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 | | | | | |
| **2.** | **Please provide the name and the programme code for the specialty programme (including core) to which the post will belong:** | | | | | |
| Specialty programme name: | | General Practice | | | |
| GMC Programme code: | | NOR-SRT-644 (East Cumbria) | | | |
|  | Title of post: | | Integrated post in Primary and Ambulatory care | | | |
| **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**  North Cumbria University Hospital trust | | | | **Trust/ Provider Organisation code** |
| **1.** | Contact (include title and email address):  Specialty component: Dr Chris Tiplady ,DME, [christopher.tiplady@nhs.net](mailto:christopher.tiplady@nhs.net)  GP Component: Dr Karen Smith ,LTPD ECGPTP [karen.smith64@nhs.net](mailto:karen.smith64@nhs.net) | | | | (AJ will add) |
|  | | | | | |
| **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.** | Caldbeck Surgery, Friar Row, Caldbeck, Wigton CA7 8DS | | | (AJ will add) | |
| **2.** | Ambulatory Care Unit, Larch A/B, Cumberland Infirmary, Carlisle CA2 7HY | | |  | |
| **3.** | . | | |  | |
| **5.** | **Please give details of the nature and extent of the facilities provided at the LEP/s for the relevant education or training:** | | | | | |
| Cumberland Infirmary, Carlisle and linked to a local GP Training Practice.  At the hospital site trainees have access to the clinical and multidisciplinary team meeting facilities, including room for documentation, internet access and meeting/lecture room and education facility.  In addition they have access the all the resources of the Postgraduate Education Centre at the Cumberland Infirmary including library and education resources.  The practice offers similar education facilities in an environment conducive to personal study.  Both the practice and the hospital learning environment are 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: | | | Dr Katherine Poulton | | |
| Contact Number/Email: | | | Katherine.poulton@ncuh.nhs.uk | | |
| Contact Address: | | | Ambulatory Care Unit, Larch A/B, Cumberland Infirmary, Carlisle CA2 7H | | |
| Name : | | | Dr Natalie Hawkrigg | | |
| Contact Number /Email: | | | [Natalie.Hawkrigg@gp-A82014.nhs.uk](mailto:Natalie.Hawkrigg@gp-A82014.nhs.uk) | | |
| Contact address: | | | Caldbeck Surgery, Friar Row, Caldbeck, Wigton CA7 8DS | | |
| Details of Clinical Supervisor/s educational qualifications/date of recent educational supervision courses/educational experience:  Dr Hawkrigg is an experienced GP trainer, she has had full training for this role. She is familiar with the GP curriculum and assessment process.  \* For the GP component of the post other approved training practices in East Cumbria may be used in future depending on availability. The supervisor in GP will always be an approved GP trainer  In addition the trainee will have a named Educational Supervisor who is an approved GP Trainer.  *Secondary care post - Dr Poulton is a Consultant in Acute Medicine in North Cumbria Acute Hospitals, she has been in post for 12 months. This will be her first GP trainee to supervise but she will have the support of Dr Emma Farrow who has been a named supervisor for 2 years. The qualifications she holds are MBCHB, MRCP, SCE (Acute medicine qualification) and the diploma of medical education.* | | | | | |
| **7.** | **Please indicate the shift practice for this post:** | | | | | |
| Full Shift  Other (please state) \_Out of Hours GP on call commitments 36 hours in 6 months  What is the banding for this post? \_General practice banding 45% | | | | | |
| **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: 5 Foundation Year:7 x F1, 7 X F2  Specialist Registrars: 1 Plus Registrar of the day  Others (specify): NP’s x 6 | | | | | |
|  | 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: OP clinics per week:  Average number of beds: Duty rota:  Job description inserted here\_\_\_\_\_\_\_\_\_\_\_\_  The interface between primary and secondary care has transformed in recent years, particularly with regard to adult general (internal) medicine where increasingly complex management of medical problems has shifted into the community. Integral to the success of this model is a synergy between the GP’s model of working and that of the acute hospital service. Need for efficiency in the health system has led to more care being delivered not just in the community but on a day-case basis in hospital, with only ongoing nursing need or anticipated medical management out of hours remaining as genuine reasons for patients to remain resident in hospital. Consultations with the public on patient experience has suggested that we traditionally under-represent the importance of care close to home, especially in patients with chronic illness.  Newly qualified GPs must have confidence and competence in risk management of acute medical presentations, whether in the context of existing or new disease. External pressures such as psychosocial factors may influence a patient’s response to a proposed plan of treatment, and so the GP must strike a balance between safe care and the context of the patient’s illness within their life. By exposure to evolving acute illnesses, the GP trainee will leave this post better equipped to make these decisions in the home or community care setting.  Using the evolution of lung cancer services in the trust as an example, provision of ‘one stop shop’ services is often associated with positive patient experience; the trust’s Medical Director for Emergency Care is currently supporting an initiative whereby medically stable patients requiring same-day intervention or investigation, but not necessarily full hospital admission, are assessed with the aim of discharge home, having agreed a management plan through outpatients or primary care, or referred to appropriate ward based care if necessary. By working in this department, the trainee will gain diagnostic experience through examination and investigation overseen by consultant physicians, and develop the ability to forward plan a patient’s journey through medical outpatients and primary care.  Activities of Post  Reporting to the Consultant Physician or Registrar for Acute Medicine, the GP trainee sees new patients referred via the GP pathway to the Ambulatory Care Unit meeting the referral criteria of MEWS < 3, ambulatory and , initiating unscheduled medical treatment as a daycase and arranging further out-patient treatment and investigation via the appropriate specialty  When appropriate in terms of patient flow, work as outreach to A&E department in supranumary capacity to identify, see and treat A&E admissions appropriate to the Ambulatory Care Unit  When the GPTP HDR programme does not run, the trainee will be free to travel to GP practices across Cumbria and hold a ‘roadshow’ style consultation with GP groups, promoting awareness of the Ambulatory Care Pathway and receiving feedback on the GP perspective of the primary/secondary interface to present back to the Acute Medical Department.  Participate in audit of specific care pathways as delivered by the unit (e.g. Pulmonary Embolus or Painless Jaundice Pathway)  Provide support and clinical education to Nurses and Foundation Programme Doctors working in the Acute Medicine department  Potential Innovations to be discussed:  Work with hospital IT services to explore the way in which contemporary care records can be most efficiently shared between hospital systems and GP records such as EMIS  *(if possible, insert a plan re PoCUS, though need to d/w EF further as training system has trauma as level 1 competency and no clinical exposure in this role)*  Duties and responsibilities of GP Trainee :  To ensure that they have adequate indemnity insurance to cover their work both in the General Practice component and the specialty component of the post. Working as a GP Trainee in practice. To include the full range of normal general practice activities including Out of Hours as detailed in section 14 below.    The GP Trainee will be responsible for keeping a log of their educational and experiential activity which can be presented to their trainer via their ePortfolio.  Duties will be divided between the components of the posts as in the job plan below | | | | | |
| **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):** | | | | | |
| Generic Learning Outcomes for Integrated Posts  It is anticipated that the learning outcomes of each Integrated Post will enable the GP Trainee 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 novice GP  Learning outcomes specific to the post (mapped to the GP curriculum)  Areas of Core Competence:  Core Competence: Make appropriate use of other professionals and services  Core Competence: Manage concurrent health problems in an individual patient  Core Competence: Make effective use of information management and communication systems  Core Competence: Understand the health service and your role within it  2. Curriculum Descriptors:  2.02 Patient Safety and Quality of Care  2.03 The GP in the Wider Professional Environment  3. Clinical Knowledge & Complex Care:  3.03 Care of Acutely Ill People  3.05 Care of Older Adults  3.12 Cardiovascular Health  3.13 Digestive Health  3.17 Care of People with Metabolic Problems  3.18 Care of People with Neurological Problems  Learning Outcomes specific to the General Practice component of the post  These will vary according to the GP Trainee’s individual needs, and will be discussed with the supervising GP Trainer and recorded in the Trainee’s Personal Development Plan. | | | | | |
| **11.** | **Please provide a timetable of service and specialty teaching provided (this may be inserted below):** | | | | | |
| *Please state clearly the timetable for the post and identify clearly where protected teaching time is to occur. HENE requirement is 3-4 hours per week without interruptions to trainer or GP Trainee (protected time) and 3-4 hours per week of ad hoc teaching time. This is to be split between the trainer and the specialist educational supervisor.*  Protected, one-to-one teaching with the GP supervisor will occur on a weekly or fortnightly basis as determined by the timetable of Dr. Hawkrigg  The trainee will attend departmental teaching  The trainee will be continue to attend the GPTP HDR programme  Anticipated Timetable :   |  |  |  | | --- | --- | --- | |  |  |  | | Mon | Ambulatory Care Unit, 1200-2000 | | | Tue | Ambulatory Care Unit, 1200-2000 | | | Wed | CPD / White time | GPTP HDR or Urgent Care Roadshow | | Thu | Caldbeck Surgery | Caldbeck Surgery | | Fri | Caldbeck Surgery | Caldbeck Surgery |   The timetable is a sample for illustration purposes only  The final timetable is subject to negotiation with the practice specialty department and may be adapted prior to or during the post.  Duties will be divided between the components of the posts as follows:  4 sessions based in Ambulatory care department, Cumberland Infirmary.  4 sessions based in general practice  1 session per week attending the GP Programme’s half-day release teaching programme  1 session per week private study time.  The number of sessions in each component can be varied based on the learning needs of the GP Trainee. | | | | | |
| **12.** | **What are the arrangements for the clinical supervision in this post** | | | | | |
| The Trainee will outline their educational objectives and undergo an agreed induction in each component of the post.  In the general practice component, mentoring and support will be provided by the GP Trainer. The Trainer will undertake the usual range of formative assessments including beginning, midpoint and endpoint assessments and feedback to the scheme. The assessment schedule and learning log will be completed as defined by the workplace base assessment.  The specialist supervisor will also undertake regular formative assessment to assist the GP Trainee in their educational development in the specialist component of the post. Assessments will be carried out in line with the requirements of the work place based assessment.  Both the GP Trainer and the Specialist supervisor will be required to complete a Clinical supervisors report at the end of the post as part of the end point assessment. This report is available to the Trainee, the Educational Supervisor, and the ECGPTP TPD via the trainee’s e-Portfolio.  The TPD will see the Trainee at the mid-point of all posts to assess progress. In addition any other comments about the value of the post will be taken into account. | | | | | |
| **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.)* | | | | | |
| GP teaching is on a Wednesday afternoon. No clinics will be planned at these times to ensure attendance at teaching. | | | | | |
| **14.** | **What arrangements are there to participate in out-of-hours care?** Integrated Training Posts (ITPs) only | | | | | |
| Min 36 hours of supervised out of hours care is arranged via the training programme and local OOHs providers. | | | | | |
| **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.** | | | | | |
| No specific teaching for Ambulatory care exists. The programme is that of the hospital and includes medical grand rounds once a week. | | | | | |
| **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 |