

General Practice Specialty Training



Time out of Training

Guidance on being Out of Sync and Less than Full Time Training

Introduction

NIMDTA is committed to the promotion of equality of opportunity. NIMDTA is tasked by the Department of Health and Social Services and Public Safety, (DHSSPSNI), to deliver medical and dental training. NIMDTA seeks to serve the government, public and patients of Northern Ireland by listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest caliber to recognised training posts and programmes to ensure the provision of a very competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

Against this background the GP training programme has a limited number of training posts in Trusts and in GP practices. Following recruitment a transparent and equitable post allocations process is applied. The process is set out in the Allocations Policy.

The GP Department recognises that on occasion a trainee may have Special Circumstances which necessitate further consideration of a post allocation. Such circumstances are set out in the Special Circumstances policy.

Who should I inform and when?

When you decide you need to take time out from your GP training programme you should let NIMDTA know as soon as possible. The sooner we know the better opportunity we have to manage your time out of training and your return to work. In addition you should inform the following people:

- ⇒ Your employer - Trust HR or GP practice manager
- ⇒ GP Department NIMDTA
- ⇒ HR Department (This will ensure your salary and maternity benefits are in place)
- ⇒ Your Clinical Supervisor and Educational Supervisor
- ⇒ Your Training Programme Director



You may also decide to inform your indemnity body and the RCGP e-portfolio team. Your ePortfolio can be suspended at your request during your maternity leave, although some trainees elect to keep their ePortfolio active.

Most trainees schedule a proposed time of return to work when they plan their maternity leave although this date can be altered nearer the time.

When you decide to return to your GP training programme again you should let NIMDTA know as soon as possible. Again you should inform:

- ⇒ Your employer - Trust HR or GP practice manager
- ⇒ GP Department NIMDTA
- ⇒ HR Department (This will ensure your salary is re-instated at the appropriate time)
- ⇒ Your Clinical Supervisor and Educational Supervisor
- ⇒ Your Training Programme Director

Your Programme Director will arrange to meet you to discuss your training programme for the remainder of your training with you. Your Programme Director cannot advise you regarding your post allocation on return to work - this will be managed by the GP Department.

Post allocations

Once you have taken time out of your programme you will be an 'Out of Sync' trainee. This means that your programme has been elongated from the programme which you originally signed up to. In GP training you must complete a 3 year run through programme, although there may be periods of absence within the programme.

Whilst NIMDTA will endeavour to place you back in the post which you were originally placed there are a restricted number of posts which are suitable for GP training and of those it is dependent upon which posts are available at the time of your return. Posts cannot be kept vacant while a trainee is not in post, generally speaking all of our posts are filled on an annual basis.

The Royal College of General Practitioners (RCGP) and the General Medical Council (GMC) set the standards required for GP Training and the GP department seeks approval from the GMC for training posts. You cannot be guaranteed a placement in your programme as originally planned. At the time of your return to work NIMDTA will seek to find a suitable vacant post for you to continue your training. This is set out in further detail in the Allocations Policy.

As stated in the introduction NIMDTA has a responsibility not only to provide you with a suitable post for GP Training it also has a responsibility to the DHSSPSNI and the public to facilitate the delivery of service to patients in Northern Ireland.

The GP Department recognises that coming back to work and providing care to a young child is demanding. Many of our trainees, both male and female, have to juggle the demands of their work and their caring responsibilities. Where necessary you can apply for Special Circumstances. You may also consider working Less Than Full Time, (LTFT).

The Associate Dean for Careers Dr Camille Harron is also available for advice and is contactable by email: Camille.harron@hscni.net

General
Medical
Council



Royal College of
General Practitioners



DHSSPS

Department of Health, Social Services
and Public Safety
www.dhsspsni.gov.uk

Post allocations

What post will I be allocated to upon my return to training?

This will depend upon a number of factors: If for example you have completed 10 months of your ST3 placement then ideally we would place you back into the same practice to finish the 2 months you still require in ST3. However the practice may not have the capacity to train you when you return. Spaces in practices are at a premium and we cannot ask a practice to remain vacant while you are off. If this is the case then we would follow the steps outlined in the Allocations Policy to source another suitable practice with capacity to train you. Hopefully this will be within the same area group.



If for example you are in the middle of your ST1 year and have more hospital training time required this is more difficult to arrange. As General Practice are allocated a specific number of posts each year, if these are filled then we do not have any extra posts to offer. We are dependent upon vacancies left by other trainees or approaching the Trusts to ascertain which posts they have. Not all of these posts will be suitable for GP Trainees. Whilst you may find it frustrating that you cannot return to do a specific post in a specific hospital, please understand that the post you were allocated was available at a specific time. For example if you were allocated Psychiatry from August 2016 but missed this due to taking maternity leave, in August 2017 this post will be allocated to a new trainee.

Working Less Than Full Time (LTFT)

- You can make an application to work LTFT as a GP Specialty Trainee. NIMDTA and your employer will consider your request and whilst requests will be accommodated where possible there is no guaranteed entitlement to LTFT training or the percentage of whole time equivalent working.
- You should submit an application for LTFT training at the earliest opportunity. This will enable arrangements to be made with your employer prior to your return to work, Please see the LTFT policy for more information.
- Although working LTFT it is a requirement of the GMC that all Specialty trainees work pro-rata across all shifts that a full time trainee would, including Out of Hours.
- The GMC has stated that Work Place Based Assessments should also be completed pro rata compared to a full time trainee.
- Study leave is also awarded pro rata
- OOH are also completed pro rata



LTFT FAQs

How do I apply for LTFT training?

If you would like to work LTFT we would encourage you to put in your application as early as possible. The LTFT panel sits regularly and applications are not normally approved outside this except in exceptional circumstances. It can be a few weeks after the panel before we can confirm whether you have been granted LTFT or not this will be done by email.

How will working LTFT affect my placements?

The GP Practice or the Trust act as the employer during your posts so they ultimately have to agree whether or not you can work LTFT in the post you have been allocated. During hospital placements working LTFT can mean a change in placement to help you complete your training time for example: your post is arranged in O&G for Aug – Feb (6months) if you have been granted LTFT at 80% and the Trust can accommodate you working at 80% then you will need additional time in O&G in order to make up 6 months whole time equivalent. It can be very difficult to arrange a post for a trainee of just over one months duration, this will be arranged in accordance with the allocations policy when and where a suitable post is available.

LTFT FAQs

How do I decide what hours I will work?

Individual arrangements should be agreed between GP Trainee and GP Trainer or Trust, including the hours of work. As in all other arrangements hours of work are agreed by discussion and negotiation. Ultimately the hours of work should facilitate service delivery by the practice or Trust whilst allowing the trainee a breadth of experience. A trainee in a Trust post must do pro-rata of a fulltime trainee's rota including on-call, weekends, nights etc. A trainee does the percentage equivalent of a Full Time trainee whatever the post. Therefore, for example, a trainee working 80% in practice will do 8 instead of 10 sessions a week. The practice and trainee can decide how that works e.g. working four full days, or three full days and two 1/2 days.

What percentage of training could I work in General Practice?

Trainees can work at 60, 70 or 80%, but must work a minimum of 60%. This enables them to attend the training events as appropriate without falling short of the RCGP guidelines with regards to clinical work.

What will my salary and annual leave entitlement be?

Annual leave and Bank Holiday leave is worked on a pro-rata basis as is the salary. In a GP Post your Practice or the NIMDTA Professional Support Department can clarify the individual trainee's entitlement in the trainee contract. If you are in a Hospital post you should contact the Trust Medical HR Team.

Am I able to take study leave and attend the training days whilst working LTFT?

Study leave entitlement is also pro-rata, guidance can be found on the NIMDTA LTFT policy. A LTFT trainee is entitled to attend the same number of training events as a full time trainee, and can attend all of the training days only once. The Programme Directors & NIMDTA can assist with any queries relating to training days.

What proportion of Out of Hours should I work as a LTFT Trainee?

Out of Hours requirement is the same as for full time trainees. Out of Hours training should be spread across the training programme in order to show progression and adequate acquisition of the competences required.

What proportion of Work Place Based Assessments are required?

Work Place Based Assessments on the e-Portfolio are pro-rata, see NIMDTA webpage for guidance.

www.nimdtg.gov.uk/general-practice/gp-specialty-training/eportfolio-assessments/

Keeping In Touch Days (KIT)

Keeping in touch (KIT) days can be used to help a trainee stay connected to their training whilst off on a period of maternity leave. If you wish to do so you can apply to NIMDTA for up to 10 KIT days during maternity leave. The application should be made at least 6 weeks before the first date using the appropriate form. KIT days are granted at the discretion of the Deanery and your employer and are not normally counted towards your training.

For more information please review the KIT Day Policy.



KIT Guidelines

All requests for KIT days must be made to NIMDTA on the KIT Application Form preferably in advance of commencing maternity leave and following a discussion with the GP Trainer.

- An Application Form for KIT days must be submitted to the Deanery at least 6 weeks in advance of the first proposed date. Once the application is received specific dates should be identified at least two weeks before the first proposed KIT day. Days and dates once agreed cannot be changed.
- KIT days are agreed at the discretion of the Deanery and must be by agreement. Neither the employer nor the trainee can insist upon them.
- A trainee may work up to a maximum of 10 KIT days without bringing her maternity leave to an end. A KIT day refers to any period of time during a day e.g. half a day is counted as a whole day.
- A trainee may not work during the two weeks compulsory maternity leave immediately after the birth of her baby.
- KIT days do not normally count towards training under the RCGP guidance. KIT days therefore cannot offset periods of training eg. a training shortfall in a post.
- Any days of work will not extend the maternity leave period.
- The work can be consecutive days or not and may be used for attendance at the formal training programme or clinical work in the Trust or in the GP practice.
- Where KIT days are used to attend training events the trainee will provide a day in clinical practice for those training days previously attended as KIT days. On return to the programme there can be no duplication of attendance at a training event e.g. CPR.
- The trainee will be paid at her basic daily rate for the hours worked, less appropriate maternity leave payment for KIT days worked.
- A trainee who is breastfeeding must be risk assessed by the employer and facilities provided.
- It is the trainee's responsibility to ensure they have appropriate indemnity cover if completing KIT days.
- Should a GP trainee wish to sit the CSA whilst on maternity leave the RCGP requests a letter from the Deanery supporting that trainee's application.
- Payment for KIT days will be made at the end of the trainee's maternity leave. The trainee needs to get an attendance sheet signed by the convenor/supervisor of the KIT day to ensure payment can be made.

KIT FAQs

What are KIT days?

“Keeping-In-Touch” days: up to 10 days when a trainee can choose to attend work during maternity leave without affecting her SMP.

What are the purpose of KIT days?

KIT days are designed to help ease a trainee’s eventual return to work, and to make it easier for her to keep in touch with her employer during maternity leave.

Can they be used at any stage?

A trainee may not work during the 2 weeks compulsory maternity leave immediately after the birth of her baby.

Are they mandatory?

No. KIT days are agreed at the discretion of the Deanery and must be by agreement. Neither the employer nor the trainee can insist upon them.

Do the days have to be taken in blocks or can they be individual days?

The work can be consecutive days or not, and may be used for attendance at the formal training programme or clinical work in the Trust or in the GP practice. A KIT day refers to any period of time during a day that you are at work eg: half a day is counted as a whole day.

How do I organise taking KIT days?

Preferably before going on leave, the trainee should discuss and agree any KIT days with the employer and submit an application to NIMDTA using the KIT days request form. An application should preferably be made to NIMDTA at least 6 weeks in advance of the first proposed date.

It is the trainee’s responsibility to ensure they have appropriate indemnity cover if completing KIT days.

Do KIT days affect my training?

KIT days do not normally count towards training under the RCGP guidance. KIT days therefore cannot offset periods of training e.g. a training shortfall in a post. If KIT days are used to attend training events, the trainee will provide a day in clinic practice for those training days previously attended as KIT days, i.e.: there can be no duplication of attendance at a training event eg CPR/minor surgery.

Do I get paid?

The trainee will be paid at her basic daily rate for the hours worked, less appropriate maternity leave payment for KIT days worked.

For further information, please contact Professional Support: hr.nimdta@hscni.net

EPortfolio for Out of Sync Trainees

When will my Educational Reviews take place?

Reviews will continue in January and June each year when possible. When possible a trainee would have two reviews a year, but sometimes there could be a need for three reviews to facilitate someone completing their training or moving from ST2 to ST3 for example at an out of sync date in the year.

If you are unsure about your review dates because you are out of sync you should discuss this with your trainer and your programme director. Your Programme Director may ask you to email NIMDTA to confirm the review plans.

For example: A Trainee returns from maternity leave in October 2016 as an ST2 she should complete a review at the normal date in January 2017. She is moving to ST3 year in May 2017, she requires another review prior to moving to ST3 in May 2017. The next review will be done in January 2017; this review will actually cover from May 2016 – January 2017. The trainee and the trainer should work out the evidence that is required by the January 2017 review on a pro-rata basis. Remember if in doubt it is better to do slightly more than not have enough evidence. This trainees completion date is likely to be May 2017 so a final review will be done 6-8 weeks before their CCT date.

The GMC expects every Specialty Trainee to have at least one ARCP panel annually.

Trainee ePortfolio

Out of post reviews

While a trainee is off their GP Trainer should complete an Out of Post review. It is useful if the Trainer can comment on any evidence that has been produced within the review period ie if a trainee completed a few months in a post and then went on leave.

What evidence do I need for my review?

This depends on how long you are in post. If you are in post for x3 months instead of x6 months you will need ½ of the evidence.

What evidence is required for LTFT trainees?

The evidence for LTFT is calculated on a pro-rat basis, see the RCGP guidance on this <http://www.rcgp.org.uk/gp-training-and-exams/mrcgp-workplace-based-assessment-wpba/less-than-full-time-trainees.aspx>

EPortfolio for Out of Sync Trainees

Does my evidence that I gained before taking time out still count on the ePortfolio?

Yes it does, however you cannot complete a full six months worth of evidence in a x3 month post and then do nothing on the ePortfolio when you return to complete the final x3 months. The ARCP Panel will always expect to see that you complete pro-rata evidence during time in a post. Remember it is much better to have slightly more evidence than not enough. The panel wants to see progression in your learning log entries and other assessments on the ePortfolio. This wouldn't be possible if all the assessments are done at the beginning of a post.

What courses should I attend?

By coming out of the programme it is likely you will miss some of the formal training events, Regional Training Days, Locality days etc. During the training programme you should only attend each event once.

On your return to work NIMDTA staff will review the programme and your attendance prior to your time out of programme. You will be advised to meet with your Programme Director to discuss tutorials and ePortfolio. NIMDTA will book you onto the tutorials which you have missed/should attend. On all other days you should work in the Trust or in the practice. You cannot attend training days on more than one occasion.



Exams

The AKT should be taken when you are in or have just completed your ST2 practice attachment. The CSA should be taken when you have spent at least 3 months in ST3. Your Educational Supervisor and TPD will advise you. The RCGP requires a letter of support from the Deanery should you decide to sit the AKT or CSA whilst on maternity leave. The exams are expensive and each trainee is usually restricted to 4 attempts at each in total so you should consider carefully whether to sit the exam whilst on leave.

AKT

- **Applied Knowledge Test**
- machine marked test; Extended matching questions etc
- held 3x/year in local driving theory test centres
- sat at any time in GP training
- May be appropriate to take before final year, or early in final year

CSA

- **Clinical Skills Assessment**
- OSCE-type exam
- held Oct, Feb, May in Croydon
- sat during GPST year; Sensible to take early enough to have time to retake if necessary (but not too early)

CCT Date

When you take time out of training your CCT date will move accordingly. The Deanery calculates your CCT date but the RCGP is the final arbiter of CCT dates and may change these as required. The GMC is also kept informed of your proposed CCT date since your revalidation date should fall within 60 days of your CCT date.





FOLLOW US



Staff Name	
Dr Michele Stone	GP Director
Dr Paul Carlisle Dr Andrew Leitch Dr Siobhan McEntee Dr Ursula Mason	GP Specialty Training Associate Directors
Dr Nigel Hart	Associate Director - Quality Improvement
Bernie Devlin	GP Training manager
Lauran Morrow	GP Training Coordinator
Mandy Boyle Jane Haslett Jenevieve Devenney Clare McGlone Helen Rowan Susie Nelson Suzanne Enticott Sharon Hamilton	GP Specialty Training Administration Team

Area Group	Programme Director
Northern	Dr Steve Harte, Dr Katherine Potter, Dr Louise Douglas, Dr Nick Gardner
Southern	Dr Aine McShane, Dr Ali Rogers, Dr Adrienne Keown
Belfast	Dr Fionnuala Pollock, Dr Marie King, Dr Gary Baird
South East	Dr Andrea Murray, Dr Carl Brennan, Dr Jim McMullan
Western	Dr Robert Jennings, Dr Paula Houton, Dr Emma Murtagh