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# **GUIDELINES FOR THE MANAGEMENT OF SICKNESS ABSENCE GENERAL PRACTICE SPECIALTY REGISTRARS (GPStR)**

## **1. Background**

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1.1 It is important to safeguard GPStRs during periods of ill health. We recognise that in addition to the direct effects on the GPStR, ill health during training can have an impact on patient care, the needs of the service and the GPStR's future training requirements.

1.2 This guidance is not intended to replace the relevant employers' policies relating to sickness absence, but is intended as supplementary guidance to complement and build upon existing arrangements. Good communication between trainee, educational supervisor, employer and GP School is important in relation to sickness absence.

1.3 In addition to the employer's sickness absence policy, the following documents contain more detailed information relating to sickness absence:

### 1.3.1 For Hospital Training Posts

"NHS Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service. September 2002, as amended March 2008"

<http://www.nhsemployers.org/pay-conditions/pay-conditions-467.cfm>

### 1.3.2 For General Practice Training Posts

"Schedules to Direction to Strategic Health Authorities Concerning GP Registrars (2003), as amended 2007."

<http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm>

and "Framework for a Written Contract of Employment – Guidance for GP Specialty Registrars. April 2002, revised December 2007."

<http://www.bma.org.uk/ap.nsf/Content/framecontractGPregs0707>

### 1.3.3 for all trainees

Section 8 of the "Gold Guide", A Guide to Postgraduate Specialty Training in the UK.

HEYH guidance on return from sickness at

<http://www.yorksandhumberdeanery.nhs.uk/media/306976/201403v1%20Return%20to%20Work%20Policy.pdf>

Return to Practice Guidance, Academy of Medical Royal Colleges, April 2012

[http://www.aomrc.org.uk/doc\\_details/9486-return-to-practice-guidance](http://www.aomrc.org.uk/doc_details/9486-return-to-practice-guidance)

## **2. Aims**

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2.1 These guidelines have been drawn up to ensure a consistent and fair approach to the management of sickness absence and to provide an approach that covers GPStRs as they move between different employers in the course of their training. The guidelines outline the responsibility of the GPStR, the employer, the clinical supervisor/trainer and the GP School. It is accepted within HEYH that the school guidance should be followed if it delivers on the principles of the HEYH guidance within the context of GP training.

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### **3. Educational Impact and Occupational Health Impact**

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3.1 Where cumulative sick leave in any one specialty training year (ST1, ST2, or ST3) amounts to two weeks (full time equivalent) or less **and** where the educational objectives for the training year have been met, there will normally be no requirement for the GPStR to make up the sickness absence. (RCGP Certification guidance applies here.)

3.2 Where cumulative sick leave exceeds two weeks full time equivalent training in any one specialty-training year the GPStR will be required to make up the excess sickness absence in order to meet the requirements for GP Training as defined by the RCGP Certification unit guidelines. This is dependent on the trainee making adequate progress. If the next ARCP panel considers that a period of absence in excess of two weeks equivalent full time training has significantly affected the learning of the GPStR in the post then the panel may require the GPStR to make up all of the sickness absence for that speciality-year in full.

3.3 Where sickness absence has been so disruptive to training that few competences have been demonstrated, the ARCP panel may give an outcome 3 and so require the GPStR to repeat the entire post in full. The ARCP guidance on short posts should be used to decide if there had been appropriate evidence for a short period in any post i.e. Posts of less than three month's duration will be considered acceptable if there is adequate evidence of learning, which should include a mixture of: A CSR; Relevant Learning Log Entries; Relevant PDP entries; a number of assessments appropriate to the length of the post. It is essential to have external validation of a trainee's development and learning. Therefore in borderline cases the most important thing is whether there is a CSR. It may be appropriate to contact the RCGP certification unit to discuss some of these cases.

3.4 The employer may request an occupational health review in accordance with their local policy. In any case, for more serious illness or for periods of absence totalling more than four weeks (full time equivalent) absence from training in any one specialty training year, GPStRs may be required to attend an occupational health assessment. This assessment might suggest reasonable adjustments to the training programme or might identify measures to monitor and support the GPStR to reduce the impact of illness in the future. GPStRs are expected to co-operate fully with the arrangements for an occupational health review including sharing the details of this with in the GP School.

3.5 When there are concerns that the GPStR's ill health may have an impact on patient safety, the GPStR may be required to attend an occupational health assessment **before** returning to work (This will apply whatever the length of the time away from work.). The employer will usually make the arrangements for an occupational health review.

3.6 There should never be a period of longer than 4 weeks when a trainee is on a phased return, or supervised return to practice without OH assessment unless this has specifically been signed off by the Locality Deputy Director.

3.7 If testing for substance misuse is required it will be organised by occupational health. Please refer to the PGMDE policy on drug testing.

3.8 Occupational Health referrals are most effective when the purpose and questions asked are very clear. Advice on OH referral is available at <http://www.yorksandhumberdeanery.nhs.uk/media/193541/Occupational%20Health%20Referral%20Template%20Letter.docx>

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## **4. Responsibilities of the GPStR**

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4.1 The GPStR has a responsibility to look after their own health and to minimise the impact of ill health on their performance/attendance at work. In each post, all GPStRs should sign the health declaration in their e-portfolio, confirming acceptance of the GPStR's professional obligations as described in paragraph 28 of Good Medical Practice 2013.

4.2 The GPStR is required to contact their employer and/or clinical supervisor as soon as possible on the first day of sickness absence. The GPStR should inform the employer/clinical supervisor of the reason for their absence from work and the likely duration of the illness and should keep their employer and CS up to date on changes to the expected date. . Where the absence exceeds one day, the GPStR should continue to keep the employer/clinical supervisor informed of progress and the likely duration of the illness on a regular basis. For periods of absence of less than seven days duration (including Saturdays and Sundays), the GPStR will be required to complete a self-certificate.

4.3 For periods of absence of seven days or more, the GPStR should provide a doctor's certificate.

## **5. Review meetings**

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5.1 Planned absence: Where possible (i.e. when the period of absence or sickness is predictable) the trainee should arrange to meet their Education Supervisor (or CS / TPD as appropriate) before their period of absence to discuss how the trainee might keep up to date and any particular concerns they may have about returning.

The trainee and the chosen GP Educator should detail the discussion and share this on Educators' Notes on ePortfolio with an e mail to inform the scheme TPD,ES ,CS and (if close to job transition) next CS). See appendix for areas that would normally be discussed.

5.2 The GP school sickness policy refers to the CS as the educator involved in planning meetings as this is the Educator who is able to make adjustments to the immediate working arrangements in each post. There may be situations where it is appropriate, by mutual agreement, for these meetings to be with the GP ES or with a GP TPD or for there to be more than 1 Educator involved.

5.3 All GPSTRs who have a period of absence due to ill health of over a calendar month should contact their CS and TPD to discuss whether a meeting is appropriate to review fitness to return to work. For all those who have a period of 3 months or more of absence there should always be a return to work meeting with their CS prior to return. The aim of this meeting is to plan for accommodating any changes which may need to be made to the work schedule to ensure that the trainee can be shown to have regained their former competence and confidence as safely and smoothly as possible (Plans should consider inclusion of WPBA and assessments). See appendix for expected areas to be discussed.

5.4 There may be times when there is good evidence that there is no need for a supervised return period. Where this is the case this should be recorded following a discussion between the GPSTR and the CS. (See appendix for suggested areas to cover.)

5.5 Supervised periods.

Unless there is good evidence that there is no need for increased supervision it should be assumed that a trainee returning from more than 3m away from work (and some who

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have been away for shorter periods) should have increased supervision until competence to perform their employed role is determined. Upon return to work there should be a period under increased supervision including any on-calls, during which time workplace-based assessments may be performed. Towards the end of the planned supervised period the trainee and Clinical Supervisor should meet at a Return Review Meeting to discuss the trainee's progress, review the assessments, address any concerns, arrange any further targeted training and if necessary extend the supervised period. Once the trainee and Clinical Supervisor are both satisfied with the trainee's progress then the trainee can be signed off to return to 'normal duties'. There should be an entry in the trainee's e-P detailing the assessments made to confirm fitness for normally supervised work. This should be shared with the other involved Educators and the scheme and central GP school administration leads.

5.6 The length of supervised period should be planned prior to the return of the GPSTR. The duration of the supervised period will vary according to the needs of the trainee. It may be as short as one day. Most trainees would need periods of up to 2 weeks. The maximum period of time is at Senior GP School representative's discretion unlikely to go beyond 4 weeks.

So that there is DiDs central team involvement, correct dates from central admin and clear certification rules. ALL phased returns and supervision schedules should have Senior Locality Educator sign off.

The decision on length of time that is needed for the supervised return is made to ensure primarily Patient Safety, but also the educational development of the trainee.

5.7 RCGP certification unit have advised that any period of phased return to work (or supervised period for return to training) would **not** count towards training time. There is therefore a need to ensure that all periods of this nature are clearly identified as such on e-P and that the GP Programme support team informed of them.

5.8 For the majority of cases where there is a period of leave of over 3m it is expected that a supervised period will be required. It will also be needed in a proportion of all absences which are shorter depending on the previous progression and competence of the trainee.

5.9 In most situations the pre-absence, prior to return and post supervised period meetings will be with the CS as in the GP training context this is the person most able to change the work pattern. It may be appropriate to involve the ES or a TPD as well.

5.10 The GPStR should liaise with their training programme to ensure that all periods of absence are recorded. This information will be required at the Annual Review of Competency Progression panel in order for the panel to certify progression through training. Periods of supervised return or of phased return must be identified as these periods do not count towards training.

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## **6. Responsibilities of the Employer and Clinical Supervisor/Trainer**

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6.1 The employer should publish its policy on sickness absence and draw the GPStR's attention to the employer's policy at induction. The employer should ensure that their policy is concordant with relevant nationally agreed policies and/or terms and conditions of service, (for example relating to sick pay.) The employer should publish dates for review of their policy and ensure that the policy follows current good practice.

6.2 The employer (or Y&H Area Teams for GP attachments) should provide occupational health services, or have a contract with a provider of occupational health services, so that the GPStR can access occupational health support when required.

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6.3 The employer should ensure that there are sound administrative systems for sharing appropriate information about sickness absence, particularly where a GPStR changes employer during their training programme.

6.4 The clinical supervisor/trainer is responsible for requesting that all absences are covered by an appropriate certificate and for ensuring that appropriate contact is maintained with the GPStR during these absences. On receipt of the self-certificate or medical certificate, the clinical supervisor/trainer should arrange for a copy to be forwarded to the GP School Programme Support contact for recording in the GPStR's training record.

6.5 Any serious illness, or absence which is expected to last for duration of one month or more, should be brought to the attention of the GP School locality Programme support team by the clinical supervisor/trainer as soon as possible.

6.6 The CS (or by agreement another Educator involved in the GPSTR's programme) should engage with pre absence meetings, and keep in contact during absence where this is agreed to by the GPSTR as well as meetings prior to return, during and at the end of supervised periods of work. The CS should co-ordinate with the TPDs on the scheme and the ES if there are any uncertainties about the need for meetings or supervised return to work.

6.7 The CS is responsible for ensuring that the scheme and Y&H Programme Support team in the locality are aware of the content of meetings held with the GPSTR as the GPSTR progresses through from absence to return to work.

6.8 Amended Med3s create a need for agreement through both the employment contract with the practice and the training contract with the GP School representatives. Therefore amended duties must fulfil adequate training exposure with agreement from a School representative in all situations where a Med 3 suggesting amended duties or a phased return to work is received this MUST be agreed by both the employer and a GP School senior educator.

6.9 There should never be a situation where there is a period of supervised return (i.e. not being able to complete normal GP training) of more than 4w without an OH review) without Locality Deputy Director Approval.

6.10 A trainee returning to full time duties would be paid full pay during the period of phased return, but the period of reduced duties would not usually be accredited towards the trainee's training programme. A trainee returning to LTFT work would be paid pro rata.

## **7 Responsibilities of the GP School**

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7.1 The GP School (N.B. this includes the schemes as part of the school) will monitor cumulative sickness absence and share this information with the ARCP panel.

7.2 The GP School will make necessary arrangements, in conjunction with Trusts/Training Practices, to enable GPStRs to make up periods of training lost due to sickness absence (Sickness absence is taken to include supervised return or medically assessed phased returns).

7.3 The arrangements to make up time lost due to sickness absence need not necessarily be in the post where the sickness absence occurred, as long as the arrangement to make up training time addresses the learning needs of the GPStR so that the GP curriculum is fully covered by the end of training.

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7.4 The GP School will monitor the progress of trainees with serious illness or cumulative minor illness and where appropriate arrange targeted training, request the employer or scheme arranges occupational health review and facilitate the implementation of measures to support the GPStR.

7.5 When appropriate the GP School will put together a supported programme to enable the GPStR to return to work, including assessing a GPStR for a return to work on a less than full time (LTFT) basis in accordance with current PGMDE policy on LTFT training. (N.B. if the request for LTFTT is on the basis of health then an Occupational Health assessment will normally be required). A supported programme might include a phased return to work.

7.6 In extraordinary circumstances, the GP School will facilitate a referral to Occupational Health services with a neighbouring provider or referral to specialist services for an assessment and report. These arrangements will be made through the relevant employer or Area Team in the first instance.

7.7 Where a trainee's contract of employment is terminated due to health or illness; the ARCP panel will usually recommend "outcome 4" and request to the Dean that the trainee loses their national training number. In any case after one year of absence through illness an ARCP panel will be held. The ARCP panel will usually recommend "outcome 4" in this circumstance. Retaining a training number for a period out of programme due to ill health of longer than one year would only be allowed under exceptional circumstances.

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## **Appendix**

Areas to cover in meetings

### **Predicted absence meeting**

Keeping up to date whilst away from work

Use of Keeping in Touch days

Particular concerns

Is there agreement to be contacted when appropriate by HEYH educationalists during time away from work? ( contact details?)

### **Return to work initial meeting and for follow up meetings**

Is there a need for return to be LTFTT ( does the GPSTR fit the criteria) ?

What has been done to keep up to date

Has any work been done whilst absent from post ( KIT days or other)

Concerns about return

Are there patient safety issues which should be considered when planning a return to work?

Is a supervised return to work period needed ?

If supervised period is needed what is the plan? , level of supervision, duration, expected assessments to be done during supervised period, when will there be a review meeting

If there is no plan to have a supervised return period after more than 12w off work then documentation should be provided of why this decision has been made and the evidence used for this.

***It is ESSENTIAL that a copy of the notes from these meetings are shared with the TPD, and the central GP School representative***