

# UEMO 2000/122

## **Flexible training for GP registrars From U.K. Delegation**

### **Background**

In many medical schools, women are the majority of the qualifying year, and about to enter a profession in which traditionally they have had to opt between working and having families. Less than full time working is increasingly sought for a variety of reasons, such as being able to maintain other interests outside medicine or being able to balance two or more careers within medicine, eg clinical practice with academic practice. With the well-recognised current recruitment problems in general practice, it is vital that all graduates can have the option of good quality, less than full time training within a national and European legal framework.

### **Access**

The GPC registrars' subcommittee welcomes the improvement in access to flexible training which has occurred in recent years. The subcommittee feels that access to flexible training should be granted to individuals who request it and who have, in the broadest sense, well founded individual reasons. This requirement should not be restricted only to women with children. In hospitals, many organizational barriers to part-time working are overcome by a flexible training system whereby flexible trainees are funded separately from full time trainees (making them supernumerary). In general practice, all full time registrars are supernumerary. GP training practices do not, therefore, see flexible GP registrars as a "free pair of hands" (the view of hospitals) but rather as a "less than full time trainee". As the proportion of flexible GP registrars increases, the supernumerary system which operates may change.

We are already seeing an increase in job sharing in substantive less than full time posts. At present, the separation gives rise in practice to rationing of access to flexible training which is at the discretion of associate postgraduate deans (responsible for flexible training) and vocational training scheme (VTS) organisers. The common view, therefore, is that individuals who cannot continue their career unless they work less than full time should take priority in access over those who seek flexible training as means of combining two careers. Whilst most welcome the concept of flexible careers, these, should not be confused with "less than full time training".

**The subcommittee holds that any full time GP registrar wishing to change to less than full time training should be allowed to do so. Flexible training must be adequately funded to enable this.**

**Criteria for access to flexible training should be transparent and open to scrutiny.**

**Junior hospital doctors refused flexible training posts can appeal to the conference of postgraduate medical deans (COPMeD) flexible training working party to have their case overturned. A similar parallel system of appeals should exist for GP registrars.**

### **Continuity of training**

Some practices find they may be left without a GP registrar during their GPR's maternity leave. Many vocational training schemes protect training practices from this by moving the registrar to another practice when she comes back from maternity leave. Therefore, flexible GPRs who take maternity leave may find that they cannot return to the same practice when they return from leave. This results in the flexible GPR being required to rotate through more practices than a full-timer would be required to, and hence means re-adapting to a new practice, a new trainer and lack of continuity in training (eg

audit projects not being finished). Furthermore, they may be expected to return to work only at the standard rotational times offered to full-timers, resulting in unwanted loss of earnings for a period while awaiting the return date. Both of these are unacceptable.

**A flexible GPR must be able to return to the same training practice when returning from maternity leave, and should not have to delay her return unreasonably beyond the date when she feels ready to come back.**

### **Educational approval and recognition of posts**

Flexible GP registrars are required to demonstrate that they have acquired the same experience as their full time colleagues over an equivalent (but not equal) period of time; thus, a flexible registrar working at 60% of a full-timer's hours for 10 months will be credited with six months' full time training. Currently, European legislation does not allow flexible GP registrars to work less than 60% of the hours of their full time colleagues (European council directive 1993/16.. Title I. Article 34.) However, doctors training for hospital specialisation can work as little as 50% of the hours of their full time colleagues (European council directive 1993/16. Annex 1.) Flexible GPRs should be able to work whatever proportion of a full timer's hours they feel is appropriate, provided that the duration of training is adjusted accordingly. For example, they should be able to work either 60%, 65%, 70%, etc. Pay must, however, also reflect the number of hours undertaken.

**The subcommittee's policy is that doctors training for general practice should also be allowed to work 50% of the hours of full-timers. The subcommittee will continue to pursue this with the government.**

**Flexible GPRs should have the option of working whatever proportion of a full timer's hours they feel is appropriate (provided that the duration of training is accordingly adjusted). The subcommittee welcomes current initiatives to move from a time served method of equivalence for flexible registrars to one based on assessment of competency.**

### **GP registrar posts**

Full timers GP registrars often have a half day off per week in addition to their half-day VTS release. Working arrangements for flexible GPRs should accurately reflect a pro-rata share of full-timer's work. Thus, flexible registrars should be able to work 60% of a nine session week, which should include a protected VTS half-day release per week and tutorial with the trainer. On call will also need to reflect a pro-rata share of the full timers experience, but not necessarily packaged in the same way.

**The working hours of the flexible GPR should accurately reflect the commitment of the full time training post of that practice. Pay for flexible GPRs should accurately reflect the hours they work. Training/education time should not, however, be subject to pro-rata reductions, as flexible GPRs have the same training needs as their full time counterparts.** For example, a trainer may be giving a weekly two hour tutorial to a full timer concentrating on consulting skills for the months prior to submission of the MRCGP video. If such tutorials are subject to a 60% reduction in length, flexible registrars would be disadvantaged when they came to submit the video for the examination which is at set times of the year, since the flexible GPRs would be behind schedule compared with their full time counterparts. The JCPTGP has laid down regulations for flexible GP registrar posts. (JCPTGP. Recommendations to deaneries on the selection and re-selection of general practice trainers.) Trainers have occasionally made additional stipulations on doubtful "educational grounds" causing considerable difficulties to flexible GPRs, for example the need to do late evening surgeries on a regular basis which can be incompatible with existing child care arrangements. Given the frequency with which flexible GPRs rotate between posts during the hospital component of their training, it is unreasonable to expect them to change their child care arrangements every six months to accommodate the service pressures of trainers and practices which judge them on such restricted grounds. Such stipulations are discriminatory if a GPR experiencing an equivalent caseload is being prevented from gaining recognition of equivalent training, just because of the time at which that experience occurs. The onus here is on the trainer to demonstrate that there will be a shortfall in specific experience.

The structure of a flexible GP registrar's timetable should not be excessively fragmented. A flexible GPR required to spread six sessions over more than three days is potentially incurring greater travelling costs than the equivalent full-timer. These may not always be reimbursed if the post is the "base" post and this therefore equates to a reduction in pay and can amount to unfair treatment. Similarly, some childcare workers charge by the half day which means that flexible GPRs who have to work successive mornings with 1pm or 2pm finishes incur a whole day's child care costs, while only earning half a day's salary.

**The VTS organisers should intervene to clarify which stipulations are based on regulations and which are based on the trainer's personal opinion, or in some cases, prejudice.**

**Where stipulations have financial implications which are unfair, the GPR should seek advice from his or her local medical committee or, if a BMA member, from the local BMA office.** It may be necessary for the flexible GPR to work different timetables for different halves of the job in order to gain an experience of the different practice activities, ie child health surveillance, asthma clinics, practice meetings, etc. A practice may be restricted in what it can offer a registrar because of availability of rooms, etc.

**The VTS course organisers have a key role in ensuring that a flexible GPR is placed somewhere where his or her educational needs can be met within personal constraints.** If discussions at one practice prove unfruitful, the VTS organisers should readily intervene to arrange a more suitable placement. Flexible GPRs who do not have a fixed session on a Monday will see their paid holidays substantially reduced, due to bank holidays and, particularly, if Christmas and New Year fall on a Monday. Whereas full time GPRs will enjoy either a paid day off on a bank holiday or day in lieu (both of which increase their paid time off over and above their annual leave entitlement), flexible GPRs are effectively denied their fair share of paid holiday. They should, therefore, have a pro-rata share of the bank holidays which fall on the days in which they do not work added to their annual leave. For example, if the flexible GPR working 70% of a full-timer's hours never works Mondays and six bank holidays for that year fall on a Monday which is not a worked day, the flexible registrar should be entitled to have four days (70% of six days) added to his or her annual leave. In addition, flexible GPRs should be entitled to whichever bank holidays fall on their working days (or lieu days) as for full timers.

**Flexible GPRs should receive a pro-rata share of the bank holidays which fall on the days in which they do not work added to their annual leave.**

### **Induction**

Because flexible hospital training posts usually exceed six months, such GPRs may find themselves rotating to new posts out of sync with their full time colleagues and receive no induction on arrival. This is unacceptable. Flexible GPRs should receive an induction to the post. If the educational component of that standard induction cannot be provided on an ad hoc basis for each flexible GPR, arrangements should be made to direct the registrar to places where some induction training can be provided - which may be on a regional course or, for example, by using video material. Hospital departments receiving GP SHOs out of the normal rotational times should nominate a member of staff to show them around on their first days and provide important information, for example the departmental handbook, and arrangements for authorizing leave. Cardio-pulmonary resuscitation training should be organised to take place as early as possible in the post. A new GP SHO should be told, in his or her first week in the hospital, the names of the educational supervisor and mentor.

**Flexible GP SHOs should receive adequate induction training at the start of every post, regardless of whether they start outside of the standard rotational times.**

Induction should be provided as part of standard contracted time - it is not acceptable to expect flexible GPRs to obtain their own induction training in their own unpaid time, eg by attending a course. Where such training does not coincide with the GPR's normal working days, time off in lieu should be granted.

## **Key recommendations**

1. Any full time GP registrar wishing to change to less than full time training should be allowed to do so. Flexible training must be adequately funded to enable this.
2. Criteria for access to flexible training should be transparent and open to scrutiny.
3. Junior hospital doctors refused flexible training posts can appeal to the national COPMED flexible training working party to have their case overturned. A similar parallel system of appeals should exist for GPRs.
4. Doctors training for general practice should also be allowed to work 50% of the hours of full-timers. (This will require a change to European legislation.)
5. The regional director of general practice education (or a nominated deputy with special interest in flexible training) should scrutinise all ad hoc flexible posts as part of an efficient and streamlined administrative process which may be coordinated by the associate postgraduate dean's staff.
6. The flexible GP SHO's timetable during his or her hospital component must include one weekly paid educational session per week.
7. In constructing the flexible training post, an accurate account should be taken of the actual hours worked by the full time doctors in training.
8. Flexible GP SHOs should be paid in line with their full time counterparts where the latter receive paid rest time after a night on call or a paid half day a week. ADH rates for flexible GP SHOs should also be the same as those of full timers.
9. The working hours of the flexible GPR should accurately reflect the commitment of the full time training post of that practice.
10. The VTS organisers should intervene to clarify which stipulations are based on regulations and which based on the trainer's personal opinion or, in some cases, prejudice. Where stipulations have financial implications which are unfair, the GPR should seek advice from his or her LMC or, if a BMA member, from the local BMA office.
11. The VTS organisers have a key role in ensuring that the flexible GPR is placed somewhere where his or her educational needs can be met within personal constraints. If discussions at one practice prove unfruitful, the VTS organisers should readily intervene to arrange a more suitable placement.
12. Flexible GPRs should receive a pro-rata share of the bank holidays, which fall on the days in which they do not work, added to their annual leave.
13. Flexible GPRs must be entitled to the same amount of study leave as their full time counterparts.
14. Courses attended by flexible GPRs should be funded in full, irrespective of whether they occur on normal working days on which they would not normally work.
15. When flexible GPRs are required to attend a full-time course (eg some of it in their own unpaid time), they must receive time off work in lieu for those days spent on the course which occur on non-working days.
16. Claims should be processed with expediency. It is not acceptable for alternative arrangements for obtaining expenses to cause undue delay in payment of expenses.
17. Flexible GP SHOs should receive adequate induction training at the start of every post, regardless of whether they start outside of the standard rotational times.

18. Induction should be provided as part of standard contracted time. It is not acceptable to expect flexible GPRs to obtain their own induction training in her own unpaid time, eg by attending a course. Where such training does not coincide with the GPR's normal working days, time off in lieu should be granted.

19. A flexible GPR must be able to return to the same training practice when returning from maternity leave, and should not have to delay her return unreasonably beyond the date when she feels ready to come back.

20. All flexible GPRs on vocational training schemes should be advised of their rights to claim travel expenses when rotating between successive posts.

Sent by Isabel Fish/BMA - 12 September 2000