

Proposal to seek approval for an Innovative Post

This template offers a means of providing a 'standard' approach to achieving approval by the GP Education Subcommittee.

You are **strongly recommended** to refer to the **guidance** which is appended **below**. Please send proposals electronically whenever possible. This will streamline the process. The boxes will scroll down.

Post details

1. Title & Post Number:

Integrated training post in General Practice and Paediatrics

2. Bases (including names of educational supervisors for each component part of the post)

1. Approved training practices in East Cumbria-the practice will vary depending on availability.

Educational Supervisor: GP Trainer.

2. Department of Paediatrics, North Cumbria Acute hospitals Trust, Cumberland Infirmary, Carlisle CA2 7HY 01228 523444.

Consultant Clinical Supervisor: Dr O. Ifere, Consultant Paediatrician, MBBS, FWACP, Dip.Med.Ed, M.Med.Ed, MRCP(UK), MRCPCH

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3. Background/ rationale

Children and young people make up around a quarter of the population of the United Kingdom. Children aged four and under visit their GP on average six times a year and school age children and young people two or three times. The consulting rate for minor illness is the highest of any patient age group. Families are the main providers of care for children and young people, and general practice in the UK has strongly supported the child and family unit. All GPs need to be trained in the care of children and young people. They should be able to treat them when sick, help them to keep healthy, prevent illness, respond effectively to child protection issues and help them and their parents cope with chronic illness and disability. (Excerpt from RCGP Curriculum statement 8-Care of Children and Young people). The paediatric department of the Cumberland infirmary has an established track record of effective GPR teaching through the standard 6 month hospital post. This is a popular post which regularly receives good feedback from GPStRs. The integrated post aims to offer an additional GPStR the opportunity to gain experience in the care of children and young people relevant to general practice.

4. Educational outcomes

Generic Learning Outcomes for Innovative Posts

It is anticipated that the learning outcomes of each Innovative Post will enable the GPR to:

- *augment existing clinical and intellectual skills in order to make decisions and problem solve for the benefit of the patient and significant others*
- *provide evidence based care which is robust and makes optimum use of available resources including local expertise and experience*
- *demonstrate in consultation and within teams the interpersonal and communication skills which are effective, empathetic and conducive to collaboration and co-operation*
- *critically evaluate the interface between primary and secondary care services and agencies*
- *discuss the impact of national health policy on the local provision of care*
- *demonstrate developing IT skills*
- *develop confidence and competence as a 'beginning' GP*

Learning outcomes specific to the post:

The learning outcomes will be based on the RCGP Curriculum statement 8-Care of Children and Young people and on the ECVTS learning outcomes for the paediatrics hospital post (see attached document). The outcomes can be adapted depending on the learning needs of the registrar and will be defined within the first two weeks of the post.

5. Post summary

4 sessions based in Paediatric department Cumberland Infirmary Carlisle, predominantly clinic based

5 sessions based in general practice

1 session per week VTS ½ day release programme.

The number of sessions in each component can be varied based on the learning needs of the GPStR

6. Main duties and responsibilities of GPR

Working alongside consultant and nurse specialists –in a supernumerary capacity -in a variety of specialist clinic settings within the Paediatric department. One session per week of ward work. The GPStR will undertake an Audit Project whilst in post.

Working as a GPR in practice .To include the full range of normal general practice activities including Out of Hours.

7. Details of training programme and protected teaching

Please state clearly the timetable for the post and identify clearly where protected teaching time is to occur. Deanery requirement is 3 hours per week without interruptions to trainer or GPR. This is to be split between the trainer and the specialist educational supervisor.

It is hoped that the general practice teaching and teaching in the specialism would be brought together by the GPStR and the GP Trainer. The teaching in the specialism will have a direct bearing upon a career in general practice and the GPR has an opportunity to immediately apply their learning from the specialism to their general practice work.

Sample timetable

Monday all day	GP	
Tuesday am	Clinic/Ward	
Tuesday pm	GP	
Wednesday am	Teaching session/ward	
Wednesday pm	VTS half day release	
Thursday am	Clinic/ward	
Thursday pm	Clinic/Ward/SCBU	
Friday all day	GP	

There is an opportunity to attend a variety of paediatric specialist outpatient clinics (see attached document). The GPStR will need to plan attendance at this flexibly in conjunction with all relevant parties.

General Practice tutorials will occur in the GP component of training pro rata

8. Out of Hours Commitment

NB - The deanery requirement is 6 out of hours sessions per 6 months GP attachment. Please word the application accordingly, i.e. 'the GPR will do 6 OOH sessions with the local OOH cooperative' or similar, perhaps naming the co-op. If the out of hours component is being fulfilled via the specialty component of the post please give full details of the rota and supervision

The Out of Hours commitment will all occur in the GP component of the post. The GPStR will participate in the North Cumbria Out of Hours Training programme as defined by Deanery requirements and the Workplace Based Assessment.

9. Arrangements for monitoring, support and appraisal of GPR for both aspects of the post

The GPStR will outline their educational objectives and undergo an agreed induction in each component of the post.

Education Supervision meetings to take place as defined by WPBA, clinical supervisors in both specialties will undertake beginning, middle and end point meetings. The assessment schedule and learning log to be undertaken as defined by WBPA.

Course Organiser will see the GPStR at the mid point of all posts to assess progress along the line indicated on the feedback form for reapproval of ITPs. In addition any other comments about the value of the post will be taken into account. Feedback will be expected from the GPR on each component of the post, copies of which will be sent to all stakeholders.

10. Brief overview of experience of Trainers, practices and/or departments in GP postgraduate education

All GP Training practices will be experienced training practices with experienced General Practice trainers.
The paediatric department has a long association with GP training . Dr Ifere has been involved in medical education for many years and gained a masters in medical education in 1998. He was appointed to his current post in 2006 and is involved in medical student education in paediatrics for the Northern Deanery

11. Anticipated viability of the post

Anticipated that this would be ongoing subject to demand.

12. Any other information

This 6 month post will only be available commencing in February. The paediatric department is unable to accommodate ITP GPStRs from August to January because of a commitment to teaching medical students.

To be returned to your local VT Scheme for the Education Subcommittee

Please see [guidance notes below \(scroll down\)](#):

Guidance notes

General guidance

The development of Innovative Posts is high on the agenda for GPR education and training. Their implementation may help to address recruitment and retention in general practice. Feedback from GPRs about these posts is extremely positive and Trainers and GP Trainers value the contributions GPRs make in these posts. The Deanery is very keen to develop these posts and would like to offer support in their development.

Innovative GPR posts are being developed with “MADEL” funding. It is not yet certain how long this funding will continue, however, it is unlikely that, given the drives to recruit and retain GPs, such posts will be removed from vocational training.

What follows is **guidance** to be interpreted in relation to the specific post being developed and derived from previous successful proposals. Please get in touch with Fiona Galloway if you wish to discuss this further: (galloway1@btinternet.com)

IP priorities

VTS schemes have agreed the following priorities for supporting the development of Innovative GPR posts

- Relevant minor specialties (e.g. ophthalmology)
- Relevant community posts, especially if aligned with NHS priorities e.g. NSFs
- Truly innovative posts (e.g. health informatics)

However, new areas are being suggested and all innovative ideas will be given consideration. The post should have the capability of achieving the generic learning outcomes given in section 4.

Employment

- The GPR will be employed by a Training Practice and under the supervision of a GP trainer
- The job will be in **addition** to a standard year of GP training and be deemed to replace a 6 month SHO attachment for the GPR **but cannot replace prescribed experience**
- The practice will manage the employment issues, including a contract and indemnity. The GPR continues to have professional liability for his/her practice
- The Trainer will earn the full Trainers grant and the GPR's salary will be paid to the practice.
- At this stage there is no scope for payment to the Trust/alternative site. However, the GPR will already have their salary paid and will be making a contribution to the service. In addition GPR's take the specialist knowledge into general practice and are better able to provide 'integrated' care. In the light of the development of GPwSI's the specialist experience could be invaluable to the GPR and to the patient population he/she serves.
- In some cases it may be possible to access funds to support the alternative site
- The GPR will spend time in the alternative site(s) as agreed between the GP Trainer and non-GP Educational Supervisor, compatible with the nature of the post and the learning needs of the GPR.

Education

1. Post title

The name should describe the 'specialism (s)' and include General Practice e.g. *Palliative Care & General Practice, Dermatology/Rheumatology & General Practice*

2. Base(s)

Please give **full** contact details of both general practice and linked location(s), including names of both/all Trainers.

This information is being recorded onto a PIMD database for more effective management and communication.

3. Background/ rationale

A brief paragraph of the background to the post and relevance to GPR education and experience.

E.g. is there a rising trend in this particular medical condition, is there a shift from hospital to primary care for interventions, are integrated care/ continuity/ shared care/ pathways of care important aspects. How is the post likely to respond to health policies e.g. NSF's?

4. Educational outcomes

The generic outcomes may provide a framework within which you have an opportunity to highlight the essence of the educational potential of the post. You may wish to use some of the information from Royal College syllabus documents relevant to the specialism.

5. Post summary

This section should provide a clear picture of the; focus of the post, any rotation where this applies, specific learning opportunities offered, links to associated services/professionals, aspects of special interest.

6. Main duties and responsibilities of GPR

Overview of how the component parts contribute to the GPR educational experience

7. Details of training programme and protected teaching Please also include a 'sample' time table.

Brief overview of:

- time in General practice (a minimum of 4 sessions is expected)
- time in the associated department/unit/service
- study leave
- explicit identification of out of hours commitment (take account of the Working Time Directive)
- protected teaching time and how study time can be accommodated
- integration of both aspects of the post
- details of a typical week with number of sessions in each part of the post. (append a sample timetable if available.)

8. Out of Hours Commitment

To be stated clearly how this is to be met.

9. Arrangements for monitoring, support and appraisal of GPR for both aspects of the post

Please give details of supervision, how progress will be recorded (e.g. regular review of educational plan/ learning log)

10. Brief overview of experience of Trainers, practices and/or departments in GP postgraduate education

11. Anticipated viability of the post

Is this post likely to become long term?

12. Any other information