THE SLIGO G.P. SCHEME TRAINING CHARTER

The charter has been produced by G.P. Trainers and G.P. Registrars in training. It has been modified regularly when clarification is needed in areas of uncertainty

The aim of the Charter is to enhance the relationship between the GP Trainer and the Registrar. It creates certainty and security for both parties. It acts as a guide to good behaviour without carrying any legal or contractual status.

The Charter is divided into sections. The "Registrars agree" and "G.P. Trainers agree" sections relate to various general and specific principles.

Then there are sections on:

- Out of hours
- What happens to the GPR when the trainer is away.
- GPRs acting as locums.
- Internet Policy.

These sections have been added at various times because clarification was required. The Charter should be given to all trainers in the Sligo Scheme. It should also be discussed by G.P. Trainer and Registrar at the beginning of each attachment.

The Charter will be reviewed in two years or sooner should the need arise.

REGISTRARS AGREE:

1. To make contact with the new GP Trainer (GPT) in the month prior to the commencement of their GP attachment, and to provide evidence of full registration with the Irish Medical Council and also a current membership certificate of a Medical Defence Organisation to their trainer before taking up duty.

2. To possess basic equipment e.g. stethoscope, auroscope/ ophthalmoscope, sphygmomanometer, tendon hammer and bag. The GP Registrar (GPR) should provide these and have them by the start of 3rd Year.

3. To equip themselves with emergency drugs (at the practice's expense).

4. To have and maintain a means of transport. It needs to be acknowledged that being on-call is more costly for GPRs in some practices than in others (where outside a co-op).

5. To be loyal to the practice and to the GPT and to attend diligently to practice work. GPRs need to safeguard the relationship, based on mutual respect and trust, built up between the patient and GP, in some cases, over many years.

6. To give all fees received for patient care to the GPT. The practice policy regarding gifts, including monetary gifts, should be clarified by the GPT at the start of the attachment. Any decision to waive fees should be discussed, ideally beforehand, with the GPT or other member of staff.

7. That the decision to accept new patients, including family and friends of the GPR, can only be made by the Principals in each practice.

8. To be involved in total patient care and keep the GPT (and/or partners) informed when they are handing over clinical responsibility.

9. To keep proper records of patient contacts and all other such reasonably required records.

10. To accept the hours of work of the practice, the training schedule and the regular periods of tuition both in the practice and outside it, including attendance at the Day Release Course and clinical attachments as laid down by the Steering Committee. (Normally all surgery, or nearly all, surgery work by the GPR will be completed within the confines of a 9-6 day. Flexibility and co- operation will be needed. Travel time to and from the practice is not included in the working day). Registrars should not work more than their contracted hours.

11. To be available by mobile telephone or paging system when on call. If the practice does not already have an out of hours mobile phone or paging system, one of these should be provided by the practice for use by the GPR, if they so wish.

12. That a log diary of teaching and tutorial topics should be kept and this should ideally be a shared responsibility between the GPT and the GPR.

13. To work as normal within the practice when there is no time-tabled day-release activity or other prearranged activity, as agreed with the GPT.

14. To abide by the current internet usage policy.

15. To abide by the agreed procedures in the event of the GPT having a grievance or concern.

16. That for a period of two years from the termination of his/her engagement in the scheme, he/she shall not engage in general practice (except with the permission of the Steering Committee and the relevant GPT),within a radius of one mile in the case of an urban practice or up to seven miles in the case of a rural practice of any of his/her previous GPT's established centres of practice(The exact length in miles and time of this limitation should be agreed by the GPT and GPR prior to the commencement of the GPR's tenure in the practice.)

17. That for a period of two years after leaving the scheme he/she shall not accept patients from any of his/her previous GPTs' practices, except with a written consent of his/her former GPT. This does not preclude acceptance by a Registrar of a GMS appointment, which he/she may have obtained by open competition.

18. If legal action is taken by a patient against a GP registrar, the GPT (with whom the registrar was in regular employment at the time of the incident) and the programme director should be informed. The training scheme would, where applicable, use this information for learning purposes to improve patient safety, improve practice and reduce the risk of litigation for future trainees. However, only on agreement between the registrar and GPT in question could this information be shared with the rest of the scheme. Maintaining patient confidentiality would be of utmost importance if the information was being shared.

GP TRAINERS AGREE:

1. To support their Registrars (GPRs) and prepare them as best as they can for a career in general practice.

2. To assist, if necessary, the GPR in finding suitable accommodation within the area, for living and on call

3. To devote a minimum of three hours per week to teaching aspects of Patient Care and Practice Management, two hours of which are formal one to one protected time during the working day.

4. To provide GPRs with their own room, if possible, and adequate facilities, including a phone and internet access. These will facilitate efficient registrar work and learning within the practice.

5. To allow the GPR to consult with patients at a rate reflecting the GPR's experience and allowing time for the GPR to consult best evidence. Registrars should see a minimum of four patients per session where a session equals a normal morning or afternoon.

6. To share responsibility for keeping a log diary of teaching and tutorial topics with the GPR. Within this log there should be a plan for formal teaching which incorporates the learning needs of the GPR with a record of training that has taken place.

7. To release GPRs all day on Thursdays, to study and attend the release course during the academic year and/or any other educational meetings approved by the Programme Director.

8. To keep the GPR informed when they are handing over clinical responsibility.

9. To be sure that in group practices all partners have responsibilities towards the GPR and that they will respond readily with advice and assistance.

10. To abide by the agreed procedures in the event of a GPR having a grievance/concern.

11. That GPRs can register with healthlink, and training practice IT systems should have a unique log in for the GPR.

12. That accommodation policy for each practice regarding on-call nights and weekends should be made known to GPRs in 2nd year prior to their giving their preferences for their training practices. This is only relevant in practices where duty through the night is a factor.

13. That trainers will provide consumable/disposable items such as thermometer probe disposable covers/urinalysis strips etc .

OUT OF HOURS

Most, if not all, training practices use a co-op for out of hours. There are four different co-os. Occasionally a training practice is not involved with a co-op. This leads to a variation in the amount of hours on-call that GPTs and therefore GPRs do. Attempts have been made to create general principles of fairness for both GPT and GPR.

1. The GPR's hours of work, both in the practice and on-call, shall not exceed the average hours of work of the Trainer, or if the latter is not whole time, of a whole time equivalent doctor in the practice.

2. GPRs should spend a minimum of three and a half days per week in their training practice, under normal circumstances.

3. The Trainer and GPR should spend a minimum of six sessions per week together in the practice. For the purposes of this document, a session is defined as a normal morning or afternoon surgery.

4. As far as possible, the on-call rota should be pre-planned at least one month in advance, to allow GPRs to plan ahead. Due to the nature of general practice and training, both trainers and GPRs should have a flexible attitude towards covering in urgent circumstances.

5. The GPR will not normally be rostered for night duty before a formal training day (currently a Thursday).

6. It has been agreed that the out of hours' commitment of GPRs will amount to a minimum of 120 hours per year, as stated by the I.C.G.P. This commitment should always adhere to stated ICGP policy.

7. In some co-ops it is not possible for the GPR to get the minimum amount of OOH experience by working their trainers' slots. The surplus must be got by working the slots of other GP principals.

   If another trainer (e.g. a trainer who does not have a GPR or a new trainer yet to get a GPR) is the principal for such a slot then that trainer does the supervising.

   If another doctor who is not a trainer is the principal for such a slot then the GPR's trainer does the supervising.

   In all instances the principal whose slot it is gets the STCs etc.

8. How a GPR fits into a rota varies from practice to practice. It must be remembered that the GPR must always have a trainer or designated principal as a supervisor, and that this involves a time commitment for that person. This should be guided by the needs of the GPR.

9. If a GPR has a grievance about the out of hours' burden, the issue should be brought to the trainer for resolution, in the first instance.

WHAT HAPPENS TO THE GPR WHEN THE GPT IS AWAY:

1. GPTs agree that the GPR is in the practice for training and is not "another pair of hands".

2. When the GPT is absent from the practice he/she shall nominate, and notify, a principal to supervise the GPR. The nominated principal shall be bound by the same conditions as those laid down by the Steering Committee in the operation of the programme. The supervising doctor shall be eligible for the Specialist Register in general practice with the Irish Medical council - virtually every principal in GP will fall into this category.

3. It is recognised that part of the supervisory role of the GPT (or other nominated principal) is an on-call commitment.

4. GPRs will be expected to cover the periods(usually a half day)while the GPT is at the Sligo Trainers' monthly meetings(currently six meetings/year) as well as the annual "away" meeting for GPTs (two full days), and also while the GPT attends the National Meeting of GP Trainers, which is mandatory once every three years. At these times, a principal shall be nominated as in 2. The arrangement should be watertight.

5. The GPT shall not engage the GPR in any financial locum arrangement within the practice, unless the GPR is on annual leave. There is a separate section of the Charter dealing with GPRs acting as locums.

6. Where the practice normally employs a locum to cover annual leave/study leave, this arrangement should continue.

7. In group practices when someone is away a locum is often not employed, and everyone just works a bit harder. GPRs should "row in", but supervision and teaching/training time must be protected, and clause 1 of this section should always prevail.

8. In single-handed practices there may be occasions where the GPT is called away at short notice and is unable to find a locum. In such situations, the same conditions should pertain as for the GPTs' meetings, but these situations should never, or almost never, occur. The GPT should not "use" the GPR in such situations.

GPRS ACTING AS LOCUMS:

1. Third year GPRs are not allowed act as locums

2. Fourth year GPRs can only act as locums in the following circumstances:

    a) It must occur in an approved training practice in their own training programme. It is not allowable in any other practice.

    b) If circumstances outlined in (a) pertain, they must get the permission of the

Programme Director in advance to do this. This includes a situation where they are performing as locum in their own training practice.

c) They can act as locum provided (a) and (b) pertain for up to three months in their fourth year. This rule was created by the Medical Council to cover all eventualities for all doctors in training. Effectively, for all our GPRs, it means up to six weeks in fourth year i.e. all their annual leave.

d) A supervisor who is eligible for the specialist register in general practice with the Medial Council must be in place for the duration of the locum cover – virtually every principal in GP will fall into this category.

3. In general, acting as a locum while still in training is being discouraged by the Medical Council in the interest of patients.

INTERNET POLICY

GPR Internet access is a decision for each individual training practice. It should ideally be considered to be an essential requirement for training practices. Where access is available it will be governed by the following strict guidelines.

Access to the Internet

- The internet access facility may only be used for supporting a person's work as a GPR, or for training, educational or research purposes associated with work. Use for personal or commercial reasons is not permitted.

- The GPR must not use the internet to access sites containing material that is defamatory, offensive, racist, sexist or obscene.

- The GPR must not divulge the practice e-mail address to anyone without permission of the GPT.

Use of E-mail and Text Messaging

- The GPR should regard all e-mails and text messages sent from the practice facilities as

firstly representing the practice and, secondly, representing the individual. The GPR should therefore be civil and courteous in all correspondence and should not send an e-mail or text message which portrays the practice in an unprofessional light.

- The GPR should be cautious when opening e-mails and attachments from unknown sources as they may be infected with viruses. All e-mails should be scanned for viruses with up-to-date antivirus software, provided by the practice.

- The GPR must not create or forward advertisements, chain letters or unsolicited e-mails e.g. SPAM.

- The GPR may only access e-mail accounts to which he/she has been formally authorised by the GPT.

- The GPR must not use the computer network to display, store or send (by e-mail or otherwise), material that is defamatory, offensive, racist, sexist or obscene.

- Unless for specific work purposes, the GPR must not send or otherwise transmit any confidential information of the practice or its patients. He/she must assume that all e-mail or internet communications are not secure unless encrypted, and should therefore not send via e-mail any information that is confidential.

General

- The practice principal(s) has/have the right to monitor and log any and all aspects of the office computer system including, but not limited to, monitoring internet sites visited by people within the practice, monitoring chat and news groups, monitoring file downloads and all communications sent and received (including e- mail). This applies to all computers belonging to the practice.

- The practice principal(s) has/have the right to utilise software that makes it possible to identify and block access to specific sites, including but not limited to, those containing sexually explicit or other material deemed inappropriate.

- The GPR is required to maintain the confidentiality of any individual or practice usernames or passwords.

- Under no circumstances may software of any kind be installed on any P.C. within the practice by the GPR. This includes screensavers and desktop backgrounds.

Where there is an alleged breach of the internet and e-mail policy of the practice by a GPR, the breach can be fully investigated by the practice and the Sligo GP Training Scheme. Where it is determined that a GPR has recklessly, willfully or knowingly violated or abused the provisions of this policy, the practice and/or training scheme may take appropriate disciplinary action. In such circumstances it should be normal practice for the training practice to inform the training scheme first and then, if the training scheme deems appropriate, the employer of the GPR.

The practice reserves the right to refer any alleged breach to the appropriate authorities for investigation and/or for disciplinary action to be taken.

Updated and agreed July 2019