

Guide to a session for GP trainees and trainers

July 2012

This guidance note has been drafted to replace the previous “Guide to a session” (January 2009) and has been produced by the GP Trainees Subcommittee in conjunction with COGPED.

General practice is often organised around clinical “sessions”. This guidance is intended to help GP trainees 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.

For the purpose of GP training the 40 hours of in-hours work can be thought of as 10 sessions of approximately four hours in length. A full-time trainee would expect their time to be divided roughly as follows:

7 x “clinical” sessions,

2 x “structured educational” sessions

1 x “independent educational”.

In addition, trainees will need to undertake out-of-hour duties and the nature of the sessions which are available will depend upon local arrangements. The description of work as falling into sessions is therefore notional as trainees will often be asked to undertake work outside of the surgery consultation times.

Timetables and rotas are helpful ways to organise duties. The way that a practice organizes duties may reflect their established working arrangements in providing general medical services. 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 be aware of duties outwith the practice and must adjust the start and finish times of practice clinical duties in order to ensure that the combination of the trainee’s activities is compliant with the European Working Time Regulations. More information on these regulations [can be found on the BMA website](#).

The duties, work or responsibilities that contribute to clinical or educational sessions do not need to occur continuously, but the ratios described should be considered appropriate for an “average” week. For example, you may consider that 1 x educational session has been met by the combined activity of three tutorials, each of one hour in length, and 1 hour reviewing Consultation Observation Tool (COTs) exercises. Similarly, a session during the week may consist of a 2.5 hour clinical surgery, a 30 minute debrief and a home visit. Trainees should be able to undertake approximately one hour of admin time per three hour of clinical time.

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

Duties and activities suited to clinical sessions

1. Supervised/supported consultations within the practice, with a minimum appointments length of 10 minutes for face to face consultations. There should be adequate time provided for at the end of any consulting period to allow a trainee to debrief with the supervising GP.
2. Supervised/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. Time spent 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, GPWSIs.
5. Time spent with other healthcare professionals who are encountered in primary care eg ambulance crews, school nurses, midwives, occupational therapists, physiotherapists, counsellors, to gain a necessary understanding of working relationships within primary care.
6. Time spent with dispensing and pharmacy professionals gaining experience in these areas, especially where a trainee might have duties that require training to be able to assist with dispensing duties, for example.

Clinical activities that may be considered educational

1. Time spent in activities relating to work-placed based assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Direct Observation of Procedure Skills exercises (DOPS).
2. Time spent analyzing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose.
3. Time spent in specialist clinics; especially where these are arranged to gain exposure to patient groups and illnesses not covered elsewhere in a trainee's programme, eg family planning clinics, joint injection clinics.
4. Participation in clinics run by other GPs –such as minor surgery lists, especially where direct supervision is required in the process to get formal verification of procedural competences.

Non-clinical activities suited to educational sessions

1. Locally organised educational events, e.g. specialty-specific educational programme run by the deanery, including "half-day release" or "day-release" sessions.
2. Structured and planned educational activities, such as tutorials delivered in the GP practice.
3. Primary care team meetings.
4. Educational supervisor meetings and other educational reviews.
5. Audit and research in general practice.
6. Independent study/revision.
7. Case Based Discussions (CBDs) selected from outside the debrief time.
8. Commissioning services.
9. Time spent with other professionals who deliver services that are not considered part of general medical services, such alternative and complementary therapists.
10. Time spent with other professionals who have expertise in other matters that relate to aspect of healthcare and death administration, social workers and undertakers.

Getting to know local healthcare professionals and helping the practice maintain links with the local community.