Template: generic work schedule – General Practice[[1]](#footnote-2)

\*To be used in practice placements only\*

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| Work schedule |
| Training Name: insert once known |
| Training placement: **General Practice** |
| Specialty placement: **General Practice** |
| Grade: insert grade (ST1, ST2, ST3, ST4 only) |
| Length of placement: insert length of this specific placement |
| Employing organisation: insert name of employing organisation |
| Host organisation (if different from the above): insert name of placement provider/host |
| Site(s): insert location/place(s) of work |
| Educational Supervisor: insert name of GP supervisor |
| Practice Manager: insert name of practice manager |
| Name of Guardian: insert name of guardian of safe working how is overseeing this post |
| Contact details of Guardian: insert email address |
| Head of School: insert name of head of school |
| Contact details for Head of School: insert email address |
| Medical Workforce Department Contact Details: insert e-mail address of medical HR team in employing organisation |
| Exception reporting: Trainees on this programme will be registered onto the exception reporting system used by this organisation, which is the <<insert name of system>> system. Log in details will be provided to trainees via e-mail. For information on how to use the system, see here: <<insert URL>> |
| Working pattern: A full-time week is 40 hours (on average), notionally split into 10 sessions of four hours in length and including ‘out of hours’ work to be scheduled across the year. Your working pattern is arranged across a weekly / fortnightly / four weekly (delete as appropriate) rota cycle.  A week includes, on average (pro rata if LTFT):   * 7 ‘clinical’ sessions: including (but not limited to) booked and emergency surgeries, house visits including travelling, telephone consultations, associated administrative work, appropriate debriefing time with the supervising GP and ‘out of hours’ work; trainees should have one hour of admin time for each three hours of clinical time, and the booking or appointments will allow for this as well as debriefing to take place within the session. * 2 ‘structured educational’ sessions: including (but not limited to) release to local structured teaching programme, tutorials, practice educational meetings, educational supervisor meetings, activities relating to workplace-based assessment, e-portfolio entries and other engagement with the ARCP process. * 1 ‘independent educational’ session: for independent study and revision.   Educational and training opportunities will be tailored to address individual learning leads. It may be desirable for additional clinical sessions to be used instead for educational purposes – though you should normally have no fewer educational sessions than outlined above.  When ‘out of hours’ work is undertaken, the equivalent number of hours will need to be deducted from the clinical sessions (as described above) in the same week (or following weeks) as agreed with your practice. The scheduling of ‘out of hours’ work must also remain compliant with the average 40-hour weekly total and ensure a safe working pattern in accordance with schedule 3 of the TCS. Depending on the nature of the out of hours work, the consequent time off may need to be taken in one block during the same week (perhaps the same day or the next day), or it may be possible to take it in smaller amounts across a number of weeks; this should be agreed with your supervisor. The timing of any time off in lieu will need to be agreed with regard to the need to maintain safe working hours and must be agreed prior to the out of hours work being undertaken.  In order to achieve the required competencies, you will undertake a number of ‘out of hours’ work across the year; you should schedule this in accordance with availability and with the agreement of your supervisor. You may spread these hours across the year in any safe pattern compliant with the working hours provisions of schedule 3 of the TCS; however, you should not schedule work across more than 6 weekends per year, as defined in schedule 2, paragraph 5 of the TCS. No fewer than 12 and no more than 22 of these hours should fall into the period attracting a night enhancement (broadly, after 9pm or before 7am), as set out in schedule 2, paragraphs 14-16 of the TCS.  **Timetable**  Insert weekly timetable (or fortnightly / four weekly, as appropriate)  Average weekly hours of work: 40 (amend figures pro rata if LTFT)  Your contract is a full-time contract for 40 hours  The distribution of these will be as follows:  Average weekly hours at basic hourly rate: 39.5  Average weekly hours attracting a 37% enhancement: 0. 5  Note: these figures are the average weekly hours, and may be based on an actual week, fortnight, four week or longer period (no longer than the shorter of the rota cycle, placement length or 26 weeks), as required by the TCS. Additionally, as these will be varied to include your ‘out of hours’ work, these may not represent your actual hours of work in any given week.  Annual pay for role (select elements as appropriate; for trainees covered under section 2 of schedule 14 of the TCS, replace this section with their protected basic salary plus a 45% GP supplement)  Basic pay (Nodal Point): <<insert annual cash amount>>  Pay for additional hours above 40: Nil  Enhanced pay at 37% rate: <<insert cash amount>>  Weekend allowance: Nil  On-call availability supplement Nil  London weighting: << Insert cash amount if relevant; delete if not >>  Flexible pay premia [Type]: <<insert cash amount>>  Transitional pay protection: <<Insert cash amount if relevant; delete if not>>  If you are covered by other provisions of the TCS (for example schedule 2 paras 46-52), you may also receive an additional pay element.  Total pensionable pay: <<insert cash amount>>  Total non-pensionable pay: <<insert cash amount>>  Total annual pay for this role: <<insert cash amount>>  Should your placement be for less than 12 months, your pay will be pro-rated to the length of your placement. |
| Training opportunities: Insert the curriculum mapped outcomes that can be achieved whilst in this placement, together with the formal and informal learning opportunities available to the post-holder.  The GP Curriculum is a competency-based curriculum and is structured as defined in ‘Being a GP’ the core statement. You will be given opportunities to develop skills and competences which will lead to the development of areas of capability.  <http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/online-curriculum/1-being-a-gp/core-capabilities-and-competences.aspx>  The focus of this post will be on the following:  Area of Capability: Knowing yourself and relating to others   * Core Capability: Fitness to practise * Core Capability; Maintaining an ethical approach * Core Capability: Communication and consultation  Area of Capability: Applying clinical knowledge and skill  * Core Capability: Data gathering and interpretation * Core Capability: Making a decision * Core Capability: Clinical management  Area of Capability: Managing complex and long term care  * Core Capability: Working with colleagues and in teams * Core capability: Managing medical complexity  Area of Capability: Working well in organisations and systems of care  * Core Capability: Maintaining performance learning and teaching. * Core capability: Organisation management and leadership  Area of capability: Caring for the whole person and wider community  * Core capability: Practising holistically and promoting health * Core capability: Community orientation   The Full GP Curriculum is available at:  <http://www.rcgp.org.uk/training-exams/gp-curriculum-overview.aspx>  During this post you will undertake WPBA as advised by the RCGP:  <http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba.aspx>  Process: The post will enable you to follow the principles set out in ‘How to Learn in GP’  You will be enabled to engage in:   * + Adult learning   + Reflective practice on activity in the workplace   + Seeking opportunities for patient and carer encounters   + Multidisciplinary teamwork and learning   + Guided personal development through discussion with your ES and supported by your CS and you will be given opportunities to meet both during the post.   The learning opportunities within this post are:   * + Clinical supervision – with opportunity for discussion and debriefing after each surgery (within scheduled hours) or during surgery if required for an immediate problem.   + Weekly tutorial – at least 2 hours planned and focussed discussion covering educational needs with educational / clinical supervisor. Some may be delegated to another permanent GP member of the practice team.   + Attendance at weekly practice education meeting involving all practice clinical team members. These meetings include attendance by other PHCT members when appropriate and include the following areas:   + Gold Standard Framework (palliative care)   + Child and Adult Safeguarding   + Audit and SEA   + Evidence based medicine   + Case management of patients with complex needs   + Attendance at the weekly partners meeting including business planning and finance   + Attendance at weekly structured teaching programme   + Time for weekly self-facilitated learning and personal study  Other Learning opportunities available in this post include (delete any that do not apply)  * + Attendance and participation in chronic disease management, health screening, immunisation and other clinics supervised by the practice nurse.   + Participation in the practice clinical governance programme including audit, SEA, medicines management and other quality improvement projects.   + Participation in the practiced based minor surgery sessions including joint injections.   + Participation in practice or community based ante-natal and child health clinics.   + Delivery of teaching to medical students with feedback on teaching skills.   + Attendance at local clinical commissioning meetings and involvement in commissioning projects.   + Participation in the practice case management programme for patients with complex conditions including multidisciplinary teamwork.   + Leadership of specific projects or chairing of practice meetings with feedback on skills.   If you are elected to act as a representative of other GPSTs including to attend the annual conference of LMCs, you are entitled to [special paid] leave to undertake such functions and to attend appropriate meetings. (You must obtain the consent of your trainer/educational supervisor and employer to each absence from duty but consent shall not be withheld unless there are exceptional circumstances in the reasonable opinion of the trainer/educational supervisor. When agreed such absences shall be considered as included in your working time commitment). |
| **Locum work:**  As a GP trainee you are supernumerary. Under the TCS, you are allowed to carry out additional duties as a locum should you wish to do so, but you must first offer your services to the NHS before seeking any work via an agency or other third party. Please refer to the separate guidance on locum working in GP for advice about how to do this if you wish to. |
| Other:  Insert any other items relevant to the placement |

1. This document has been produced jointly by NHS Employers and the British Medical Association following consultation with HEE, COGPED and individual lead employers of GP trainees. [↑](#footnote-ref-2)