



SWINE FLU AND GP TRAINING PROGRAMMES

It has come to the attention of the Committee of GP Education Directors (COGPED) that the recent swine flu activity within the UK has caused significant concern among the GP Speciality Registrar (GPStR) community, in relation to their role, programmes and the potential impact on training.

Although it is not possible to predict the extent to which swine flu may return and impact upon the NHS in general, it may be helpful to outline some basic principles in terms of the roles of GPStRs, and the potential impact on GP Specialty Training Programmes.

Rotations

Rotations were unaffected in August 2009, yet we cannot predict what might happen in the future. The basic logic is that rotations should continue as planned unless extreme circumstances dictate that doctors should remain in post without advancing their rotations. We envisage no change to rotations unless a national emergency plan is implemented.

Certification and GP Specialty Training Programmes

PMETB is not in a position to modify certification requirements for any specialities as a result of changes enforced by a flu pandemic. However, it would seem unlikely that speciality registrars on a GP Specialty Training Programme would be required to move from their current speciality into any other field of medicine. Those working in medical, paediatric, A&E and general practice attachments are likely to be most exposed to the increased workload resulting from an epidemic. While a flu pandemic might dominate the day to day workload for a period of time, it is unlikely that a pandemic would influence the content of a Training Programme over the whole period of individual placements and certainly not over the whole of the three-year GP Specialty Training Programme.

We therefore envisage that doctors in training will have ample opportunity to acquire and demonstrate all the required competencies so that they will progress normally through the ARCP panels. Whilst completion of training and progression through training will be advised on an individual basis (as currently), we do not envisage that a swine flu pandemic would have a major negative impact on progression through training of individual or groups of GPStRs.

Out of Hours (OOH) and Contractual Issues

Clinical activity and Out of Hours commitments should continue as defined by the GPStRs contract. It may be that in some localities clustering of Out of Hours activity would be helpful for local delivery of healthcare during a pandemic. This would be reflected in the pro rata requirement over the 12 month period.

We would endorse the fact that Out of Hours and other clinical activity should remain within the European Working Time Directive requirements. If additional sessions are required the contract arrangement for OOH activity should be negotiated with agreement of their GP trainers and supported by the relevant Primary Care Organisation (PCO)/Deanery.

As with all other aspects of clinical care within the GP training environment we would advocate that GPStRs should engage in the management of flu related activity on a pro rata basis, as compared to the partners/trainers within their practice. This would apply equally to home visiting.

Malcolm Lewis and Abdol Tavabie for COGPED
Bill Reith and Steve Field for RCGP

3 September 2009