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**To PCT Chief Executives (cc SHA Chief Executives)**

28 April 2004

Dear Chief Executive,

**OUT OF HOURS TRAINING FOR GP REGISTRARS (Gateway Ref 3073)**

**Purpose**

This letter is to draw your attention to a position paper from the Committee of General Practice Education Directors (COGPED) setting out how GP Registrars (GPRs) are to continue to receive training in out of hours (OOH) care where their training practice has opted-out.

**Action**

PCTs will need to discuss with their local GP Postgraduate Deanery the OOH training opportunities that are needed for GPRs and take steps to ensure they can be delivered through the new arrangements they are putting in place to provide OOH services. Arrangements need to be in place as soon as training practices opt-out. Advice and help will be provided by Deaneries

**COGPED Paper "Out of Hours (OOH) Training for GP Registrars"**

It is a requirement of the Joint Committee on the Postgraduate Training of GPs (JCPTGP), that GPRs must successfully complete training in OOH care as part of their overall training to become a fully qualified GP.

At present, GPRs typically undergo this training within their Trainer's practice, or by assisting Trainers fulfil their commitments to a GP OOH co-operative or other OOH provider. This will no longer be possible where GPRs are being trained in practices that opt-out of providing OOH services.

After consulting the General Practitioners Committee (GPC) and other stakeholders, COGPED has produced a paper "Out of Hours (OOH) Training for GP Registrars"

setting out a process by which GPRs can continue to receive the OOH training they require. The paper has been endorsed by the JCPTGP. It is available at [http://www.gpkss.ac.uk/who/deanery/zfr\\_policy.htm](http://www.gpkss.ac.uk/who/deanery/zfr_policy.htm)

In summary:

- where GP Trainers' practices have opted-out of OOH care, GPRs will be able gain OOH training by working sessions for OOH providers (e.g. GP co-operatives) approved for the purpose by the Director of Postgraduate GP Education (DPGPE);
- their work be supervised by other clinicians working for the OOH provider, who have had training to fulfil that role ("clinical supervisors");
- while training in the OOH provider, GPRs will work under their normal contract of employment with their GP Trainer. They will not be entitled to any remuneration from the OOH provider itself;
- GP Trainers will remain responsible for the overall supervision of GPRs' learning experiences, and for certifying that required OOH training has successfully been completed, using feedback from clinical supervisors. Because Trainers retain overall responsibility, the GP Trainer Grant will be paid in full whether or not the Trainer's practice has opted-out of OOH services.

### **Responsibilities of PCTs, GP Postgraduate Deaneries and GP Trainers**

Implementation of the arrangements set out in the COGPED paper will require co-operation between DPGPEs, GP Trainers, OOH providers and PCTs (as commissioners or providers of OOH services).

DPGPEs will:

- identify the training opportunities required in their area and discuss with PCTs how those opportunities can be made available;
- fund and support training for clinical supervisors;
- quality assure the provision of GPR training in OOH providers.

GP Trainers will:

- help DPGPEs and PCTs identify the training opportunities required;
- arrange placements for their GPRs with approved OOH providers, free of charge to those providers.

PCTs will:

- discuss with DPGPEs and GP Trainers what training opportunities are required;
- discuss and agree with their OOH providers how those training opportunities can be provided;

- or (where providing OOH services themselves) make arrangements for offering training under the supervision of appropriately trained clinical supervisors.

Where one PCT is commissioning (or providing) OOH services on behalf of other PCTs, it may make sense for it also to lead on discussions with DPGPEs. Where two or more PCTs are commissioning OOH services from the same provider, they may wish to work jointly to agree arrangements for GPR training.

To ensure that GPR training is not interrupted, new arrangements for OOH training will need to be in place as soon as local GP Training practices opt-out of OOH responsibility.

Successfully implementing new arrangements will not only help to ensure that GPRs are able to complete their training, but should have longer term benefits for PCTs and OOH providers in recruiting GPs.

For queries about this letter or the COGPED paper please contact your local DPGPE. Details at <http://www.copmed.org.uk/Deaneries/details.html>. DPGPEs will also be writing to GP Trainers to inform them of the new arrangements.

Yours sincerely,



**Gary Belfield**  
**Head of Primary Care**