



Integrated Training Posts as part of GP Speciality training in KSS

Integrated Training Posts as part of GP Speciality training in KSS

The regulations for GP Specialty Training, as defined by PMETB, require the training to be completed within an envelope of three years. Of this time, one year must be spent in approved hospital training posts, and one year in approved GP training placements. The third year (normally during the middle of the three year training programme) can be filled with either hospital or GP, or a combination of both.

In addition, the development of GP Specialty Training as part of Modernising Medical Careers is based on a number of principles. These include:-

- Educational Supervision throughout from general practice
- The expectation to increase the GP placement to a minimum of 18 months
- The orientation of the totality of the programme to general practice, and the GP curriculum
- These programmes to be managed by GP Specialty Training Programme Directors
- Specialty experience to be congruent with the learning outcomes of the GP curriculum
- This experience, and programmes, to be based around a personal development plan for each GP trainee
- Learning in all programmes to be subject to the national assessments that form part of the nMRCGP

Integrated (sometimes also called Integrative) Training Posts (ITP) in GP training have been used by most Deaneries for a number of years, and they have been a feature of many areas in KSS, being used as posts in the 'middle' year. Educationally, they are an extension of the educational placement for trainees that are a regular part of the GP placement (such as attending an outpatient clinic, community clinic, or public health department). Previously, they have consisted of a combination of GP Trainer employed and hosted posts, or part placement (and employment) in a GP Training Practice and part placement in a hospital or community clinic post.

Feedback from these posts in the past has been good, and both the trainees and the hospital departments have found these placements very useful. These posts (ITP) have been evaluated and reported extensively in refereed journals with a high level of positive feedback from trainees and hospital and general practice educational supervisors.¹²³

KSS was able to pilot a very Integrated programme a few years ago, locating two doctors entirely in general practice for the three years of their training with significant attachments to hospital specialties. This was evaluated very positively.⁴

The KSS GP Deanery is committed to increasing the amount of time spent in GP placements for each trainee on a 3 year GP Speciality training programme, as recommended by the RCGP and COGPED (a minimum of 18 months GP placements), and the DH has recognised this by providing funding. All trainees commencing in three year GP training programmes in KSS from August 2008, will have either 16 or 20 months experience in a GP placement.

The KSS GP Deanery also made a commitment to all hospital Trusts in 2006, that by expanding GP Speciality training, the Deanery would not destabilise the service to patients, in order to maintain the hospital services, the Deanery's bid to the South East Coast SHA to increase GP Speciality training numbers, has been successful.

In addition the KSS Deanery now also has the opportunity to use GP Practices that have been approved for the training placements of Foundation Year 2 doctors (Clinical Supervisor GP Practices) as additional placement locations for GP trainees in the ST1 or ST2 years as part of the range of ITPs.

In preliminary discussions, the word hybrid has been used to describe this type of arrangement, but as it is used in a number of contexts to describe medical service and training posts in different ways, the KSS GP Deanery is proposing that this term should not be used, and only the term Integrated Training Post (ITP) to be used, which will cover a number of models as described below.

How should an ITP be organised?

Communication

It is imperative that the GP Specialty Programme Directors with the support of the Patch Associate GP Dean communicate at the beginning of planning these posts with the Director of Medical Education for the Hospital or Psychiatric Trust concerned, with the Clinical Tutor for specialty involved in the proposed placement that will form part of the ITP and with the local GP Faculty group. Where placements are planned to be in a specialty in an Acute Hospital Trust or Psychiatric Trust, the engagement of the appropriate Director of Medical Education must be obtained.

The GP Trainers who will be employing the GPStRs in the ITP will need to be engaged and develop the learning plan with the GP Programme Directors.

Where will the GP trainee be primarily situated?

The trainee will be situated primarily, for employment and educational supervision, in an approved GP training Practice with an approved GP Trainer.

How will the posts be approved for GP training?

- These posts will be considered as general practice placements. Originally, the Joint Committee for Postgraduate Training in General Practice (JCPTGP) needed to give approval for these and required the Deanery to verify the appropriate educational support and supervision in the post. This responsibility has now passed to the PMETB. The GP Trainer, who will be acting as the employer, will have been approved by PMETB and thus the GP training post will be already approved by PMETB. However, PMETB will require the Deanery to ensure that appropriate educational support and educational governance fit for the specialty training is in place, and will need notifying of any increase to the total number of individual training programmes in any location.
- The KSS Deanery, via the GP Specialty School, should receive a copy of a proposal for each training placement in order to sign this off, and will inform PMETB of any increase to the previously approved number of GP training posts in that location.

APPENDIX 2

- The proposal for each ITP should include the following information
 - The intended learning outcomes of the post
 - The educational timetable
 - The arrangements for the GP placement
 - The involvement of consultants/other clinical staff
 - The rotation for the trainee of which the ITP will form part
 - The arrangements for the ongoing evaluation of the post
 - The proposed start and end dates of the post
- Proposals for ITPs should be sent to the GP Deanery Office at least 8 weeks before the intended start date. The Head of the GP School will approve the applications, and notify the trainee, the Educational Supervisor and the relevant Primary Care Support Agency. This letter of confirmation will also advise the trainee and the Practice to ensure that all necessary pre-employment checks and CRB clearance are obtained.
- ITPs will be monitored through the Deanery's programme of quality management of GP Faculties.

Who is the employer of trainees in these posts?

- The GP trainee in an ITP placement at ST1 or ST2 level must be employed by GP Training Practice.
- The salary of the doctor in the placement will be paid by the Practice, and this will be reimbursed from the Primary Care Support Agency (in the same way as GP trainees in the ST3 year).
- Arrangements for planned and unplanned leave will be the responsibility of the employing Practice and will involve close liaison with the relevant individuals in the other placements including hospital departments, and the GP Deanery.

Who is the Educational Supervisor of the trainees in these posts(ITPs)?

- The Educational Supervisor (ES) will be the GP Trainer in the employing Practice. Their role is to educationally support them during the time in the post. It will be desirable for GP trainees entering an ITP to do this with the nominated ES (GP Trainer) previously identified for them.
- If there is a previously identified ES, there can be two options:-
 - The previously existing ES can remain in this role with the continuing responsibility for the trainee, and for signing off evidence and assessments in the e-Portfolio, liaising with the GP Trainer acting as ES for the post when necessary.
 - Or, for the period of the ITP post, the nominated ES will be the GP Trainer who is employing the GP trainee.

Who is the Clinical Supervisor of the trainees in these posts (ITPs)?

- The role of the Clinical Supervisor is to ensure patient safety and safety of the trainee. The Clinical Supervisor will also ensure that any clinical supervision carried out by any other clinical staff is appropriately done, and to ensure that trainees are not given responsibility for managing situations that are out of the experience and competence areas expected for a doctor at this level.
- In the GP Training Practice, the Clinical Supervisor will be the GP Trainer or another GP who has had training as a GP Clinical Supervisor.
- If the second placement in the post is in a GP Practice approved for FY2 doctor training, the Clinical Supervisor will be the GP who has been approved by the KSS Deanery as a Clinical Supervisor of FY2 doctors. However, the Educational Supervisor and employment of GP Specialty trainee will remain with the named GP Trainer.
- In a hospital specialty department, community clinic, or PCT there must be a consultant who will be the nominated Clinical Supervisor. The KSS Deanery recommends that there is an honorary contract for the GP Specialty trainee, signed by them and the Clinical Supervisor. A model for this is attached **APPENDIX 3**.

How should the post be divided?

- The primary part of the post is in a GP Training Practice. The other part will be in a hospital specialty, community clinic or other GP Practice approved for hosting FY2 doctors.
- The COGPED approved timetable for GP trainees in GP placements defines a working week of 10 sessions (each session is normally 4 hours). Of these, 7 sessions should be service, and 3 sessions educational (to include the GP specialty training learning set, or day release course).
- Out of hours experience in GP placements should provide 6 hours per month and should normally be done in the GP setting in an ITP.
- Normally, the post should provide a 40%/60% split, i.e. 2 days a week in the training Practice, and 3 days in the other placement or visa versa.
- Included in this time will be three sessions for education.
 - There must be a weekly one-to-one teaching session and the trainee will have a session for flexible education (e.g. supervised personal study, project work, additional targeted learning experience as part of their PDP).
 - This educational time should be supervised and supported by the Educational Supervisor, who should carry out the one-to-one teaching.
 - In addition, the GP trainee may join a learning set facilitated by the GP Programme Director. Possible models are described in **APPENDIX 1**.
- Individual ITP timetables should be signed off by the Programme Director and Patch Associate GP Dean and submitted to the KSS GP School for approval.

- Due to the split nature of the timetable in these posts, these posts are not suitable for doctors training less than full time.

Where can the other placements be?

- The other placement, as part of the ITP, can be in a variety of settings, eg. a hospital specialty, that includes ward, outpatient and clinic experience. It can be in a community service clinic, such as community paediatrics, community mental health care, GUM clinics, addiction management clinics, departments of Public Health, PCT, Hospices or Palliative Medicine posts.
- The setting may be another GP Practice that is approved for taking FY2 trainees, and has an approved GP Clinical Supervisor.
- If the other placement is in another GP Practice, this will be a Practice that is approved for the placements of FY2 trainees (of course, another approved GP Training Practice would be fine) and provide a nominated Clinical Supervisor, who must have successfully completed the training as a Clinical Supervisor in KSS). The experience for the GP trainee in this situation can largely model that in a normal training Practice, and the timetable, experience and any assessments should be agreed between the GP Educational Supervisor, the Clinical Supervisor and the GP trainee (subject to the point below about WPBA). It would be very helpful to have the input of the GP Programme Director in defining this.
- The Workplace Based Assessments (WPBAs) for trainees that are part of nMRCGP should be carried out in GP placements only by an individual trained to do these (normally the Educational Supervisor)
- If the other placement is in a hospital specialty, this will need planning and will involve the GP Programme Director and the Consultant who will be acting as the nominated Clinical Supervisor for the trainee in this placement defining a timetable and programme of experience for the GP trainee.
- It will be helpful for the GP Educational Supervisor to be involved in this planning, and at the least they will need to be informed about the timetable, programme of any education within the post, and assessments that will be done. The GP Deanery recommends that the DME and Clinical Tutors are informed as early as possible and to be part of the discussion between the Hospital Departments, GP Programme Directors and GP Practices via the GP Faculty Group.

Learning content

- The post should provide the appropriate educational experience for a GP trainee at their level of progress in the GP Speciality training programme (i.e. at ST1 or ST2 level). This experience should be commensurate with the learning outcomes of the GP curriculum, and should allow the appropriate regular workplace based assessments.
- The posts should aim to provide the GP trainee with experience appropriate to that specialty but congruent with the learning outcomes that are suitable for a doctor training for general practice.

**Kent, Surrey and Sussex
General Practice Specialty Training School**

- It will be important to reference this to the outcomes of the GP curriculum, especially the area most linked to the specialty that the post will be undertaken in. There are also a number of models (specialty GP learning guides/logs) of suggested appropriate learning outcomes, skills and knowledge areas for GP trainees in particular specialties, and the GP Programme Director will be best placed to provide this resource.
- The learning content should be discussed and planned with the Educational Supervisor, and each GP Trainer/Educational Supervisor, should sign an educational contract with the trainee.
- A programme of appropriate workplace based assessment (that will be entered on the trainee's e-Portfolio) should be defined and shared with the Educational Supervisor.

Contractual requirements

- The postholder's (the GP trainee) duties, both in and outside the host Practice setting, and their terms and conditions relating to pay, leave entitlements, pension entitlements will be covered by the contract of employment with the employing GP Trainer Practice. This contract will be commensurate with the latest BMA/GPC model for GP trainees in GP placements.
- In addition, the ES and the trainee should sign an educational contract as provided by the KSS Deanery.
- The ES (GP Trainer) should sign an SLA with the Deanery, as provided by the KSS Deanery.
- The Trainee will need to ensure that they have satisfied the requirements to enter the Medical Performers List of the Primary Care Trust. This will require an enhanced CRB check and trainees should ensure that process is initiated before commencement of the post.
- Trainees will also need to ensure that their medical indemnity cover is appropriate for them to work in GP.
- For hospital specialty placements and community clinics there will need to be an honorary contract for the trainee with the Trust (this contract will describe the supervisory role of the post, the nature of the work and service commitment, and the responsibilities of the trainee, the Deanery and the Trust). An honorary contract model has been drawn up by the KSS Deanery. **APPENDIX 3**

Advantages of GP ITPs

For Hospitals and Community Clinics

- The creating of these types of posts will be done in order to ensure that increasing the time GP trainees spend in general practice will not affect the supply of trainees to the fully hospital based posts. Thus it will be done in conjunction with an increase in the numbers of recruited GP trainees.

- This means that where such a post exists, the department will have an additional pair of hands for at least 2-3 days per week. The GP Deanery will fund the trainees' salary through the GP Training practices.
- Although there will be a focus on developing the skills through experience that are appropriate for general practice in that specialty, it will be possible, for example, for departments to use the service resource of a GP trainee in the hospital part of a post, for managing the EWTD compliance in the department, or for managing other appropriate workplace and service delivery challenges.
- The educational supervision and the employment of the trainee will be carried out by approved GP Trainers. The Trust will just need to ensure that there is appropriate Clinical Supervision for safety of patients and trainee and appropriate workplace based assessments.

For GP Practices

- GP Training Practices will be able to have some additional support for service delivery, without too much impingement on space and capacity within the Practice.
- Clinical Supervisors will have greater opportunity to develop their supervision skills and continue their personal development as a clinical teacher.

For GP Specialty Trainees

- For doctors in general practice speciality training these posts will give additional experience of general practice to meet the learning outcome of the GP Curriculum.
- The placements will allow experience and training targeted appropriately to the outcomes of the GP curriculum.
- The additional time in placements linked to general practice will allow trainees greater opportunity to successfully demonstrate the evidence needed for the assessments of the nMRCGP.

References

1. Integrated training posts: trust-attached general practice registrars (2006) : Rickenbach, M; Mullee, M; Smith, F; Scallan, S: Education for Primary Care 17,2: pp. 130-137: Radcliffe Publishing Ltd.
2. Innovative training posts in general practice: an evaluation of the North Trent experience (2002): Field N.; Mathers N.; Lane P: Education for Primary Care, 13,3:pp. 362-369: Radcliffe Publishing Ltd..
3. Field N.; Mathers N.; Lane P. (2002) Innovative training posts in general practice: an evaluation of the North Trent experience, Education for Primary Care, 13, 362-369
4. Tyler R. (2002). Innovative Training Posts. Occupational Health. 52. pp 165-166
5. Worrell P, (2004) 3-Deaneries Innovative Training Posts, Third Cohort Evaluation, GP postgraduate Education Department, University of Leicester.
6. Bowler, Isobel; Swanwick, Tim , (2005) Extended training in general practice: senior general practice registrars in the London Deanery, Education for Primary Care, 16: 134-140
7. External evaluation of a 3 year programme of training for general practice based in general practice.(2005) Wilson A. KSS Deanery

Appendix 1

Possible models of GP ITP

Normally there will be three educational sessions. The Educational Supervisor working with the Programme Director will facilitate these.

The learning sets may include those established for ST3 doctors, or may be a peer supported learning set for doctors in the ST1 and ST2 years.

Flexible learning may involve project work (e.g. audit) carried out in the specialty placement or CS Practice placement.

All one-to-one learning will be facilitated by the ES.

	Employing Practice
	Secondary placement in the ITP
	Educational session

1:1 learning will be with the ES(GP Trainer)

ITP with specialty placement

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery (ES)	Specialty/clinic	Flexible education	Specialty/clinic	Specialty/clinic
1:1 learning	Specialty/clinic	Learning set	Specialty/clinic	Specialty/clinic

ITP with specialty placement

Monday	Tuesday	Wednesday	Thursday	Friday
Specialty/clinic	Surgery (ES)	Specialty/clinic	Specialty/clinic	Surgery (ES)
Specialty/clinic	Specialty teaching	Learning set	Specialty/clinic	1:1 learning

ITP with specialty placement

Monday	Tuesday	Wednesday	Thursday	Friday
Specialty/clinic	Surgery (ES)	Specialty/clinic	Specialty/clinic	Surgery (ES)
Specialty/clinic	Specialty teaching	Flexible education	Specialty/clinic	1:1 learning

ITP with two Practices

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery (ES)	Surgery(ES)	Surgery (CS)	Flexible education	Surgery (CS)
1:1 learning (ES)	Surgery (CS)	Learning set	Surgery (CS)	Surgery (CS)

Appendix 2

Proposal for approval of an Integrated Training Post for GP training

Name of GPStR	
Year of training (ST1,2,3)	
Description of planned rotation for GPStR of which this forms part	
Name of Educational Supervisor (GP Trainer) for this post	
Address of employing GP Training Practice	
Location of other placement	
Name of Clinical Supervisor for other placement	
Starting date of post	
End date of post	
Weekly timetable including educational activity	<i>Please attach</i>
Learning outcomes for post	<i>Please attach</i>
Arrangements for evaluation of the post	

*I confirm that I understand the nature and learning outcomes of this post and am happy to undertake it

Signature of GP Specialty trainee	
Date	

*I confirm that I have agreed the arrangements for this post and am happy to submit it as an ITP as part of the GP Training Programme in: _____

Signature of Programme Directors	
Date	

*I confirm I approve this ITP post proposal as part of the GP Training Programme in _____

Signature of Patch Associate Dean	
Date	

*ITP approved/not approved for GP training

Head of KSS GP School	
Date	

APPENDIX 3

A MODEL HONORARY CONTRACT FOR ADDITIONAL PLACEMENTS AS PART OF INTEGRATED TRAINING POSTS IN GENERAL PRACTICE

Clinical Supervisor - Honorary Contract

Honorary contract between GP Specialty Training Registrars in General Practice and the organisation * hosting their secondary training placement as part of an ITP

This Agreement is made on [date]

between

..... (Name of Organisation HR department)

and

..... (GP Specialty Training Registrar)

** The term organisation can refer to an NHS body such as an Acute Hospital Trust, Community Clinic, Psychiatric Trust, or PCT.
A GP Practice approved for Foundation Doctor training will be covered by this term.
Hospices, which may be independent charitable organisations, will also be covered by this term.*

The terms and conditions of this honorary contract are as follows:

- A. All medical practitioners covered by this contract will be fully registered with the General Medical Council (GMC).
- B. Nominated Clinical Supervisors will be so recognised by the Kent, Surrey and Sussex Deanery.
- C. This contract will cover that part of Postgraduate GP Specialty Training, known as an Integrated Training Post (ITP), and will regulate the secondary placement component of that post. It will form part of the supplementary regulations enabling the training in that placement for that period of time.
- D. This document will act as a supplementary/honorary contract between the above parties. The principal contract for the GP Specialty Registrar (GPStR) will be held by a host approved GP Training Practice within the KSS Deanery for the duration of the ITP.

General.

- 1 The Clinical Supervisor will supervise and organise the period of training within the secondary placement for the purpose of teaching and advising on all matters appertaining to GP Specialty Training for a period of four months from[date placement commences] unless this agreement is previously terminated under the provision of clause 2.
- 2 This agreement may be terminated by either party by giving one months notice in writing. Such notice may be given at any time.
- 3 The salary of the GPStR will be paid by the employing GP Training Practice at the agreed rates as determined by the NHS salary scale.

4 The GPStR will become and remain a member of a recognised medical defence indemnity scheme for the period of this agreement. The organisation will ensure that it provides appropriate medical defence cover (e.g. through the NHS Crown Indemnity Scheme)

5

- a) The GPStR will not be required to perform duties which will result in the receipt by the organisation of private income.
- b) Any specific or pecuniary legacy or gift of a specific chattel shall be the personal property of the GPStR.

6

- a) The hours worked by the GPStR in the secondary placement of the ITP, the working timetable and programme and any regular periods of tuition and assessment will be agreed between the secondary placement Clinical Supervisor and the GPStR and make provision for any educational programme organised by the KSS GP Specialty School and as advised by KSS Deanery.
- b) The hours of work shall comply with the European Working Time Directive legislation, or any subsequent Working Time legislation.
- c) The GPStR in the secondary placement is supernumerary to the usual work of the organisation.

7

- a) The GPStR shall be entitled to five weeks holiday during a 12 month period and pro rata for shorter periods, and also statutory and general national holidays or days in lieu (depending on incremental level of the postholder, this may be 6 weeks).
- b) If the GPStR is absent due to sickness, they must inform the employing GP Training Practice as early as possible on the first day of the sickness. Statutory documentation shall be provided as required for any illness lasting more than 7 days. Any accident or injury arising out of the GPStR's employment in the placement must be reported to their GP employer who will inform the organisation's Staffing Department (HR), the GP Specialty Programme Director and the Recruitment Manager of the KSS GP School.
- c) A GPStR who is absent on maternity leave will comply with the terms of their Principal Contract.
- d) If a GPStR is chosen or elected to represent the profession, or other GPStRs at any recognised body or to attend an Annual Conference of Representatives of Local Medical Committees, the GPStR will be given facilities including special paid leave to undertake such functions and to attend appropriate meetings. The GPStR must obtain the consent of their Programme Director for such absence from duty, but consent shall not be withheld unless there are exceptional circumstances.

8

- a) The GPStR will apply himself/herself diligently to the educational programme and service commitments and other matters as directed by the secondary placement Clinical Supervisor in accordance with the advice of the KSS GP Deanery, the GP School, and its Directors.
- b) The GPStR will keep the records of their learning and assessments on their e-Portfolio. These, where appropriate, will be signed off by their Educational Supervisor (who will be their employing GP Trainer) who will facilitate their Learning Plan. These records will be a necessary record of their educational progress for their Annual Review of Competency Progression, and also enable them to support any requirements of the General Medical Council for appraisal, or professional revalidation in their career.

- c) The GPStR shall preserve the confidentiality of the affairs of the Clinical Supervisor, and of other clinicians and health care professionals, of the patients and all matters connected with the organisation. The exception shall be where information may be required by the Director of GP Education of the KSS Deanery or their nominated officer, or where the sharing of information is congruent with the GMC 'Good Medical Practice' and the maintenance of patient safety.
- d) The GPStR will make suitable provision for transporting themselves in order to carry out the above duties satisfactorily. Mileage allowance for travelling between the employing GP Trainer Practice and the site of the secondary placement will be claimed through the normal process by the employing GP Training Practice.

9 Any dispute between the GPStR and the Clinical Supervisor, or organisation hosting the secondary placement, should be brought to the attention of the GP Specialty Programme Director in the first instance. If the matter can not be resolved at this level it will then proceed through the appropriate Deanery channels.

10 The terms of this contract will be subject to the terms of service for doctors as set out from time to time in the National Health Service (General Medical and Pharmaceutical Services) Regulations.

I have read and understand the terms of this honorary contract

Signature..... [GPStR]
 Name.....
 Date.....

In the presence of.....[Witness Name]
 Signature.....
 Date.....

Signature.....[Clinical Supervisor for ITP secondary placement]
 Name.....
 Date.....

In the presence of.....[Witness Name]
 Signature.....
 Date.....