

### Proposal to seek approval for an Innovative Post

This template offers a means of providing a 'standard' approach to achieving approval by the GP Education Subcommittee.

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 post in General Practice and Elderly Care medicine

##### 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 Elderly Care Medicine, North Cumbria Acute Hospitals Trust, Cumberland Infirmary, Carlisle CA2 7HY Tel: 01228 523444.

Educational Supervisor: Dr Paul Davies: e-mail [DPaul.Davies@ncumbria-acute.nhs.uk](mailto:DPaul.Davies@ncumbria-acute.nhs.uk)  
Tel: 01228 523444 ext 4438

##### 3. Background/ rationale

The United Kingdom has an ageing population. The care of older people will make up a higher proportion of the GP's workload. Co-morbidity, difficulties in communicating, the problems of polypharmacy and the need for additional support for increasingly dependant patients are important issues in the care of older people. GPs with the primary health care teams have an important role to play in the delivery of improvements in the care of older people. This post aims to give GPRs experience of acute and chronic management of a wide range of elderly care problems combined with an opportunity to immediately apply their learning in a general practice setting.

##### 4. Educational outcomes

###### Generic Learning Outcomes for Innovative Posts

It is anticipated that the learning outcomes of each Innovative 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 9-Care of Older Adults. 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

Anticipated outcomes include competence in:

Assessment and management of the frail, elderly patient

Diagnosis and management of TIA

Management of post-stroke complications

Assessment and management of the patient with Falls

Diagnosis and management of Parkinson's disease

There will also be the opportunity to attend clinics for younger people with disability e.g. Multiple Sclerosis

Learning the roles of and working with other members of the multi-disciplinary team

Understanding and utilising an appropriate range of services for older people within the health and social care systems.

## **5. Post summary**

2.5 days per week based in the Assessment and Therapy Centre (ATC), Cumberland Infirmary (days will vary throughout the 6/12 post to enable experience of all the educational opportunities available in a variety of specialist clinics).

2.5 days per week in general practice.

## **6. Main duties and responsibilities of GPR**

Working alongside consultant and nurse specialists –in a supernumerary capacity- in a variety of specialist clinic settings within the ATC.

The GPR will 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**

It is hoped that the general practice teaching and teaching in the specialism would be brought together by the GPR and the GP Trainer and the teaching in the specialism would have a direct bearing upon a career in general practice.

**Protected Teaching**

- Mon lunch time-journal club or x-ray meeting(elderly care)
- Tue am teaching- Elderly care department (core curriculum)1hr
- Wednesday lunchtime Postgraduate lecture

- **Thursday lunch time –Grand Round (Department of Medicine)**
- **General Practice tutorials will occur in the GP component of training pro rata.**
- **VTS Half day release programme**

**Department of Elderly Care Clinic Timetable**

	Monday	Tuesday	Wednesday	Thursday	Friday
Am	Dr Woodford TIA Frail elderly, stroke review	Department education meeting Falls Clinic (nurse led)	Dr Davies TIA, Frail elderly, Stroke review	Dr Davies/Dr Woodford (alt weeks) TIA	Dr George Frail Elderly, Falls
Lunch	X Ray meeting Journal Club		Postgraduate Meeting	Grand Round	Rehabilitation meeting (monthly)
pm	Dr Roberts TIA Young disabled (alt weeks)	Dr Roberts TIA Young disabled (alt weeks)	Dr George Frail elderly Parkinsons Disease	Dr Billett Frail elderly	Ad hoc patients

Among these “specialist” sessions people also attend for blood transfusions, dexamethasone, programmed investigations, investigations of incontinence.

It is anticipated that the GPR will spend 2.5 days in practice to include one session of private study. The GPR will also spend 2.5 days in the elderly care department, to include attendance at the VTS half day release sessions during term time(Wednesday pm). This session to be classed as part of the elderly care component in order that the GPR has an opportunity to attend the Parkinson’s clinic out of term time. The exact timetable to be negotiated with the practice and the elderly care department. The timetable might vary throughout the attachment with the agreement of all parties to allow the GPR to have a range of learning opportunities from attending a wide variety of clinics available.

**8. Out of Hours Commitment**

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, undertaking the standard number of out of hours sessions for a GPR placement within a six-month post.

**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 assessments including midpoint and endpoint assessments and feedback to the scheme.

Dr Davies will undertake regular formative assessment and provide an end point feedback to the scheme regarding the GPR on an approved Postgraduate Institute form. A copy of this will be sent to the GP Trainer with everyone’s approval.

Course Organiser will see the GPR at the mid point of all posts to assess progress along the line indicated on the feedback form for reapproval of ITPs. 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.

#### **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.

Induction into the department will be provided by Dr Davies. The GPR will be expected to attend the elderly care department education programme on Tuesday mornings which cover the “core curriculum” for elderly medicine.

There will be opportunities for teaching in all the specialist clinics, after a period of observation the trainee will be expected to take a full part in these clinics under the supervision of the consultant.

The elderly care department has a long relationship with the East Cumbria VTS. The department has a good history of providing useful, relevant experience for trainees. Two consultants have certificates in Medical Education. All members of the department are experienced clinical teachers.

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

Anticipated that this would be ongoing subject to demand.

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

It would be possible for this post to attract a VTR1 or a VTR2

To be returned to your local VT Scheme for the Education Subcommittee

[Please see guidance notes below \(scroll down\):](#)

## Guidance notes

### General guidance

The development of Innovative Posts is high on the agenda for GPR education and training. Their implementation may help to address recruitment and retention in general practice. Feedback from GPRs about these posts is extremely positive and Trainers and GP Trainers value the contributions GPRs make in these posts. The Deanery is very keen to develop these posts and would like to offer support in their development.

Innovative GPR posts are being developed with “MADEL” funding. It is not yet certain how long this funding will continue, however, it is unlikely that, given the drives to recruit and retain GPs, such posts will be removed from vocational training.

What follows is **guidance** to be interpreted in relation to the specific post being developed and derived from previous successful proposals. Please get in touch with Fiona Galloway if you wish to discuss this further: ([galloway1@btinternet.com](mailto:galloway1@btinternet.com) )

### IP priorities

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

- Relevant minor specialties (e.g. ophthalmology)
- Relevant community posts, especially if aligned with NHS priorities e.g. NSFs
- Truly innovative posts (e.g. health informatics)

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 SHO attachment for the GPR **but cannot replace prescribed experience**
- 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.
- In some cases it may be possible to access funds to support the alternative site
- The GPR will spend time in the alternative site(s) as agreed between the GP Trainer and non-GP Educational Supervisor, compatible with the nature of the post and the learning needs of the GPR.

### 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 PIMD 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, 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. You may wish to use some of the information from Royal College syllabus documents relevant to the specialism.

## **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. (append a sample timetable if available.)

## **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. regular review of educational plan/ learning log)

## **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**