

Guidance on the ST3 working week

The new Junior Doctor Contract has not changed the COGPED recommended working week for ST3s.

For a full time ST3 the working requirements are 40 hours per week. The 40 hours are made up of:

- 28 hours clinical sessions;
- 4 hours structured educational time (includes tutorial);
- 4 hours half-day release (HDR) specialty GP scheme; and
- 4 hours independent educational activity.

In addition, trainees will need to undertake acute and unscheduled care duties. We are aware that COGPED is currently reviewing the guidance regarding urgent and unplanned care training. This guidance will therefore change in line with the review. The new guidance is expected to reduce the emphasis on hours served but will not remove the need to be able to work in out of hours settings at a 'green' (remote supervision) status prior to the final ARCP.

Notwithstanding, the nature of the sessions which are available will depend upon local arrangements. It is expected a GP ST3 will undertake a minimum of 48 hours in a traditional/recognised Out of Hours (OOH) setting to achieve the acute and unscheduled care capabilities.

These hours are in addition to the 40-hour working week; for those on the new contract the hours are taken in lieu from the 40-hour working week.

The above reflects an overview of activity likely to equip a GP trainee to meet the learning outcomes of the GP curriculum and meet standards sufficient to reach a CCT. The balance of activities may have flexibility, based on the individual training needs of GP trainees as identified in discussions between trainee and ES. Actual timings can vary each week, as flexibility is also needed to reflect education and service provisions. Educational sessions may be structured so that activity occurs over several activities on different days.

Attendance at the HDR is covered by study leave arrangements and accounts for 15 days of the 30 days available to trainees.

Duties and activities that contribute to clinical sessions:

- Supervised/supported consultations within the practice, with a minimum appointment length of ten minutes for face to face consultations. There should be adequate time provided (at the end of any consulting period) to allow a trainee to debrief with the supervising GP;
- telephone consultations;
- supervised/supported home visits, nursing home visits, community hospital duties including time for debriefing and travelling;

- administrative work that directly and indirectly supports clinical care, which includes: reviewing investigations and results, writing referral letters, acting upon clinical letters, preparing reports, and general administration;
- 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 within chronic disease management, receptionists, triage nurses, GPwSIs, other healthcare professionals, dispensing and pharmacy professionals, gaining experience in these areas.

These activities should link to specified learning outcomes and should be planned and agreed with the Educational Supervisor.

Activities that may be considered educational:

- Time spent in activities relating to Work-Placed Based Assessment (WPBA) such as undertaking Consultation Observation Tool exercises (COTs) and Case-based Discussions (CbDs);
- time spent analysing video recordings of consultations, such as Consultation Observation Tool (COT) exercises, where time is set aside for this purpose;
- 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, e.g. family planning clinics, joint injection clinics;
- participation in clinics run by other GPs – such as minor surgery, especially where direct supervision is required in the process to get formal verification of procedural competences;
- attendance at specialist outpatient clinics if this area is felt to be absent within the trainee's coverage of the GP curriculum.

Non-clinical activities suited to educational sessions:

- Locally organised educational events, e.g. specialty-specific educational programmes run by HEE KSS, including “half-day release” or “day-release” sessions;
- structured and planned educational activities, such as tutorials delivered in the GP practice;
- primary care team meetings;
- educational supervisor meetings and other educational reviews;
- audit and research in General Practice;
- independent study/revision;
- commissioning services.

For trainees on less than full time rotations the number of hours for clinical and educational events will be calculated on a pro-rata basis.

The RCGP will need evidence of the successful completion of training in all the posts and the satisfactory completion of the MRCGP. This will enable the RCGP to issue a CCT. The RCGP provides information about the [MRCGP](#) which you should read.