Guidance for GP Trainers and Educational Supervisors on Maternity Leave

The following guidance document is in two parts. The first is a comprehensive set of instructions for GP Trainees intending to take maternity leave as well as advice for their Educational Supervisors. The rules and regulations are complicated but as Wessex has to follow national guidance as well as equality legislation there is little that the deanery can do to simplify the situation.

As an aid, a graphical version of the guidance is included but should not be used in isolation. Please use it as a reference aid memoire after reading the document in full.

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Before Maternity Leave starts – Educational Supervisor

When a trainee plans to go on maternity leave they should let

- their employer know (hospital trust or GP Practice) as well as
- their Educational Supervisor,
- local GP Training Patch Office and
- Deanery office who can then advise on the various administrative steps that need to take place.

The dates of the proposed maternity leave need to be recorded in the “Posts” section of the ePortfolio by administrative staff and it is the trainee’s responsibility to make sure that these dates are correctly entered. Trainees cannot enter the dates themselves.

As soon as the Educational Supervisor is informed about a trainee’s proposed maternity leave, he/she should contact the trainee and arrange a date for an Educational Supervisor (ES) Review to be performed just before the leave commences. This review allows the ES to write a report on the trainee’s progress since the previous ES report up until the date of starting maternity leave.

When setting up this ES review/report the ES should edit the date at the top of the Set-Up page so that it shows the last day of training before leave commences. This date sets the “End of Review Period”
Before Maternity Leave starts – Trainee

Before starting Maternity leave the trainee must make sure that they continue to record their educational activity (assessments, learning log entries etc.) even though this might be the last thing on their mind. If the trainee is leaving for maternity leave after only a few months of, for example, a hospital post it is essential that the trainee does some assessments and records their learning even in these months.

The RCGP is very careful to make sure that all periods of time in GP Training counts for educational purposes as well as service provision. If there is no evidence of any learning i.e. no log entries and no assessments, the RCGP certification department may regard this time as having no educational value at all to the trainee and ask that the Deanery give the trainee an extension to compensate for this lost time.

Prior to Maternity leave Learning Log and PDP entries should be recorded at the usual rate appropriate for the trainee’s phase of training (ST1,2 or 3) and the number of assessments that need to be done for the ES review is pro-rata for the duration of the Educational Review period.

In ST1 and ST2 the trainee needs to do a minimum of 1 COT (if in a GP Post) or 1 MiniCEX (if in a hospital based post) and 1 CbD for each completed 2 months of training. If an ST3, the minimum numbers increase to 1 COT or 1 CbD for each month.

For example if the trainee goes on maternity leave 4 months after the end of their previous Educational Review Period then the trainee must do, before their pre-maternity ES review, a minimum of 2 COTs/MiniCEXs and 2 CbDs if an ST1/2 or 4 COTs and 4CbDs if an ST3.

Keep in Touch Days

When trainees go on maternity leave they are regarded as being “Out of Post” (OOP) and as such there is no legal obligation for the trainee to maintain their ePortfolio or do any work towards passing the WPBA part of the MRCGP. However they can take the CSA and/or the AKT parts of the MRCGP if they so wish.

To do so the trainee must sit the examination during a “Keep in touch” (KIT) day.

A trainee may work for up to a maximum of 10 keeping in touch days during her maternity leave. The work does not have to be consecutive and can include training or other activities that enable the employee to keep in touch with the workplace. These keeping in touch days do not normally count towards the 36 months training requirement. It should be noted that there is no central funding or reimbursements to support KIT days.
For trainees not approaching the end of training

Even if the trainee is OOP, they still need an ES report every 6 months. Therefore approximately 6 months after the pre-maternity ES review/report, and every 6 months after, the ES needs to write another ES report.

For trainees not approaching the end of training i.e. ST1/2 trainees and ST3s taking maternity leave with more than 3 months of GP training still to go, the ES report is very easy to generate.

At the bottom of the ES report setup page there is a tick box labelled “Out Of Post”. The ES should place a tick in this box and write a comment in the “Reason” free text box, such as “On maternity leave”
During this process the ES will get a warning message:

**Setup**

If the ES had written any information in this particular ES report before selecting the OOP option then it would be lost permanently.

The ES then needs to select the “Continue” button at the bottom of the setup page:
At this point the report is generated automatically:

The ES must make sure that the dates at the end of the report correspond with the dates of the present Educational Review period. The dates may need to be edited manually.

Please note that the recommendation of the Educational Supervisor is automatically set to “Out of Post”.

The next step is to complete the report (sending a copy to the trainee and the Deanery) by clicking on the “Complete & Submit” button.
For Trainees nearing the end of their GP Training
(ST3s with less than 3 months of training on return to practice after maternity leave)

Trainees are put through their Final ARCP Panel review approximately 8 weeks before the end of their GP training. The Deanery does this as the RCGP and GMC state that they need this amount of time to complete the administrative process of issuing the trainee’s CCT.

For trainees with less than three months of training left to complete when they return to clinical practice after maternity leave it is impossible for them to update their ePortfolio significantly (if at all) before their final ES review and report which needs to be done 2 weeks before their final ARCP Panel review which in turn is about 2 months before the end of their training. Indeed if the trainee has less than 2 months of training left to complete, the final ES report needs to be written whilst the trainee is still on Maternity Leave and the final ARCP Panel review itself may take place before the trainee has returned to clinical practice.

The Wessex Deanery has to follow the national guidelines and equality legislation and the following guidance takes these factors into consideration.

The Educational Supervisor (ES) can rate the trainee as being competent if they are satisfied that the trainee had gained all the necessary competences during their training programme, before the maternity leave, and that during their absence from training their competence levels will not have fallen.

This ESR must not be an OOP ESR. It must be a full report including an update of the trainee’s professional competences but as it is very unlikely that much will have changed between the pre-maternity and final ESRs, careful copying and pasting of text between reports is acceptable. However the ES should make comments to the effect that in their opinion the extended leave away from clinical practice has not had a detrimental effect on the trainee’s competence.

The ES can only complete and submit a report to the Deanery if the trainee writes up-to-date self-rating statements. Work during maternity leave performed by a trainee cannot be made compulsory but they can use a KIT day to do ePortfolio work or even visit their training practice and keep in touch with their ES which, of course, makes it easier for the ES write their report.

If the ES is unable to confidently confirm that a trainee’s competence is still satisfactory then he/she should request a formal ARCP panel review. The ES should rate in the ESR the trainee as “Panel Opinion Requested” and the ARCP Panel will assess all of the evidence itself (including the latest ESR) and make the summative decision on whether the trainee can apply for a CCT.
Each case will be assessed on its own merits and on the basis of the Educational Supervisor's considered judgment. The ES is advised to liaise with the Deanery at any stage if they have concerns or not sure what to do.

By the time of the pre-maternity ESR, the trainee must also have completed all of their ST3 assessments (COTs, CbDs, MSF, PSQ etc.) and be rated as competent for OOH care by their ES in the pre-maternity ESR. If there are still some outstanding OOH session still to do, then the ES must acknowledge this in their report and accept that they will monitor whether the trainee actually completes the required number of hours of OOH service on their return to practice. To all intents and purposes the ePortfolio evidence must be as though it was the actual final ESR and the ES should consider the pre-maternity ESR in the same way as they would the final ESR of any other trainee.

For this system to work, the trainee needs to be recorded as being at the level of “Competent for Licensing” in all 12 professional competences in the pre-maternity ESR.

The GMC will not accept two ESRs straddling a period of absence apparently demonstrating progression but where no additional training had in fact taken place in the interval.

If the trainee is not at the Competent for Licensing level in the pre-maternity ESR then they will not be able to apply for their CCT until they have had further clinical training after maternity leave, long enough to demonstrate to the ES that their competences have developed satisfactorily.

Even if a trainee has applied for their CCT, it does not automatically follow that the CCT will be granted. The CCT is only issued and sent out by the GMC two weeks before the end of GP training. Therefore if on return to practice the trainee subsequently appears to have regressed from a competency point of view or behaves unprofessionally to such an extent that the right to have a CCT is put in doubt (including not performing the agreed number of OOH sessions post-maternity leave), the ES should notify the Deanery as soon as possible who can then liaise with the GMC and stop the certificate being issued.
Extended leave greater than 12 months long

All doctors returning to training from a prolonged period of absence that is greater than 12 months in total at the end of their 3 year GP Programme may be required to have an additional minimum period in clinical practice to allow adequate time for the Educational Supervisor to assess the doctor’s competencies before a recommendation for a CCT will be made.

This includes, for example, where accrued annual leave or sickness is added to 12 months of maternity leave and wanting to apply for their CCT

This period will be determined by the Trainees Learning needs and will normally be at least equivalent to one calendar month of Full time training.

Trainees must be reminded that annual leave accrued during sickness or maternity leave (for which they get paid) may put their absence from training over the maximum 12 month period away from Clinical Practice and may require them to have an extension before a recommendation for a CCT will be made.

Exactly 12 months is acceptable and normally no extension will be required if the Educational Supervisor (ES) can rate the trainee as being competent and they are satisfied that the trainee had gained all the necessary competences during their training programme, before the maternity leave, and that during their absence from training their competence levels will not have fallen.
Final ARCP Panels

For any absence periods of 12 months or less, if the ARCP Panel decides that there is sufficient evidence to confirm that the trainee has gained all the required competences for the completion of training (which includes their own review of the trainee’s ePortfolio as well as the results of the Educational Supervisor's report) and all other MRCGP components have been passed then a successful completion of training has been achieved.

If the ARCP panel decides that a trainee has successfully completed training but has had an absence period greater than 6 months (but less than or equal to 12 months) then the ARCP form must contain a statement confirming that the Deanery is satisfied that the trainee will not have lost their skills during the period of absence from training.

If the evidence does not allow the ARCP panel to reach this positive conclusion, the ARCP panel recommendation may be for an extension to training.

If, for example a trainee had an ARCP with satisfactory progress on the day before maternity leave followed by an ARCP two months before the end of training (whilst still on maternity leave) demonstrating that competences have been fully met, the final ARCP would need to include the statement:

‘The trainee gained all the competences for completion of training before the period of absence commenced however we were unable to recommend outcome 6 at this point in the training as it was greater than two months before the completion of training date’