



## East Cumbria Vocational Training Scheme

☎: (01228) 814881

Email: [Sylvia.Tinning@ncumbria-acute.nhs.uk](mailto:Sylvia.Tinning@ncumbria-acute.nhs.uk)

Website: [www.eastcumbriavts.com](http://www.eastcumbriavts.com)

Medical Education Centre  
Cumberland Infirmary  
Carlisle  
CA2 7HY

### 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 General Practice and Ophthalmology

##### 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 Ophthalmology, North Cumbria Acute hospitals Trust, Cumberland Infirmary, Carlisle CA2 7HY 01228 523444.

Consultant Clinical Supervisor: Mr Ainsworth, Consultant Ophthalmologist

E-mail: [gerard.ainsworth@ncumbria-acute.nhs.uk](mailto:gerard.ainsworth@ncumbria-acute.nhs.uk) Tel: 01228 523444

##### 3. Background/ rationale

Eye problems are common – around two million people in the UK have a sight problem. They account for 1.5% of general practice consultations in the UK with a rate of 50 consultations per 1000 population per year. Eye problems are significant causes of preventable disabilities. The general practitioner has a key role as part of the primary healthcare team in the prevention and treatment of eye problems. (excerpt from RCGP curriculum statement 15.5 – Eye Problems).

Many GPs and trainees feel that they have spent insufficient time training in an ophthalmology department to be confident in the diagnosis and management of the full range of eye problems which present in general practice.

The ophthalmology department at the Cumberland Infirmary, Carlisle has an established record of excellent GPR training through the standard 4 month training post, which is a very popular inclusion in many GPR's training schedules, and has received very good feedback.

The integrated training post aims to offer the opportunity to gain confidence and experience in the diagnosis and management of eye problems in the context of General Practice.

## 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 will be based on the RCGP Curriculum statement 15.5 – eye problems and on the ECVTS learning outcomes for the ophthalmology hospital post. 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.**

### Learning outcomes

#### Skills

Eye history /describe findings  
 Direct ophthalmoscopy  
 Visual acuity  
 Visual fields  
 Cover test/eye movements  
 Pupils examination  
 Corneal FB  
 Lid eversion  
 How to instil drops/ointment

Knowledge		
Drops	- dilation - diagnostic - definition of prescription	
Refractive error	- pinhole - advice on surgery	
Glaucoma	- Primary open - Closed angle - Screening - Drug indications / interactions	
Eye Infections	- Conjunctivitis  - Blepharitis	↗ Allergic → Bacterial ↘ Viral / Chlamydia  Treatment
Loss of vision	- Cataract, cornea, Vascular - Retinal disease - Neurological	
Red Eye	- Iritis - Episcleritis - Sub conj haemorrhage	

Neurological	<ul style="list-style-type: none"> <li>- MS / optic atrophy</li> <li>- Disc swelling</li> <li>- Chiasmal Lesions</li> <li>- Diplopia III IV VI</li> <li>- Headache</li> </ul>	
Systemic Disease	<ul style="list-style-type: none"> <li>- Diabetes</li> <li>- Thyroid</li> <li>- Rheumatoid</li> </ul>	
Trauma	<ul style="list-style-type: none"> <li>- Chemical injury</li> <li>- Arc eye</li> <li>- Corneal abrasion / FB</li> <li>- Penetrating injury</li> </ul>	
Eyelids	<ul style="list-style-type: none"> <li>- Mechanical</li> <li>- Inflammatory</li> <li>- Infective</li> </ul>	
Watery Eye	<ul style="list-style-type: none"> <li>- Paediatric</li> <li>- Nasolacrimal duct</li> </ul>	
Observing procedures	<ul style="list-style-type: none"> <li>- Cataract</li> </ul>	
Visual standards	<ul style="list-style-type: none"> <li>- Driving</li> <li>- Certificate of Visual Impairment</li> </ul>	

## **5. Post summary**

**4 sessions based in Ophthalmology 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 other senior ophthalmology staff in a supernumerary capacity in a clinic setting within the Ophthalmology department. The GPStR will have the opportunity to 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 3-4 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.*

It is hoped that the general practice teaching and teaching in the specialism would be brought together by the GPR 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	
Tuesday pm	GP	
Wednesday am	Clinic	
Wednesday pm	VTS half day release	
Thursday am	Clinic	
Thursday pm	Clinic	
Friday all day	GP	

## 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 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 specialist 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 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 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.

#### **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 ophthalmology department has a long association with GP training.

#### **11. Anticipated viability of the post**

Ongoing subject to demand

#### **12. Any other information**

To be returned to ECVTS [sylvia.tinning@ncumbria-acute.nhs.uk](mailto: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 18 months 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 4 months 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](mailto: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](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)
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**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**