# Overlap of GP trainee’s approval form

Application for approval of trainee overlap is required if:

One GP supervisor has two trainees concurrently for three months or longer OR one GP supervisor has three trainees for any period of time.

Application should be made to the Patch Associate Dean (PAD) in the first instance.

Overlaps of six months or longer need approval by the Head of School.

Approval overlap is required for payment of more than one ‘Trainer’ grant. Up to three trainer grants can be claimed for any concurrent time period.

GP supervisors wishing to have approval for supporting more than one doctor, including: GPSTs, FY2s or I&R doctors should note the following:

* All GP trainees in practice must have a nominated HEE KSS accredited supervisor (Clinical or Educational) who is responsible for the educational supervision of that doctor whist in a practice.
* No GP supervisor can take more than **three** doctors in training at any one time. Approval will be considered for a training overlap if there are the resources and capacity within the practice to do this.
* Normally, an overlap of up to three months, for two doctors, will not need approval, as this period of overlap is sometimes necessary in General Practice to cover different end and start dates.
* GP supervisors who have an overlap of trainees or I&R doctors for **longer than three months** should complete the application form below and submit this to the relevant Patch Associate Dean for approval.
* GP supervisors applying for this will need to ensure that the GP trainees can be accommodated appropriately for the clinical sessions, and that appropriate teaching and educational supervision will be delivered. They should submit a timetable with the application demonstrating how this will occur, particularly if the practice is hosting any other learners at that time.

The maximum time that will be agreed for any overlap will normally be six months. Should a period of longer than this be required, then the specific circumstances of this will need to be approved by the Head of GP School.

Where an overlap is approved the GP supervisor should retain the PAD-signed approval form as it will need to be submitted with the Trainer SLA and Trainers Grant claim form for appropriate payment to be made.

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| Name of Supervisor (CS or ES) applying: |  | | |
| Name and email address of Practice Manager: |  | | |
| Name and Address of Training Practice: |  | | |
| a) Name of first trainee:  GMC No:  Training year: (FY2 /ST1 / ST2 / ST3 / I&R)  Training period in practice |  | | |
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|  | | |
| **From:** | | **To:** |
| b) Name of second trainee:  GMC No:  Training year: (FY2 /ST1 / ST2 / ST3 / I&R)  Training period in practice |  | | |
|  | | |
|  | | |
| **From:** | | **To:** |
| b) Name of third trainee:  GMC No:  Training year: (FY2 /ST1 / ST2 / ST3 / I&R)  Training period in practice |  | | |
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|  | | |
| **From:** | | **To:** |
| Total time of overlap period of GP trainees, FY2, and/or I and R doctors (in months)? | (PAD approval required for a *three-month* overlap of two trainees, or *any overlap of three trainees. Overlaps exceeding six months need to be approved by the Head of School).* | | |
| Names of other accredited clinical or educational supervisors in Practice? |  | | |
| Give details of any other learners who will be in the practice during this overlap period and who will be supervising them: |  | | |
| Please briefly describe how the GP trainees, FY2’s, and/or I&R doctors will be accommodated for their clinical sessions: | | | |
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| Please briefly describe how the educational supervision will be carried out, with reference to the assessments for MRCGP: | | | |
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| Please describe how the clinical supervision will be carried out, and how those members of the team undertaking this have been informed and briefed for their role | | | |
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| **Name of applying GP Supervisor:** | | | | |
| Signature of applying GP Supervisor:  (or sent from PM or Supervisor NHS email account) | | | Date: | |
| I attach a timetable showing how the educational and clinical sessions will be delivered.  **Please return this form to your Patch Associate GP Dean, by email:** | | | | |
| **East Kent**  Andy Charley | [Andy.Charley@hee.nhs.uk](mailto:Andy.Charley@hee.nhs.uk) | **West Kent**  Tariq Hussain | | [Tariq.Hussain@hee.nhs.uk](mailto:Tariq.Hussain@hee.nhs.uk) |
| **East Surrey**  Cathy O’Leary | [Catherine.O'Leary@hee.nhs.uk](mailto:catherine.o'leary@hee.nhs.uk) | **West Surrey**  Andy Cochrane | | [Andrew.Cochrane@hee.nhs.uk](mailto:Andrew.Cochrane@hee.nhs.uk) |
| **East Sussex**  Raya Al-Jawaheri | [Raya.Al-Jawaheri@hee.nhs.uk](mailto:Raya.Al-Jawaheri@hee.nhs.uk) | **West Sussex**  Sadhana Brydie | | [Sadhana.Brydie@hee.nhs.uk](mailto:Sadhana.Brydie@hee.nhs.uk) |

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| **FOR HEE KSS USE ONLY**  I have checked this application and am happy to support and monitor this overlap.  Confirmed by Patch Associate Dean: Yes / No  Name: ………………………………… (email confirmation)  Date: …………… |
| Confirmed by Head of School (if over 6 months): Yes / No  Name: ………………………………… (email confirmation).  Date: ………………. |

**When approved by PAD – confirmation email sent to ES and** [**CPD.KSS@hee.nhs.uk**](mailto:CPD.KSS@hee.nhs.uk)