

# Guide to the Training Week for GP Registrars and Trainers whilst working in General Practice July 2024

This guidance note replaces the previous “Guide to a session” (July 2012), and has been produced by the BMA GP Registrars Committee in conjunction with COGPED.

This guidance is intended to help GP registrars 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.

## The Training Week

The wording of contracts varies across the 4 nations in how the full-time working week is described, and reference should be made to the contract in place where the GP registrar is working. Whether it is described as 40 hours or 10 sessions, these should usually be worked in a regular pattern, as five 8-hour or 2 continuous session weekdays during core general practice hours. An adjusted timetable may be constructed on agreement between the trainer and registrar, and must meet the terms as set out within the terms and conditions of employment.<sup>1</sup>

Unless stated otherwise in the contract, a full-time GP registrar would expect their time to be divided as follows (including contractually mandated breaks):

- 28 hours of clinical activity (equivalent to 7 sessions)
- 8 hours of structured educational activity (equivalent to 2 sessions)
- 4 hours of self-directed educational activity.<sup>2</sup> (equivalent to 1 session)

Timetables and rotas are helpful ways to organise duties. The way that a practice organises duties may reflect their established working arrangements in providing general medical services. We recognise that there is wide variation in how practices deliver the key components of this, and 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 take account of contracted and out of hours duties outside the practice, with reasonable notice from the registrar, and should adjust the start and finish times of practice clinical duties<sup>3</sup> in order to ensure that the combination of the registrar’s activities is compliant with working time regulations and the relevant employment contract. Out-of-hours timetabling should be made in accordance with the Working Time Regulations.<sup>4</sup>

Time allocated to self-directed educational activities and the GP School provided structured teaching programme should be rostered as continuous four-hour blocks (pro-rated for less than full time

1 See appendix

2 See appendix

3 See appendix

4 See appendix

registrars). With the agreement of the registrar and the practice, the duties, work or responsibilities that contribute to educational or clinical sessions may be split across the working week.

For example, for a GP registrar working full-time, it may be considered that the 4 hours of educational activity could be met by the combined activity of three tutorials, each of 1 hour in length, and 1 hour reviewing Consultation Observation Tool (COTs) exercises. Similarly, a clinical session during the week may consist of a 2.5-hour clinical surgery including administration time, a 30-minute debrief and a 1-hour home visit or a 3-hour clinical surgery including administration time, a 30-minute debrief and a 30-minute break. Registrars should be able to undertake 1 hour of admin time per 3 hours of consultation time as part of clinical work. The structure and location of self-directed educational time is at the discretion of the registrar in order to best suit their learning needs and achieve curriculum requirements, with advice from their supervisor to support the registrar in their independent learning.

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

### **Duties and activities suited to clinical time**

1. Supervised/supported consultations within the practice. These may be face to face, by telephone, or by video. The length of the appointment will vary depending on the stage of training and the modality and complexity of the consultation, building towards a minimum appointment length of 15 minutes for face-to-face consultations by the end of training. There must be adequate time provided for at the end of any consulting period to allow a registrar to debrief with the supervising GP.
2. Supervised and supported home visits, nursing home visits, community hospital duties including time for debriefing, and travelling.
3. 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.
4. Assessing patients in clinics with other members of the practice team in specialist clinics or surgeries; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a registrar's training programme or where such experience may contribute to an extended role such as community gynaecology clinics, community dermatology clinics, joint injection clinics, minor surgery lists.
5. Assessing patients 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, or GPs with an extended role.
6. Assessing patients with other healthcare professionals who are encountered in primary care e.g. ambulance crews, school nurses, midwives, occupational therapists, physiotherapists, counsellors, to gain a necessary understanding of working relationships within primary care.
7. Time spent with dispensing and pharmacy professionals gaining experience in these areas, especially where a registrar might have duties that require training to be able to assist with dispensing duties, for example.
8. Practice and primary care team meetings involving administrative and/or practice-specific discussion.

### **Duties and activities suited to educational time**

1. Time spent in activities relating to work-placed based assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Clinical Examination and Procedural Skills exercises (CEPS), or completing the prescribing assessment.
2. Time spent analysing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose.
3. Time spent engaging in quality improvement activities such as those required for Quality Improvement Projects and Activities (QIP/QIA).
4. Locally organised educational events, e.g. structured teaching programmes run by the GP School, including "half-day release" or "day-release" sessions. In the event of cancellation of a 'half-day release' educational session, this time may then be used for self-directed learning or an alternative activity suitable for educational sessions. In regions where applicable, such

cancelled HDR sessions can, alternatively, be added to a registrar's future study leave quota if the registrar so wishes.

5. Observing clinics with other members of the practice team in the surgery and/or in specialist clinics especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a registrar's training programme or where such experience may contribute to an extended role such as community gynaecology clinics, community dermatology clinics, joint injection clinics and minor surgery lists.
6. Structured and planned educational activities, such as tutorials, including joint surgeries with a GP, delivered in the GP practice.
7. Practice and primary care team meetings with the specific purpose of continuing professional development or education e.g. serious incident reviews or case reviews.
8. Educational supervisor meetings and other educational reviews.
9. Audit, research, teaching and leadership projects in general practice.
10. Independent study/revision.
11. Case Based Discussions (CBDs) selected from outside the debrief time.
12. Commissioning services.
13. Time spent with other professionals who deliver services that are not considered part of general medical services, such alternative and complementary therapists.
14. Time spent with other professionals who have expertise in other matters that relate to aspect of healthcare and death administration, social workers and undertakers.
15. Getting to know local healthcare professionals and helping the practice maintain links with the local community.

### Induction

When starting at a practice, or after any long-term leave, GP registrars should be provided with a period of induction appropriate for their stage of training, local experience and educational needs. This should include spending time with a broad range of professionals in the practice and may include local community services in order to gain familiarity with local services and referral pathways. GP registrars must be given training on all IT systems required for their day-to-day work, such as software used for clinical documentation, requesting investigations and administrative document review. All necessary login details and building access must be provided and functional prior to starting clinics.

### Home visits

Home visits can be helpful in developing the skills needed for future practice. The allocation of home visits as part of the timetable must be appropriate for the educational needs of the registrar and should be made in conjunction with the registrar. Where a registrar is expected to attend on home visits alone, a lone-working risk assessment should be undertaken by the hosting practice and appropriate measures put in place to protect the health and personal safety of the GP registrar. The suitability of each home visit should be assessed by the practice.

When allocating home visits, it is important to acknowledge that travel time and documentation constitute clinical activity. Timetables should reflect this and not encroach on breaks, education sessions or agreed start and finish times. Due to the additional clinical time required per home visit compared with traditional appointments, registrars and trainers should collectively evaluate the educational value of home visit allocation. Where possible, a device such as a laptop should be provided to registrars on home visits to enable contemporaneous documentation. Appropriate medical equipment to undertake the home visit consultation should be provided by the practice.

Care must be taken to ensure that the allocation of home visits is reasonable, provides additional educational value to the registrar, and fits within the clinical allocation. Home visits should not be allocated or rostered where the registrar would be expected to self-fund their travel to and from the visit or practice, in line with local, regional, and national guidance on mileage expenses.<sup>5</sup>

### Acting as duty doctor

GP registrars may undertake duty doctor sessions in general practice as part of their duties, in order to develop and demonstrate curriculum capabilities, which involves responding to same-day urgent requests from patients and other healthcare professionals. Such work involves a higher degree of clinical risk and intensity compared to usual duties and therefore may be expected to be undertaken by registrars at later stages of training who are able to practise more independently. A high degree of supervision and support is expected from a supervising GP. Trainers should closely monitor and adapt the workload placed upon GP registrars during such sessions, ensuring it is appropriate for the registrar's educational needs and capabilities.

### Reasonable adjustments

GP registrars will have specific educational needs that vary on an individual basis depending on previous experience and current progress and training should be tailored in order to meet these needs. These may be pre-existent at the start of training or relate to a diagnosis made during the course of training. Where a registrar has been diagnosed with a disability or a long-term condition, employers and hosts have a legal duty to provide reasonable adjustments. Reasonable adjustments may require changing a registrar's work environment and/or work schedule to facilitate their development according to their individual needs<sup>6</sup>.

### Breaks

Please see the appendix for further guidance<sup>7</sup>.

### Escalation Pathway

In the event of a deviation from the training patterns described in this document, a GP registrar should discuss this with their educational supervisor in the first instance. Should adequate resolution not be reached, this can then be escalated to the local training programme director(s). GP registrars may also wish to contact the BMA for further advice.

### Nomenclature

We recognise that different nomenclature is used across the four nations of the UK at the current time to describe doctors in GP Specialty Training. The term registrar has been used throughout this document to reflect the nomenclature used by the BMA.

<sup>6</sup> appendix

<sup>7</sup> appendix

## Appendix

1. For registrars employed under the 2002 Terms and Conditions of service in Northern Ireland and Scotland, this is described as 10 sessions of a nominal length of 4 hours. Registrars in Wales should receive terms no less favourable than the BMA GPR model contract (enclosed below), which describes the working week similarly.
2. The terms and conditions of service will be, dependent on the nation being worked in, the 2016 contract or any successor contract for those training in England, and the 2002 contract or any successor contract for those training in Northern Ireland, Scotland or Wales.
3. Out of hours providers should take note of the expected deadlines, with the expectation that they shall meet these to ensure the optimum training and working opportunities for GP registrars.
4. Working time regulations 1998:  
<https://www.legislation.gov.uk/ukxi/1998/1833/contents/made>
5. National guidance: <https://www.nhsemployers.org/articles/guidance-gp-trainee-mileage#:~:text=No%20cap%20on%20eligible%20mileage,28p%20per%20mile%2C%20will%20apply>. HEE guidance: <https://www.hee.nhs.uk/sites/default/files/documents/HEE%20National%20Relocation%20Framework%20Final%201%20November%202020.pdf>. For local guidance, please request this from your practice.
6. <https://www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/reasonable-adjustments-throughout-the-stages-of-medical-education-and-training>
7. <https://www.bma.org.uk/advice-and-support/gp-practices/employment-advice/employing-registrars-on-the-2016-junior-doctor-contract> and <https://www.bma.org.uk/media/7819/20230730-contractual-rights-factsheet-junior-doctors-web-revised-1011.pdf>

## Further information and links

### 2016 TCS

<https://www.nhsemployers.org/publications/doctors-and-dentists-training-terms-and-conditions-england-2016>

### 2016 TCS handbook

<https://www.bma.org.uk/pay-and-contracts/contracts/junior-doctor-contract/bma-handbook-for-junior-doctors-in-england>

### 2002 TCS

<https://www.nhsemployers.org/system/files/2021-06/Terms-and-Conditions-of-Service-2002-NHS-Medical-dental-staff.pdf>

### 2002 TCS handbook

[https://www.bma.org.uk/media/3069/bma\\_junior\\_doctors\\_handbook\\_2015\\_full.pdf](https://www.bma.org.uk/media/3069/bma_junior_doctors_handbook_2015_full.pdf)  
Scottish Junior Doctor contract <https://www.bma.org.uk/media/2001/juniorsscmodelcontract.pdf>

### Model contract for GP registrars

<https://www.nhsemployers.org/articles/model-contracts-2016-junior-doctors-contract>

### Travel and relocation policies for GPRs

<https://www.bma.org.uk/pay-and-contracts/pay/expenses/expenses-for-junior-doctors-relocating-for-work>

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