor will change every time a trainee changes a post, but the Educational Supervisor generally remains the same.

<END>