

LONDON DEANERY  
DEPARTMENT OF POSTGRADUATE GP EDUCATION



# The Rough Guide to Innovative Training Posts for General Practice



## 1. CREATING AN INNOVATIVE TRAINING POST

### 1.1 Introduction

Specialty training for general practice has changed. *Modernising Medical Careers* (MMC) has required run-through training from August 2007. The principles that will underpin new GP training programmes include:

- A. A minimum three year programme post-Foundation
- B. Educational supervision throughout from general practice
- C. A minimum of 12 months as a participatory learner in general practice with an expectation to develop 18 months in general practice by 2009
- D. Programmes orientated to general practice and managed by a GP Specialty Programme Director
- E. Specialty experience selected on the basis of the capacity to deliver RCGP curricula competencies
- F. Programmes built around a personal development plan
- G. Programmes subject to a national assessment programme defined by the RCGP

In order to deliver PMETB-compliant programmes, a number of changes will have to be brought about in relation to the current Senior House Office (SHO) experience offered to GP trainees. Namely; shorter experiences in single hospital specialties (6 months maximum, 3 months minimum); each programme element will have to demonstrate that the competencies expounded in the RCGP Curriculum can be delivered; and innovative training posts (ITPs) will need to be developed to enable the broadest possible experience within individual programmes.

### 1.2 What is an innovative post?

Many GP specialty training programmes in London have innovative training posts (ITPs).. Innovative training posts are based in general practice but incorporate secondments to relevant community and hospital settings.

*For example, an innovative training post in women's health will include two days each week in general practice with attachments to antenatal, family planning and sexual health clinics for the other three days.*

However doing an ITP on a part-time basis means that both the general practice and secondment experience becomes too dilute within the working week. Therefore it has been agreed by the London Deanery that ITPs cannot be done on a part-time basis, on educational grounds. Flexible trainees must spend all their working week within the individual specialty.

### 1.3 Who creates innovative training posts?

Specialty training programme directors (PDs) across London have been asked to design innovative training posts. Such posts are identified as having the capability to deliver the competencies defined in the RCGP Curriculum and are built around the strengths and needs of the training programme and available local resources. Building these posts requires not only local knowledge, but also sensitive negotiation with colleagues in community and secondary care.

#### **1.4 How do I apply for an innovative post for my training programme?**

As GP training moves towards an 18-18 month split between primary and secondary care, this will require new posts with appropriate content. New opportunities will exist to develop innovative training posts that help meet this need. In order to proceed with the incorporation of such a post you will need:

- Funding approval
- Educational approval

Normally, both will be awarded simultaneously.

#### **1.5 How are innovative training posts funded?**

All ITPs are 100% funded through the GP Department of the London Deanery. The salary of trainees is paid by the deanery through the normal ST3 mechanisms. Participating Trust departments or community facilities receive no direct payment but neither are they required to make any payment to the trainee concerned.

#### **1.6 How are innovative training posts educationally approved?**

Educational approval for individual innovative training posts will be assessed by the Board of London School of General Practice. If appropriate, a recommendation is made to PMETB for approval of the post for inclusion in a programme. Each submission required a proposal detailing the following information:

- i. intended learning outcomes of the post
- ii. educational timetable
- iii. arrangements for the GP placement
- iv. involvement of consultants/other health professionals including written confirmation that they will be offering educational supervision
- v. the rotation of which the ITP will form part
- vi. arrangements for the ongoing evaluation of the post
- vii. proposed starting date

Recently, the Postgraduate Medical Education and Training Board have indicated that they wish to have the final say in the approval of all new training posts and new posts will be put to the Board with a recommendation from the GP Directors. This arrangement is subject to change as PMETB reviews its policies and procedures.

From August 2007, educational approval will be given to whole training programmes, based on criteria under development by the RCGP. In the current transition phase, current RCGP certification arrangements apply and GP training programme directors need to be mindful of what is acceptable as a balanced training programme.

Innovative training posts will be monitored through the Deanery's programme of visits to specialty training programmes and the end of programme trainee survey.

### **1.7 How do I design a successful innovative training post?**

Think about the needs of your training programme, particularly where the introduction of an innovative post will enable the formation of a new three year programme..

Think about the balance of each individual three-year programme. Less is more. Ensure that the secondment within the innovative training post encourages participation in that specialty or department rather than merely peripheral observation. This may mean that the post focuses on one or two areas of experience rather than a barrage of different specialty outpatient attendances.

Posts recently created in London are listed overleaf.

### **1.8 Who is educationally responsible for trainees in post?**

Innovative training posts are based in general practice with secondments to secondary care. GP trainers provide clinical supervision for the general practice component, and the supervising consultant is responsible for clinical supervision during the secondary care secondment.

Post holders will be educationally supervised by either an established GP trainer, or by a graduate of the Deanery's educational supervisor programme, dependent upon the usual educational supervision arrangements in place locally. .

### **1.9 What assessments will a trainee need to undertake?**

ITP trainees are based in general practice. Their assessment will be part of the new Royal College of General Practitioners ongoing assessment process called new MRCGP. The trainee will therefore have to undertake the following assessments during their post.

- a) 3 consultation observation tool assessments
- b) 3 case based discussions
- c) 1 multi source feedback
- d) 1 patient satisfaction questionnaire
- e) Direct observation of procedures (if considered appropriate)

Trainees will be responsible for collecting the evidence in conjunction with their e-portfolio.

### Examples of Innovative Training Posts created in London

Training programme	Post	Contact
SLOVTS	GP with adult accident and emergency	Dick Savage <a href="mailto:richard.savage@kcl.ac.uk">richard.savage@kcl.ac.uk</a>
St Georges	GP with pregnancy and childbirth GUM and women's health	Judy Roberts <a href="mailto:judy.roberts2@nhs.net">judy.roberts2@nhs.net</a>
Bromley	GP with public health	Jackie Tavabie <a href="mailto:jackie@tavabie.com">jackie@tavabie.com</a>
Bromley	GP with community paediatrics	
Lewisham	GP with palliative care	Giresh Malde <a href="mailto:girmalde@aol.com">girmalde@aol.com</a>
Greenwich	GP with paediatrics and women's health	David Wheeler <a href="mailto:d.m.wheeler@btinternet.com">d.m.wheeler@btinternet.com</a>
Enfield and Haringey	GP with ENT, dermatology rheumatology and diabetes	Clare Jepson <a href="mailto:clare.jepson@gp-F85027.nhs.uk">clare.jepson@gp-F85027.nhs.uk</a>
West Middlesex	GP with community mental health drugs and alcohol	Julian Bradley <a href="mailto:julian.bradley@gp-H84002.nhs.uk">julian.bradley@gp-H84002.nhs.uk</a>
Northwick Park	GP with women's health	Andrew Gellert <a href="mailto:andrew.gellert@btinternet.com">andrew.gellert@btinternet.com</a>
St Mary's	GP with palliative care dermatology and GUM	Patrick Kiernan <a href="mailto:Patrick.Kiernan@nhs.net">Patrick.Kiernan@nhs.net</a>
Newham	GP with community paediatrics and obstetrics and gynaecology	Ray Higgins <a href="mailto:Ray.Higgins@gp-F84052.nhs.uk">Ray.Higgins@gp-F84052.nhs.uk</a>

## **2. MANAGEMENT ARRANGEMENTS FOR INNOVATIVE TRAINING POSTS**

### **2.1 Introduction**

The arrangements for managing those undertaking innovative posts and their administration are very similar to those in place for ST3 trainee posts. This reflects the similarities in financial and educational arrangements between the two types of post.

It is important to note that trainees in innovative posts do not form part of the service 'establishment' of the employing organisation. This does not mean however that these trainees should not contribute to service as to be considered supernumerary will be detrimental to learning and professional development. Of particular note is that out-of-hours (OOH) arrangements for trainees in ITPs is the same as that for ST3 trainees pro-rata in general practice. However, this means that the ITP should not contribute to OOH for the secondary care component of the post. Please see relevant deanery website for more details about OOH.

### **2.2 Notification of placement**

Once the Deanery's Recruitment Team has received details of the innovative training post holder's training practice, these will be entered on to the Deanery database and forwarded to the PCT electronically.

Other than in exceptional circumstances, a placement notification letter will be sent to the trainee confirming their trainer, the location of the practice and the anticipated dates of their employment at least 8 weeks before they are due to start in post. This letter will also advise the trainee to contact both the practice and the PCT to ensure that the necessary pre-employment checks, which are the same as for ST3 trainees, can be undertaken.

### **2.3 Dates of appointment**

Start dates for innovative training posts, and other specialty training posts begin and end on the same dates. This means that there is a seamless transition to and from jobs between primary and secondary care.

### **2.4 Employment Status**

The post holder is to be employed by either the Primary Care Trust or the practice at which they are based for the general practice component of the innovative training post. Their duties both within and outside the practice setting should be set out in their contract of employment.

Although the trainee will not appear on the participating Trust's payroll, they will still be required to hold an honorary employment contract (letter of authority) with them. This will ensure educational approval for this component of the post and that they are

governed by the Trust's own management systems when undertaking the work at the unit(s) concerned

## **2.5 Deanery-trainer agreements**

As with ST3 trainees a trainer agreement will be issued to the employing practice by the Deanery for all those in innovative training posts. This needs to be completed as appropriate and returned to the Deanery in order to ensure that database records are up to date.

Details of payment arrangements are provided in Section 3 of this guide.

## **2.6 Model employment contract**

The Deanery provides a model contract template for Innovative Training Posts. This can be obtained from:

<http://www.londondeanery.ac.uk/general-practice/files/vocational-training/trainers-guide/contracts.pdf>

This is based on the latest version of the GP ST3 trainee contract and is regularly updated.

It is strongly advised that employing practices check the Deanery website for the latest version and liaise with PCT HR Departments to ensure that contracts prepared for trainees meet local requirements.

## **2.7 Terms and conditions**

The post holder's duties, both in and outside the practice setting, and their terms and conditions relating to pay, leave entitlements, pension entitlements and other benefits are to be covered by the contract of employment with the employing practice/PCT.

This means that planned and unplanned leave will need to be managed by the employing practice in accordance with local procedures. Therefore, there is a need for close liaison between the employing practice and the Trust to ensure that accurate records are maintained of all planned and unplanned leave. The trainee should also be made aware that it is their responsibility to notify both employing organisations of all periods of leave to ensure absence can be managed appropriately.

Guidance on leave reporting can be found at:

<http://www.londondeanery.ac.uk/general-practice/files/vocational-training/trainers-guide/sickleavematernityleave.pdf>

All other terms and conditions will be governed by the employment contracts covering the respective components of training.

## **2.8 Performance Management**

It is imperative that the programme director maintains close working links with those supervising the trainee in the practice and at the participating Trust to ensure the effective performance management of the trainee.

Whilst it will be for the respective employers' individual human resource function to determine the most appropriate way to handle performance issues, it is important that programme directors are kept up to date with developments, and provided with records of concerns raised and arrangements agreed for addressing these.

Programme directors should keep the Deanery informed of any performance issues so that any matters that may affect the ongoing training.

## **2.9 Indemnity**

As with ST3 trainees, post holders should be fully registered with either the Medical Defence Union (MDU) or Medical Protection Society (MPS) for the duration of the Innovative Training Post.

## **2.10 Primary Medical Performer's List**

Trainees in Innovative Posts are required to be placed on the Primary Medical Performer's List by the PCT within 8 weeks of starting in post. Some PCTs may refuse to pay trainees until they are on the Performer's List so it is imperative that trainees are referred to the PCT at the earliest opportunity to ensure that their application is submitted in good time.

Programme directors should actively encourage this and practices should not allow a trainee to begin working until they have submitted an application for the Performer's List and this application has been accepted by the PCT.

### 3. FINANCIAL ARRANGEMENTS

#### 3.1 Financial flows

Payment and financing arrangements identical to those for ST3 trainees are in place for those undertaking innovative posts.

#### 3.2 Salary

As with ST3 trainees, the trainee's salary is paid in its entirety to the PCT by the Deanery on a monthly basis. This is based on information received from the programme directors as to the location of trainees, the duration of their training placement and the percentage of whole time equivalence (WTE) worked (although, for educational reasons, it is expected that all innovative training posts will require trainees to work at 100% WTE).

#### 3.3 Trainer's Grant

A trainer's grant is payable to the practice for innovative post holders. This will be automatic where there are no other GP trainees based at the practice and the trainee is under the supervision of an approved GP trainer. However, if the trainee is appointed in addition to an existing ST3 trainee or innovative post holder, the practice should invoice the Deanery for an amount equivalent to the trainer's grant as this will not be paid automatically; and will be dependent upon the availability of funding.

#### 3.4 Study Leave Allowance

Study leave allowance is granted under the terms of the employment contract with the practice/PCT, and those in innovative posts are entitled to the same allowance as ST3 trainees.

Post holders should be encouraged to develop coherent and relevant study leave plans early on in training and to request leave in accordance with these plans.

Study leave "is not an entitlement but an allowance and the needs of patients must always take precedence". (JCPTGP, 1999)

"The total of half day release and study leave granted to each trainee [sic] should be a minimum of 30 days per year." (JCPTGP 1999) i.e. the number of days out of the practice for attendance at a half day release when added to the number of days allowed for study leave should exceed 30 days.

The maximum study leave allowance is not pre-defined and requests for study leave over and above the minimum should be dealt with on their educational merits with due consideration to the educational needs of the individual trainee.

Attendance at a weekly specialty training programme half day release course and any residential courses should normally be considered compulsory.

Reimbursement for courses may be claimed from the Deanery administrative office up to a specified annual limit.

In the event of a dispute arising over study leave, trainees and trainers are advised to consult with their programme director and/or the appropriate associate director. If local resolution cannot be achieved, final arbitration will be the responsibility of the dean of postgraduate general practice education.

#### **4. USEFUL WEB ADDRESSES AND CONTACT DETAILS**

RCGP - Curriculum      <http://www.rcgp.org.uk/gpcurriculum>

RCGP - Certification      <http://www.rcgp.org.uk/certification/index.asp>

London Deanery      [www.londondeanery.ac.uk/gp](http://www.londondeanery.ac.uk/gp)

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