



East Cumbria Vocational Training Scheme

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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 Women's' Health

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 Women's Health, North Cumbria Acute hospitals Trust, Cumberland Infirmary, Carlisle CA2 7HY 01228 523444.

Consultant Clinical Supervisor: Dr Pearson

E-mail: sheila-pearson@ncumbria-acute.nhs.uk Tel: 01228 523444

3. Background/ rationale

Increasingly the care of low risk pregnant women is being undertaken in General Practice by midwives and GPs are having less involvement. GPs tend to only see pregnant women when there is a problem, something they may in fact be less familiar with than the midwife. There is therefore a clear need for good quality obstetric knowledge in GPs. Occasionally in rural areas GPs may also be required to assist during labour.

Gynaecology is an important area of practice which some trainees may have no postgraduate experience of. As a result it is important that a post exists that can provide some training in common gynaecological problems to GP trainees who are not already doing a full 6 month obs and gynae post.

The post aims to give experience in both obstetrics and gynaecology, relevant to general practice and will have a community emphasis. This way the trainee can use the skills learnt in the hospital and apply them to their everyday general practice.

The post could be undertaken by a trainee who has postgraduate experience of obstetrics and gynaecology, but is aimed especially at those who have not.

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 outcome will be based on the RCGP curriculum statement 10.1 - Women's health. The outcomes can be adapted depending on the needs of the trainee and can be further discussed and refined at educational supervisor meetings.

However anticipated outcomes are that at the end of the attachment a trainee will have sound knowledge and experience of:

Intrapartum care

Hospital antenatal care

Medical disorders in pregnancy

Management of high risk pregnancy

Pre-conceptual counselling

Genetic disorders

Team working

Understanding the services available for pregnant women and how to access

Postnatal care

Intermenstrual bleeding and menorrhagia

Pelvic pain

Infertility and its management

Post menopausal bleeding

Cervical screening and colposcopy

Gynaecological cancer diagnosis

5. Post summary

4 sessions based in Women's Health Department, Cumberland Infirmary Carlisle.

This post is not intended just to be clinic based: for it to be would be to forgo many of the important learning opportunities that the department of Women's Health has to offer. Clinic space is often at a premium in the department and it is anticipated that the post holder will approach the post with a flexible attitude in order that they will benefit

from learning opportunities in the full range of gynaecology outpatients, obstetrics outpatients, in and outpatient maternity, antenatal unit, labour ward, gynaecology and obstetrics theatres and inpatient gynaecology. Some experiences are best acquired whilst on-call, and although the post-holder is not obliged to make themselves available out of hours (out of hours work is undertaken in the General Practice component), there is an expectation that the post-holder may negotiate with their colleagues of the same grade to ensure that all in post also get a fair share of clinic experience.

4 sessions based in general practice

1 session per week VTS ½ day release programme.

1 session half day private study

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

To ensure that they have adequate indemnity insurance to cover their work both in the General Practice component and the Obstetrics and Gynaecology component of the post.

Working as a member of the clinical team alongside consultant and other Women's Health staff in a supernumerary capacity within the Women's Health department. It is envisaged that experience will be largely clinic and day unit based, though the post holder should also expect to perform some ward work and labour ward duties to maximize learning opportunities and to make a contribution to team working.

Working as a GPR in practice. To include the full range of normal general practice activities including Out of Hours based with CHOC in the community.

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.

Protected teaching:

Wednesday lunch time postgraduate lecture

VTS half day release programme (Wednesday pm)

General practice tutorials (pro rata) whilst in community practice

Obstetrics and Gynaecology weekly departmental education sessions

Half day private study

The exact timetable is to be negotiated with the practice and specialty depending on clinic availability, it could vary if required during the attachment if both the practice and the department are happy for this to happen.

Sample timetable:

Monday/Tuesday - 1 day in General Practice. 1 Day in Specialty
Wednesday - morning half day private study, afternoon VTS protected teaching
Thursday - All day in General Practice
Friday - All day in Specialty

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 GPR will participate in the North Cumbria Out of Hours Training programme, as defined by Deanery requirements and the Workplace Based Assessment, up to date details of which are found at: <http://mypimd.ncl.ac.uk/ecvts/green-book/out-of-hours>

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. Additional information regarding the specific practice would be available on allocation.

The Women's' Health 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

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)
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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