

Educational Agreement for Doctors in Training in the Northern Ireland Deanery

(Note: this is NOT an offer of employment)

From December 2021, NIMDTA is the Single Lead Employer (SLE) for all doctors and dentists in training in Northern Ireland. Where the training agreement refers to 'employer' this should be understood as the 'Host Organisation' for all trainees under the SLE arrangement, i.e., the Trust organisation or practice posted to.

Please Note: This document will be reviewed and updated annually. It will be assumed that trainees accept and agree with the contents of this document unless they state otherwise. Trainees should note that the current version will supersede previous versions and is available at www.nimmdta.gov.uk/trainee-policies-and-guidance/.

On accepting an offer of a training post in the Northern Ireland Deanery, **I agree to meet the following conditions throughout my training:**

Registration, Indemnity, Immigration and Professionalism

1. I will **maintain my GMC registration** with a licence to practise (even if temporarily out of programme). Failure to do so whilst continuing to work as a doctor may result in a police investigation, immediate suspension from employment and automatic referral to the GMC. I understand that failure to maintain my registration with a licence to practise may result in my removal from the training programme (Gold Guide 8 Para3.99). It is **strongly recommended that all trainees arrange a direct debit or standing order with the GMC** for payment of licence fees to reduce the risk of the loss of GMC registration and suspension from employment.
2. I will **ensure that I have adequate insurance or indemnity cover**, as referenced in the GMC's Good Medical Practice (para 63). Personal indemnity cover is **essential** for ALL trainees working outside the hospital setting, e.g. GP trainees, Foundation trainees on rotation to GP or academic placements, or Broad Based trainees rotating into GP and for trainees working in a hospital setting. It is the responsibility of trainees to ensure they have appropriate cover for their whole scope of practice. If planning to undertake any training in the Independent/Private sector, trainees need to discuss this prospectively with their medical indemnity organisation.
3. I will ensure I am registered with a general practitioner (outside my family) in Northern Ireland (Good Medical Practice para 30).
4. As an employee within a healthcare organisation I **accept the responsibility to abide by and work effectively as an employee** for that organisation. This includes complying with all local requirements such as: attending shadowing and induction, accessing designated email accounts, completion of monitoring forms, notification of absences due to sick leave; participating in meetings with clinical and educational supervisors. I acknowledge and agree to the need to share information about my performance as a doctor in training with other organisations involved in my training and with the Postgraduate Dean on a regular basis.
5. I will always have at the forefront of my clinical and professional practice the principles of **Good Medical Practice** for the benefit of safe patient care. I am aware that Good Medical Practice requires me to keep my knowledge and skills up to date throughout my working life, and to regularly take part in educational activities that maintain and further develop my capabilities, competence and performance.
6. I will only assume responsibility for or perform procedures in areas where I have sufficient knowledge, experience and expertise as set out by the GMC, my Host Organisation and my clinical supervisors.
7. I will **immediately inform** the Head of School/Foundation School Director/NIMDTA staff and my Host Organisation **of any change in circumstances** e.g. sick leave/maternity leave. This includes providing details on all periods of sickness absence by emailing SLE-Absence@hscni.net (for trainees under Single Employer only), and foundation.nimmdta@hscni.net, specialty.nimmdta@hscni.net or gpspecialtytraining.nimmdta@hscni.net, on the first day of absence and on return. This is in addition to following processes of my Host Organisation.
8. I will obtain and provide my School and NIMDTA with a professional email address.
9. I am aware of the Professional [Duty of Candour](#) (acting with honesty and integrity (Good Medical Practice Para 65-71)) and the requirement to be open and honest where I feel there have been failings in care.

10. I confirm that I have achieved the following entry requirements:
 - a) F1: I confirm I will have achieved a primary medical qualification as recognised by the GMC and obtained provisional registration by the time I am scheduled to commence the F1 year.
 - b) F2: I understand that I will need to obtain full registration with the GMC in advance of commencing as a F2 doctor.
 - c) Specialty Training: I confirm I have completed a UK Foundation Training Programme OR have acquired a Certificate of Readiness to Enter Specialty Training (CREST) and will produce evidence where required.
 - d) Higher Specialty Training: I confirm I have completed a UK Core Training Programme or have acquired a Certificate of Readiness to Enter Higher Specialty Training (CREST) or Alternative Certificate as directed by the overarching recruitment process, and will produce evidence where required.
11. I will ensure that when carrying out work in a General Practice setting including out of hours, I am on the GP Performer's List (GP specialty trainees only).
12. I understand that if working in non-HSC organisations, I must have applied for and been granted practising privileges by the relevant independent hospital, have appropriate personal indemnity in place and declare all activity on my annual Form R return.
13. I am required to comply with the conditions of my sponsorship arrangements and understand this may have an impact on training processes (eg OOP, LTFT). I will fully engage with immigration and employer requirements and inform NIMDTA of any changes to my immigration status (visa holders only).

Protecting Patients and Whistleblowing

1. I will ensure that **the care I give to patients** is responsive to their needs, equitable, respects human rights, challenges discrimination, promotes equality, and maintains the dignity of patients and carers.
2. I confirm that I understand, accept and agree to be bound by the principle of **confidentiality** and of safeguarding of patient records data. I will take all reasonable precautions to ensure that any personal data concerning patients, will be kept confidential. I understand that patient identifiable information should not be removed from HSC premises or GP premises unless there is a clinical need to do so. I confirm that I will not discuss patients with other professionals outside the clinical setting, except anonymously. When recording or presenting data or discussing cases outside the clinical setting I will ensure that patients cannot be identified by others. I will ensure that I use all confidential data, including electronic, in accordance with the Policies and Procedures of my Host Organisation ensuring data is created, used and managed securely.
3. I understand that I have a responsibility to raise concerns where appropriate, at an early stage. However, if there are issues in relation to patient safety, trainee safety or undermining, I understand that I will need to be identified in order to facilitate full and proper investigation.

Conduct

1. I will ensure I treat my clinical and non-clinical colleagues with respect, promoting a culture of team working across all professions working in healthcare.
2. I will inform NIMDTA and my Host Organisation, as soon as possible after the event, of any **conduct which involves the police or attracts media interest** and which may impact negatively upon the reputation of the profession, Host Organisation or NIMDTA and which may undermine public trust and confidence in it.
3. I will inform my Responsible Officer (RO), Postgraduate Dean (PGD), NIMDTA School/programme and my Host Organisation immediately if I am **under investigation** by the Police, GMC, NHS Resolution (formerly NCAS) or other regulatory body and I will inform my RO and NIMDTA School/programme immediately if I am **under investigation** by my Host Organisation. I understand that I may need to remain with that Host Organisation and as a consequence may not change rotation until the investigation is complete. I understand that I must assist and co-operate fully with investigations and I must also provide updates to my RO and NIMDTA School/programme on progress and the outcome of any investigation.
4. I will inform my RO, PGD, NIMDTA School/programme and my Host Organisation immediately if the Medical Practitioners Tribunal Service (MPTS) or GMC place any conditions (interim or otherwise) on my licence to practise, or if my name is

suspended or erased/removed from the Medical Register/Performers' List, or if any NHS/HSC organisation takes action to restrict my ability to work as a doctor.

5. I will provide my Host Organisation and NIMDTA School/programme with adequate notice as per GMC guidance/contract requirements if I wish to resign from my post/training programme.
6. I understand that incidents or issues involving trainees will be discussed at NIMDTA's Doctors and Dentists Review Group. This is to ensure that any reported concerns, issues or incidents involving doctors in training are reviewed to establish if further action or support is required or if fitness to practise may be impaired due to health, performance or conduct. This will include the review of Host Organisation Revalidation Exception Reports to support my Responsible Officer.
7. I understand that my contact details may need to be shared with relevant Local Education Providers (LEPs) to assist in investigating incidents and SAIs.
8. I understand that I have a continuing responsibility to inform NIMDTA and my Host Organisation immediately of any **warnings, undertakings or conditions** that have been placed on my registration by the GMC. I understand that I must comply with these conditions, warnings or undertakings. I must also provide updates on any changes to these restrictions and inform NIMDTA if the GMC is investigating my compliance.
9. I will provide the Postgraduate Dean with copies of all correspondence from the GMC relating to a complaint or fitness to practice investigation (recruitmentconfidential.NIMDTA@hscni.net).
10. I will comply with the standards required from doctors when engaging in **social media** and adhere to my Host Organisation's policy on social media and GMC guidance (www.gmc-uk.org/guidance/ethical_guidance/21186.asp)

Engaging with Training

1. I understand that the Northern Ireland Medical and Dental Training Agency (NIMDTA) is my Designated Body (DB). I will maintain a prescribed connection with NIMDTA as my DB for Revalidation and work in an Approved Practice Setting until my first GMC revalidation date (this applies to all doctors granted full registration after 2 June 2014). See www.gmc-uk.org/doctors/before_you_apply/approved_practice_settings.asp for further information.
2. I understand my responsibilities within revalidation, that I must declare my full scope of practice (including locum positions) and that I will provide evidence for all areas of activity. I will **complete and submit a Form R** on an annual basis in advance of the ARCP panel, or earlier if relevant issues arise. The Form R is essential for the revalidation component of the ARCP process. **Failure to do so will result in being at risk of my RO contacting the GMC regarding my non-engagement with essential revalidation processes.**
3. I will maintain **regular contact** with my Head of Specialty School/Foundation School Director/Director of Postgraduate GP Education/Associate Director for GP Specialty Training, Training Programme Director (TPD) and the Deanery by responding promptly to communications from them, usually through email correspondence.
4. I agree to ensure timely registration with the appropriate College/Faculty.
5. I will regularly update my **learning portfolio** which underpins the training process and documents my progress throughout the programme.
6. I understand that I will be automatically registered for NIMDTA's **Learning Management System (LMS)** to enable access to courses and associated materials.
7. I will **attend the mandatory GMC workshop 'Being a Professional'** and provide evidence of attendance at ARCP. (This is a NIMDTA requirement for hospital specialty trainees before completion of Core and Run Through Training programmes, i.e. CT2/3, or ST2/3).
8. I will inform my School and NIMDTA of any change of my personal contact details and/or personal circumstances that may affect my training programme arrangements.
9. I understand that programme and post allocations are provisional and subject to change until confirmed by NIMDTA.

10. I will support the development and evaluation of my training programme by participating actively in the **GMC's Annual National Trainee Survey** programme specific surveys as well as any other activities that contribute to the quality improvement of training.
11. I will make myself familiar with my curriculum and will endeavour to meet the requirements set within it. I will use training resources available optimally to develop my knowledge, skills and attitudes to the standards set by the relevant curriculum.
12. I will participate proactively in the appraisal, assessment and programme planning process, including providing documentation, to include Form R, to the prescribed timescales and progressing my training without unreasonable delay.
13. I will attend the minimum number of formal teaching days as required by my School/programme.
14. I understand that I will need to satisfy all requirements of the programme and curriculum to enable satisfactory sign off, and that this may require a specific time commitment.
15. I acknowledge that where programmes are time dependent, failure to complete the required time in programme may result in an unsatisfactory outcome.
16. I will attend, if present in the workplace on the day of a NIMDTA visit, the scheduled session with the visiting team. The purpose of these visits is to assess the quality of training delivered in the training unit. I am aware that the visit will be conducted in a confidential manner.
17. I understand that I have a responsibility to **raise concerns** where appropriate, at an early stage. However, if there are issues in relation to patient safety, trainee safety or undermining, I understand that I will need to be identified in order to facilitate full and proper investigation.
18. I am aware of and will comply with all trainee policies and guidance available at www.nimdtg.gov.uk/trainee-policies-and-guidance/. I will keep myself up to date with the latest information available via NIMDTA as well as via the relevant educational and regulatory websites.

Data Protection Act

I am aware that NIMDTA has an obligation to collect and keep data in order to perform its statutory functions. I understand that:

1. NIMDTA must comply with its obligations under the Data Protection Act (2018) and the UK General Data Protection Regulation (UK GDPR).
2. Appropriate measures have been put in place to ensure the safety and integrity of the data held by NIMDTA.
3. Data will be processed for the following purposes:
 - 3.1 quality management of training programmes
 - 3.2 recruitment, selection & appointment to a programme of training within the Northern Ireland Deanery
 - 3.3 placement to a training post within a programme of training
 - 3.4 to support the assessment and appraisal process for doctors in training
 - 3.5 to provide information on educational support services available
 - 3.6 to provide information on educational events
 - 3.7 to establish participation in research activities
 - 3.8 to support educational, professional development and workforce planning initiatives
 - 3.9 to keep you informed of other NIMDTA initiatives to support trainees
 - 3.10 to comply with legal and regulatory responsibilities, including monitoring under relevant equality legislation in NI
 - 3.11 to provide information on health and safety issues
 - 3.12 to support and inform the revalidation recommendation process
 - 3.13 to facilitate LEPs contacting trainees in relation to investigating incidents and SAIs
 - 3.14 to respond to requests by Police Service of Northern Ireland (PSNI) in relation to contacting trainees
 - 3.15 to receive updates on training opportunities via NIMDTA's Alumnus programme

4. In the interests of patient safety and trainee support it will be necessary to transfer personal information to or from other health and social care organisations or statutory bodies. This may include facilities outside of the HSC where I am working as a doctor. This will include access to occupational health reports and updates. Sharing of information may also need to take place following completion of training.
5. Further information in relation to how NIMDTA will process your information can be found in the [Privacy Notice](#)

I acknowledge the importance of these responsibilities and understand that they are requirements for maintaining my registration with the Postgraduate Dean. If I fail to meet them I understand that the Postgraduate Dean or deputy will meet with me to discuss why I have failed to comply with these conditions and that my training number/contract may be withdrawn by the Postgraduate Dean.

I understand that this document does not constitute an offer of employment.

Trainee's signature:

Trainee's name (printed):

Training Programme:

Level of Entry:

GMC Number:

Date: