This form should be used for to apply for approval for a new training post(s) or where there is substantial change to an existing training post.

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| **1.** | **Start date for doctors in training:** | | | | | |
| 03/02/2016 (date of current placement) | | | | | |
| **2.** | **Please provide the name and the programme code for the specialty programme (including core) to which the post will belong:** | | | | | |
| Specialty programme name: | | ENT | | | |
| GMC Programme code: | | NOR-SRT-644 (East Cumbria) | | | |
|  | Title of post: | | GP trainee post in Otolaryngology (ENT) | | | |
| **3.** | **Please give details of the Trust/Provider where the post will be based, please also provide a named contact (this will usually be the Director of Medical Education** | | | | | |
|  | **Trust/Provider Name** | | | | **Trust/ Provider Organisation code** |
| **1.** | North Cumbria University Hospitals NHS Trust | | | | (AJ will add) |
| Contact (include title and email address):  Dr Chris Tiplady, Director of Medical Education  christopher.tiplady@nhs.net | | | | | |
| **4.** | **Please give details of the LEP/s, within the Trust/Provider named above, where the training is to be provided** (NOTE: Please add rows as required)**:** | | | | | |
|  | **LEP name and address of each site used** | | | **LEP organisation code** | |
| **1.** | *North Cumbria University Hospitals NHS Trust*  *Cumberland Infirmary*  *Newtown Road*  *Carlisle*  *CA2 7HY* | | | (AJ will add) | |
| **2.** |  | | |  | |
| **3.** |  | | |  | |
| **5.** | **Please give details of the nature and extent of the facilities provided at the LEP/s for the relevant education or training:** | | | | | |
| *Specialty post –*  *GPR post in Otolaryngology (ENT)*  *This is a six month post in ENT where the aim is to provide training in the management of elective and emergency ENT conditions so that the trainee can confidently assess and manage ENT patients presenting in general practice, and is aware of the indications for onward referral, as well as being able to manage straightforward emergencies in the community.*  *The post is clinic and ward based. There are opportunities to attend theatre on an ad hoc basis. The GPR is supervised by a consultant at all times, and sees elective and emergency patients in clinics. He or she will be exposed to all aspects of ENT, ie Head & neck (including TWR referrals), Otology, Rhinology and paediatrics. There are opportunities for interdisciplinary learning, by working with nurse practitioners, oncology specialist nurses and speech therapists and audiologists (including paediatric audiology MDT).The GPR attends the weekly H&N cancer MDT. The GPR attends the 8am ward round and contributes actively to IP ward management, with an important role in supervising and teaching FPDs. He or she is on a 1;3 first on call daytime on call and the second on call (once a week)*  *There is a comprehensive induction package including an on line elearning module.*  *The trainee is free to attend the weekly (term time) teaching programme. As there is no commitment to shift work this will be possible in all cases except when on annual leave.*  *The learning environment is subject to the LETB quality management process through the annual assessment visits where they are assessed against the GMC training standards.* | | | | | |
| **6.** | **Please provide the details of the Named Clinical Supervisor:** | | | | | |
| Name: Andrew Robson | | | Andrew Robson | | |
| Contact Number/Email: | | | 01288 814207 andrew.robson@ncuh.nhs.uk | | |
| Contact Address: | | | ENT Department  Cumberland Infirmary, Carlisle, CA2 7HY | | |
| Details of Clinical Supervisor/s educational qualifications/date of recent educational supervision courses/educational experience:  Please note that this information is required for each named supervisor (ie the supervisor named on the e-portfolio). Please add additional rows as needed.  *Mr Robson is a Consultant ENT surgeon of nearly 20 years standing. He has been Director of Medical education, and STC chair in Otolaryngology. He is currently Chairman of the SAC in Otolaryngology. He is curriculum lead for the SAC. He completed a certificate of clinical education in 2005 (Newcastle University). He has been trained in the use of the eportfolio and attends annual updates in educational matters* | | | | | |
| **7.** | **Please indicate the shift practice for this post:** | | | | | |
| Full Shift Partial Shift **On-call Rota** Hybrid  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the banding for this post? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **8.** | **Please state the staffing numbers for the specialty programme at the training location/s where this post is based:** | | | | | |
| This is a GP training programme post so we are aware locations are not specifically staffed for this programme. However please indicate staffing numbers for the unit the post relates to and count GP StRs separately in Other.  Consultants: 4 (approval for 5)  Foundation Year: 1 x F1, 1 x F2  Specialist Registrars: 2 x StR, 1 x CT2 Others (specify): | | | | | |
|  | Either complete the following 3 boxes (9,10,11) regarding the specifics of the post or include a job plan which details ALL elements | | | | | |
| **9.** | **Please indicate the responsibilities of this post OR insert a job description document if this covers all of the details:** | | | | | |
| Ward rounds per week: 5 OP clinics per week: 8  Average number of beds: 10 Duty rota: one night per week  Job description inserted here\_\_see above for description of job\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **10.** | This question is to be completed in relation to General Practice Programmes only:  **Please provide details of the intended learning outcomes of the post (which must relate directly to the relevant sections of the General Practice curriculum):** | | | | | |
| *Paste relevant learning outcomes in here (examples of learning outcomes may be found at:*  <http://www.northumbriagptraining.co.uk/college_tutor_role.htm> **)** | | | | | |
| **11.** | **Please provide a timetable of service and specialty teaching provided (this may be inserted below):**  Mon am; Clinic CIC Mon pm; Clinic CIC/Emergency Clinic  Tues am; Clinic CIC Tues pm; Clinic CIC/Emerency Clinic  Weds am; Clinic CIC/Theatre Weds pm; GPR teaching  Thurs am; H&N MDT Thurs pm; Clinic Workington  Fri am; Clinic CIC Fri pm; Study/ Emergency clinic  On call one evening pw (2nd on call) and once a month Fri 8am-Sat 4pm  Ward round 8 am every day | | | | | |
| **Able to attend weds afternoon teaching and any other teaching as required** | | | | | |
| **12.** | **What are the arrangements for the clinical supervision in this post** | | | | | |
| A Robson CS  All other consultants will supervise trainee in clinic and when on call | | | | | |
| **13.** | **What arrangements are in place for guaranteed access to the GP training programme central teaching sessions?** *(Access to the central GP teaching programme is mandatory & should be built into the timetable. Study leave may be used for this purpose.)* | | | | | |
| **Guaranteed. Not on shift system. No clinical commitments on a weds pm** | | | | | |
| **14.** | **What arrangements are there to participate in out-of-hours care?** Integrated Training Posts (ITPs) only | | | | | |
| *On call (second on) one night a week and one Fri-sat 4pm per month* | | | | | |
| **15.** | **What formal education or study sessions will be provided by the training location/s for this post? Please explain how these sessions will be made relevant for GP trainees.** | | | | | |
| **We have monthly audit/ governance/ M&M meetings at which the GPR will be expected to attend and contribute, eg by presenting M&M, running a journal club, presenting interesting cases etc. Our GPSis are also attenders at this meeting so there is cross fertilization with primary care aspects of ENT** | | | | | |
| **16.** | **This section provides the opportunity to highlight any additional information on the post or training which may not be addressed above:** | | | | | |
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| **School use only:** | |
| **Date form received by programme:** |  |
| **Name of TPD approving post** |  |
| **Date of approval** |  |
| **Quality coordinator checked form complete:** | Y / N |
| **Date Quality AD checked (if needed):** |  |
| **Comments** |  |
| **College / GMC approval required?** | Y / N |