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: | | Paediatrics | | | |
| GMC Programme code: | | NOR-SRT-644 (East Cumbria) | | | |
|  | Title of post: | | Paediatric SHO post | | | |
| **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 – GPSTR post in Paediatrics*  *Carlisle has a 24 bed general paediatric ward, which admits a broad range of paediatrics, surgical and orthopaedic patients. There is also a busy paediatric outpatient department.*  *Trainees work as SHO’s on the ward. Their main responsibility is assessment, admission and continuing care of ill children. They are supervised directly by one of the consultant team, or by the staff grade. They will therefore be exposed to a wide variety of common paediatric conditions.*  *They are given the opportunity to attend clinics, both general paediatric and speciality clinics (including visiting tertiary clinics from Newcastle). They are encouraged to attend clinics with community paediatrics.*  *They have dedicated paediatric teaching from one of the consultants on a Wednesday morning, and are then released for HDR training in the afternoon. Internet access is provided on the ward and there are copies of relevant paediatric textbooks within the department. Consultants are always happy to be approached with questions.*  *Each trainee will have a clinical supervisor within the department, allocated before they start the post. In addition there is the paediatric college tutor (currently Dr Jones) who is available for educational support and advice* | | | | | |
| **6.** | **Please provide the details of the Named Clinical Supervisor:** | | | | | |
| Name: | | | Dr Glyn Jones | | |
| Contact Number/Email: | | | 01228 814766 (Secretary)  glyn.jones@ncuh.nhs.uk | | |
| Contact Address: | | | Department of Paediatrics, 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.  *Dr G Jones – current paediatric college tutor – is a consultant of 13 years. He has the certificate of medical education and is an instructor on EPLS and NLS courses. He has run the 5th year undergraduate programme for the past three years.*  *Dr Whitehead is a consultant of over 15 years experience, who has previously been the college tutor*  *Dr Gad started with the department about a year ago.* | | | | | |
| **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: 6 (though one unfilled post at present)  Others (specify): 1 staff grade  3 GP trainees  1 Paediatric ST1  3 Trust SHO posts | | | | | |
|  | 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\_\_\_\_\_\_\_\_\_\_\_\_  Trainees work a combination of  On call days (9am – 9.30pm) – which would include the ward round  Back up (9am – 5pm)  Clinics (9am – 5pm)  Nights (9pm – 9.30am)  This is worked on a seven person rota, with additional input from our Paediatric Nurse Practitioner | | | | | |
| **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> **)**  See attached | | | | | |
| **11.** | **Please provide a timetable of service and specialty teaching provided (this may be inserted below)** | | | | | |
| **Weekly paediatric teaching (Wed am)**  **Weekly GP HDR teaching (Wed pm)**  **Clinics – General Paediatric clinics daily from Monday-Thursday (often several a day that trainees could potentially access). Speciality clinics come from Newcastle at varying intervals (from monthly to 6 monthly depending on speciality).** | | | | | |
| **12.** | **What are the arrangements for the clinical supervision in this post** | | | | | |
| *Allocated supervisor prior to starting the post* | | | | | |
| **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.)* | | | | | |
| **The department has a commitment to releasing the GP trainees for teaching. We use our PNP and Trust posts to facilitate this.** | | | | | |
| **14.** | **What arrangements are there to participate in out-of-hours care?** Integrated Training Posts (ITPs) only | | | | | |
|  | | | | | |
| **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.** | | | | | |
| Paediatric teaching sessions on a Wed morning, focusing on common paediatric presentations | | | | | |
| **16.** | **This section provides the opportunity to highlight any additional information on the post or training which may not be addressed above:** | | | | | |
| **Trainees are encouraged to attend a basic paediatric resuscitation course (PLS) which runs within the trust**  **They should also attend child protection training (again runs within the trust)**  **We are flexible to meet trainees needs regarding other training**  **We are committed to supporting learning and leave for professional exams or assessments.** | | | | | |

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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 |