

# **COGPED Position Paper**

## **Advice to Directors of Postgraduate General Practice Education (DPGPE) on 'Self-Funded Training'**

### **Background**

DPGPE's are faced with increasing inquiries from doctors who request to work in an unsalaried (self-funded) role within General Practice training. This paper outlines the circumstances where this may arise and the advice that is given to Directors as a consensus of the opinion of the UK DPGPE's.

### **Scenarios**

#### **1. Entry into Vocational Training**

Entry into vocational training in the UK is a highly a competitive process. Each year a number of doctors meet the required standards for entry but due to limited funding of places, only a proportion of these are able to enter into training programmes. Of those eligible to enter but unable to acquire posts due to lack of funded training posts, a number will approach DPGPE's to ask whether they can self-fund their training. The COGPED consensus view in this situation is that such doctors should not be allowed to enter into vocational training on an unsalaried basis.

There are a number of reasons behind this decision including:

- Confusion of the legal status of such doctors;
- Uncertainty of the doctor's relationship to the performers' list and PCO;
- A divorced relation with the Deanery;

There are equal opportunity issues, in that only those doctors who are in a financial position to self-fund could enter into such a programme. In effect the training arrangement would not be 'sponsored' by the Deanery. The normal employment relationship that exists by contract with a training practice would not exist.

The DPGPE's feel that to accede to requests in this context would give rise to a precarious situation for registrars, trainers and training practices, PCOs and deaneries. Our advice is to decline such requests. .

#### **2. Post Failure of Summative Assessment**

In normal circumstances a doctor, having failed Summative Assessment would be offered a period of additional training in the appropriate Deanery.

In some circumstances doctors fail Summative Assessment to such an extent that their Trainers, Course Organisers and Senior Deanery staff feel that further investment in training would not be appropriate, due to the standards exhibited. In other circumstances doctors may fail Summative Assessment for a second occasion subsequent to additional training.

In this latter circumstance it would be unusual for a DPGPE to consider a further extension to training.

Doctors in both of the above scenarios have been known to apply to the DPGPE for a period of self-funded training in order to complete Summative Assessment.

The consensus view of the UK DPGPE's is that such training should not be made available for the reasons expressed under section 1 above.

### **3. Failure to Complete Out of Hours**

Completing an adequate number of hours in the Out of Hours (unscheduled care) environment is a requirement of vocational training. This is partly in relation to trainee experience and partly in relation to contractual obligations.

If a VT Registrar does not complete his Out of Hours component by the end of the allotted training programme, it would be reasonable that he/she is required to extend the training period and position on the Performers List, in a supernumerary and unpaid capacity, in order to fulfil this contractual requirement. This scenario differs from the scenarios outlined in sections 1 and 2 in that such doctors have failed to complete their contractual requirement but have not necessarily failed any components of Summative Assessment for the first or second time.

If arrangements for self-funded extensions to training are required in these circumstances the trainers grant would not need to be extended in that the only aspect of work required of the Trainer would be to ensure completion of the Out of Hours log book and to subsequently sign off the completion certificate for the Out of Hours agreement of the contract. In the same way that the VT Registrar will have failed to complete the contractual requirements, the Trainer would by default be in the same position with regard to the Out of Hours component.

VT Registrars on such extensions would be required to fund their own medical indemnity.

### **4. Returners and Induction Programmes**

There are a number of doctors who wish to return to work as a General Practitioner, having been out of clinical practice (particularly out of General Practice) for a period of time. This period of time may be defined differently in different Deaneries, for example 2 years or 3 years. Despite differences in the definition of time of absence requiring a returner programme, there is little if any funding available across the UK at PCO level to place doctors in an appropriate environment for their returner programme. The same would apply to Induction programmes for EEA or Non EEA qualified GPs who may be eligible to work in the UK under PMETB rules.

In these circumstances, because such doctors have a right to work in General Practice in the UK it would be reasonable for these returner posts to either be part-funded by PCOs or entirely self-funded by the returning doctor or inductee. This final section would be subject to local negotiations between the individual doctor and the PCO.