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Medical Education Centre
Cumberland Infirmary
Carlisle
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Proposal to seek approval for an Integrated Post

This template offers a means of providing a 'standard' approach to achieving approval by ECVTS Training programme director.

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 Intermediate Care and General Practice

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. Primary Care Assessment Service, Penrith Hospital, Bridge Lane, Penrith. 01768 245300.
Clinical Supervisor: Dr Mourad Habib, GP, PCAS Penrith.

3. Background/ rationale

In the context of shifting care closer to home and the drive for more patient centred services, NHS Cumbria is redeveloping existing Community Hospitals to provide a wider range of services. Penrith Hospital and community services in the Eden Locality have undergone significant redevelopment and restructuring in the last 2 years, resulting in the implementation of a GP-led Primary Care Assessment Service

The service provides:
Intermediate in-patient care ("Step-up" from community and "Step down" from acute hospital) in the Eden Unit which currently has 28 beds
Primary Care Assessment Services (which encompass both near patient testing, patient assessment and Minor Injuries Services, including "in hours" x-ray facilities)
Integration with palliative care, health and social care, rapid response nursing teams and community agencies (the "Short Term Intermediate (STInt) care team")
Improved links between primary and secondary care
Lead GP responsible for strategic development and clinical governance
GP presence for operational clinical cover (PCT employed GP "in-hours" and CHOC "out-of hours")
Nurse Practitioner and nursing support
Visiting specialists in Elderly Care and Palliative Care and access to advice from specialists from all secondary care specialists based at the Cumberland Infirmary, Carlisle.

An innovative model of community based integrated care which is expected to be rolled out nationally
The general practitioner is an important part of this team, and a good understanding of this model of interagency working is likely to be essential as general practice continues to evolve to care for patients at home or close to their home, with a clear effort to avoid admission to an acute hospital unless it is absolutely necessary.
The GP trainee is also well placed to learn within and contribute to this team, as they will be or will have been working within the acute trust in a variety of specialties, and it is hoped that they will be able to benefit from links with these specialties in order to develop a patient centred service.

4. Educational outcomes

Generic Learning Outcomes for Integrated Posts

It is anticipated that the learning outcomes of each Integrated 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 for the post will be based on the RCGP Curriculum. The Primary Care Assessment Service and Short Term Intermediate Care Team is a broad ranging service, and specific learning experiences will depend on the individual patients followed by the trainee, limited only by the inclusion/exclusion criteria of the unit
Learning outcomes would be expected to encompass curriculum statements 7 (Care of Acutely Ill People), 9 (Care of Older Adults), 12 (Cancer and Palliative care), 13 (Mental Health Problems), 15.7 (Neurological Problems), although this is not an exhaustive list.
Ultimately the post holder will find many diverse learning opportunities which may address any of the “clinical management” curriculum statements.
Additionally, the post will deliver opportunities to address many of the more generic learning outcomes, examples of which follow:
Curriculum statement 1: Being a GP

- Primary care management: In caring for patients, GPs work with an extended team of other professionals in primary care, both within their own practice and in the local community, and also with specialists in secondary care, using the diagnostic and treatment resources available in hospitals; skills in managing the interface between primary and secondary care including communication with other professionals
- Patient centred care: Using the context of the person, the family, the community and their culture
- Community orientation: An understanding of the interrelationships between health and social care; an understanding of the roles of the other professionals involved in community policy relating to health

Curriculum statement 4.1: Management in Primary Care

Ability to coordinate care with other professionals in primary care, and with other specialists

Again, whilst it is anticipated that the post will deliver the experience listed above, this is not intended to be an exhaustive list.
More specifically, the post holder will have the opportunity to work as a member of a large and established primary care multidisciplinary team and experience the range of opportunities and challenges presented by working in a team which includes General Practitioners, Hospital Consultants, Nurse Practitioners, Nursing Staff and other equal health professionals such as Physiotherapists, Occupational Therapists and Social Workers.

5. Post summary

- 4 sessions per week based in the Primary Care Assessment Service (PCAS) / STInt team / Community In-patient unit
- 4 sessions per week based in General Practice
- 1 session per week VTS ½ day release programme.
- 1 session per week private study

OR

- 3 months full time based at PCAS (8 sessions per week based in the Primary Care Assessment Service (PCAS) / STInt team / Community In-patient unit, 1 session per week private study, 1 session per week VTS ½ day release programme)
- 3 months full time based in General Practice (8 sessions per week in General Practice, 1 session per week private study, 1 session per week VTS ½ day release programme)

One or both of the above choices may be offered depending on the availability of training placements and operational limitations at either the PCAS or allocated GP surgery.

6. Main duties and responsibilities of GPR

Working alongside GPs, Specialist Nurses, Nurses and other Allied Healthcare and Social Care Professionals in a supernumerary capacity within the PCAS / STInt / Community In-patient unit (it is envisaged that the GPstR might take opportunities to follow a patient's "journey" through the Intermediate Care process).

1. Attend ward rounds
2. Share in patients management and prescribe soundly and safely on the basis of accepted evidence
3. Be involved in the Significant Events Analysis and other clinical governance processes
4. Be involved in multidisciplinary teaching
5. Be involved in good teamwork and be a good team player. Continue to develop good and effective communications skills
6. Share in MDT meetings
7. Attend a weekly teaching session with PCAS/ GP one to one
8. Maintain a good conduct of medical care as per GMC guidlines

Working as a GPR in general practice.
Out of hours duties will be undertaken in the General Practice component.

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 3-4 hours per week without interruptions to trainer or GPR (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.

The timetable would be negotiated by the GPstR and their educational supervisor prior to commencement of the post.

The GP registrar in this post will be subjected to huge variety of kinds of works the GPs meet in their routine daily work. There will be a great chance to learn how the community teams function together in harmony and co-operations. He will be working closely with district nurse, occupational therapists as well as community physio teams. MDT meetings are a good learning opportunities for GPRs
GPRs in this post will be expected to see and learn about geriatric medicine, Palliative care, Rehabilitation art, and good recordings
They will have a chance to see acute GP cases in the walking in centre and will be able to have the chance to learn more about investigations interpretations
Despite it is a very busy place and full of activities, it is nice, relaxed and enjoyable place to work at. The GPRs will have the chance to put together a weekly time table which suits their learning needs.

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, following the deanery requirement which is currently one out of hours session per month (therefore currently 6 in total for this post) with Cumbria Health On Call (CHoC). The GPStR should confirm the most up to date information regarding this on the scheme and deanery websites prior to commencing the post.
The GPR 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 GPR 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 clinical supervisor will also undertake regular formative assessment to assist the GPR 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 clinical 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 GPR, the educational supervisor, and the scheme TPD via the GPR's e-Portfolio.
The Course Organiser will see the GPR 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.
Feedback will be expected from the GPR on each component of the post, copies of which will be sent to all stakeholders. Feedback from all the stakeholders will form part of the quality assurance of the post.

The prospective clinical supervisor for the PCAS component of the post plans to offer: Regular Teaching sessions, involvement in SEA process and feedback on this, involvement in MDT meetings and feedback on this, start of post prospective and aims questionnaire and confidence self rating score, end of post appraisal and regular one to one feedback.

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

Dr Mourad Habib: - MRCGP
- Diploma of Geriatric Medicine (Glasgow) 2005
- Master of Surgery (Cairo) 1995
- Bachelor of Medicine (Cairo) 1990
- Teaching training was a component of Master of Surgery qualification
- States intention to complete Postgraduate Certificate in Clinical Education

11. Anticipated viability of the post

Ongoing subject to demand

12. Any other information

Flexible GPRs may attend one day in the ward and one day at minor injury
half of a day is teaching / shadowing GP or Nurse Practioner

To be returned to ECVTS **sylvia.tinning@ncumbria-acute.nhs.uk**

Please see guidance notes below:

Guidance notes

General guidance

The development of Integrated training posts is high on the agenda for GPR education and training. All GPR's now spend 18months in General practice as part of their 3 year specialty training programme. One year is spent in full-time general practice, in East Cumbria this is 4months at the beginning and 8 months at the end of training. During the remaining 2 years all ECVTS GPR's undertake a 6 month Integrated post along with a range of relevant hospital posts.
The Integrated post enables a GPR to be released from their practice commitments in order to gain experience and training in specialties relevant to a career in General Practice, as well as the opportunity to immediately apply their learning in a general practice setting.

The following ***guidance*** is to be interpreted in relation to the specific post being developed and derived from previous successful proposals. Please get in touch with **Karen Smith** if you wish to discuss this further: (drkarenpsmith@btinternet.com)

IP priorities

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

- Relevant minor specialties (e.g. ophthalmology)
- Relevant community posts (e.g. palliative care)
- Truly innovative posts (e.g. education)

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 hospital attachment for the GPR.
- The ITP post forms part of a balanced training programme as determined by the TPD and Northern Deanery.
- 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.
- The GPR will spend time in the alternative site(s) as agreed between the GP Trainer and the Specialist Supervisor, compatible with the nature of the post and the learning needs of the GPR.
- The OOH commitment is undertaken in the general practice component of the post

WPBA and e-Portfolio

- The GP Trainer who supervises the first and final GP attachment is usually the "Educational Supervisor" throughout the whole training programme.
- The GP Trainer who supervises the ITP post has a "GP Trainer" login to the e-Portfolio

- Unfortunately the e-portfolio currently only allows for one GP Trainer or clinical supervisor login so at this stage those who are educationally supervising the Specialist component of the post (Specialist supervisor) cannot directly access GPR learning logs.
- Specialist supervisors can however undertake some of the Work place based assessments (WPBA) as appropriate eg CBD, MiniC-ex, DOPS etc https://eportfolio.rcgp.org.uk/login.asp click on Assessment forms.
- Both GP Trainer and Specialist Supervisors should complete a Clinical Supervisors Report at the end of the post .Again this can be accessed via https://eportfolio.rcgp.org.uk/login.asp and clicking on Assessment forms.

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 Northern Deanery 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, and 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. Please refer to the RCGP Curriculum documents relevant to the specialism. http://www.rcgp-curriculum.org.uk/rcgp_-_gp_curriculum_documents/gp_curriculum_statements.aspx

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 (usually including one session of VTS and one session of private study)
- .

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. as determined by WPBA)

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

Appendix 1: Inclusion / Exclusion criteria for admission to PCAS/STint/Community Hospital

Patients **suitable**:	Patients **not suitable**:
❖ Patients with a condition not requiring Acute General Hospital care, but who require nursing, medical or therapeutic invention. ❖ Patients with an exacerbation of a known chronic illness who require treatment or rehabilitation. ***(That cannot be provided at home)*** ❖ Patients who require palliative or terminal care. ❖ Patients who require a programme of rehabilitation. **(*Beyond which can be provided at home)*** ❖ Blood transfusion where cause of anaemia is known. ❖ Intermittent ❖ or continuous intravenous or subcutaneous fluids. ❖ Intravenous antibiotics in appropriate circumstances. (***consider home availability, community out reach services)*** ❖ Patients who require a period of further medical / social assessment prior to determining long term care needs. ❖ Patients who require step up – step down care.	❖ Acutely unwell patients with no known diagnosis. ❖ Acute haemorrhage (e.g. GI bleeds). ❖ Significant / severe stroke or any suspected stroke (in acute phase). ❖ Acute chest pain / breathlessness. ❖ Suspected pulmonary embolism. ❖ Overdose – Drug overdose or alcohol intoxication ❖ Surgical emergencies. ❖ Gynaecological and surgical emergencies. ❖ Acute onset of unconsciousness. ❖ Children under the age of 16. ❖ Patients having disruptive behaviour or complex psychiatric problems.