Longitudinal Integrated GP Training Operational Guidance

Yorkshire and Humber Deanery

Workforce Training and Education, North East and Yorkshire, NHS England

Name of Document	**Longitudinal Integrated GP Training Operational Guidance**
Category	Standard Operating Procedure (SOP) - Trainee management **This SOP is only applicable to postgraduate GP training.**
Purpose	This document is one of a suite of Standard Operating Procedures to support the management of trainees across the Yorkshire and Humber Deanery.
Authorised by	Yorkshire and Humber Deanery SOP Delivery and Development Group
Audience	External
Date Authorised	23 January 2023
Implementation Date (current version)	01 March 2024, version 2
Next Review Date	SOP to be reviewed in line with any future Gold Guide revisions, or every 12 months, whichever comes first.
Document Author	Calum Smith and Caroline Mills

Version	**Date**	**Author**	**Notes** Reason for Change, what has changed, etc
1	October 2021	Caroline Mills	New guidance
2	January 2024	Calum Smith, Caroline Mills	Updated to reflect current scope of the training pilot

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the SharePoint site is the controlled copy. Any printed copies of this document are not controlled.

This document is not intended to be interpreted as a policy statement. This is a local guidance document for faculty and staff in the Yorkshire and Humber Deanery to enable consistency of application; it is recognised there may be exceptional circumstances when deviation from this guidance may be required.

Contents

1. Purpose of the Guidance

This document is to help those trainers involved with In Contact Training and In Contact GP PGDiTs understand more about the process, what is required of them over the 3 years of GP Training

2. Introduction

The current standard model of GP training is two years in GP placements over the course of the programme, and one year in Specialty posts during ST1-2 training grades.

Longitudinal Integrated GP Training will achieve this required time completion through an 18-month split training period during which PGDiTs will have three days per week in a Secondary Care post and 1.5 days per week in a designated GP Post.

The Yorkshire and Humber GP School (YHGPS) will pilot this improvement under the name of 'In Contact GP Training'.

In Contact Training hopes to embrace the symbiotic learning relationship between PGDiT, trainer and patient, allowing patients to be followed along care pathways - promoting the PGDiT to see the patient at the centre of care and in turn the PGDiT to achieve better learning outcomes. In addition, it hopes to enhance the training relationship between members of the learning multidisciplinary team and, as such, improve the community of learning.

Simultaneous primary care experience should reflect the theme of the Specialty post, sampling related aspects of clinical care. The aim will be for the PGDiT to understand better the patient journey through the primary can secondary care system.

The model is a different way of programme delivery which allows PGDiTs to identify key relevant learning from their secondary care posts and relate it to, and implement it in, the primary care setting in a contemporaneous way. This will improve learning outcomes and application of learning which should improve quality of PGDiTs understanding evidenced in WPBA and exam performance.

Longitudinal competency themes such as Professionalism, leadership, self-management, patient safety and quality improvement can be continuously targeted and tracked.

3. The Perceived Benefits of In Contact Training

Following feedback from the North West's Foundation Pilot and Yorkshire and the Humber's LIFT programmes, the perceived benefits are as follows:

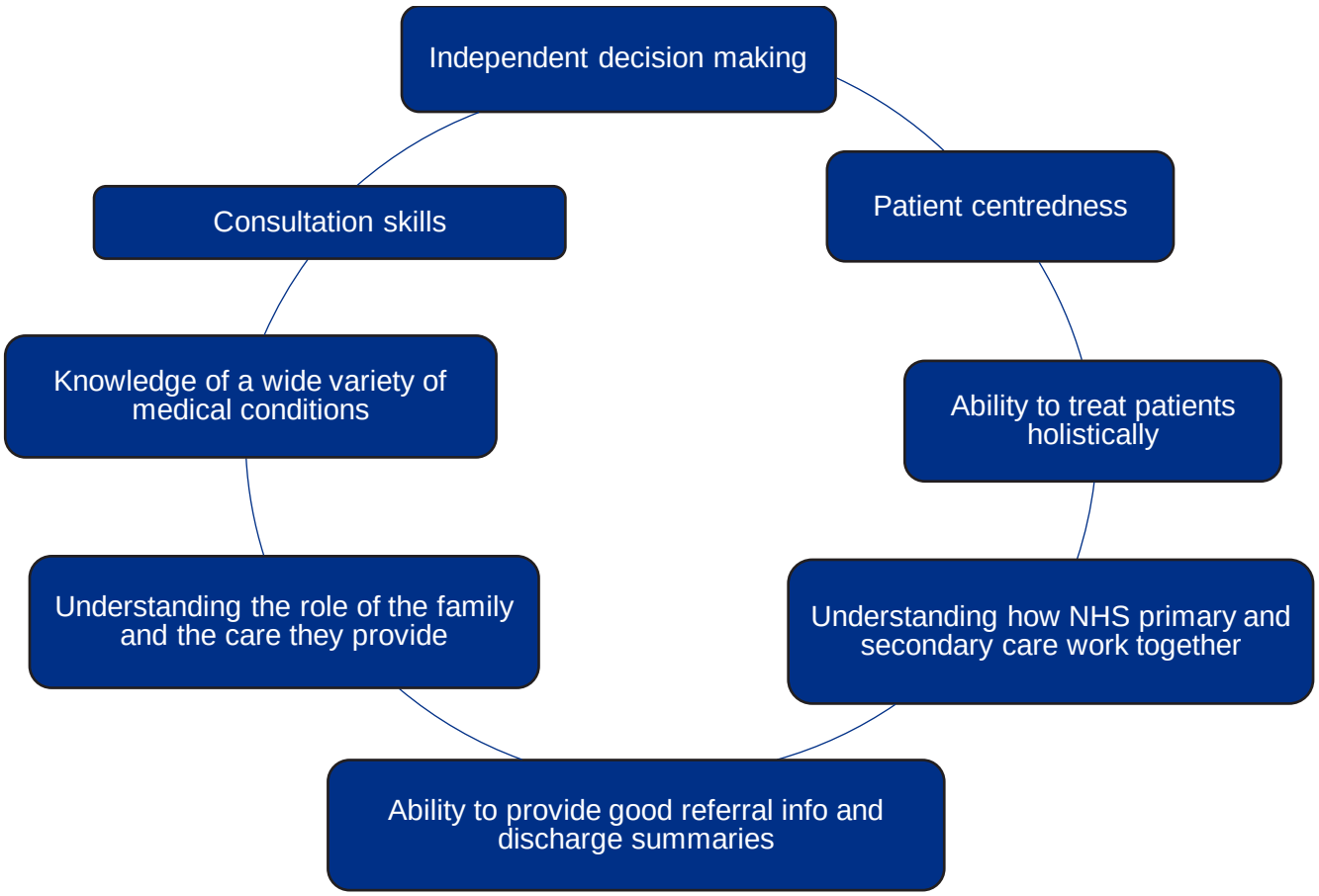
3.1. Integrated time in GP practice

GPs build a longitudinal supervisory relationship with PGDiTs. Continuity & increased understanding facilitates pastoral support & enables supervisors to provide greater educational challenges.

In Contact Training provides stability and continuity and the chance to form working relationships within a general practice which encourage the PGDiT to feel part of the team.

3.2. Diagnosis of patients

In Contact PGDiTs are more likely be able to diagnose patients who present at hospital with multiple problems, as well as successfully treat patients who present with additional ailments and conditions outside of the hospital specialty in which they work.



4. Format of Programme for In Contact Training

4.1. Employment and Contracts

- Based on Y&H Foundation Longitudinal Integrated Foundation Training (LIFT) model.

4.2. Payment for ST1/2 18m 'in contact' posts

- Tariff funded 12 months.
- Fully funded non-Tariff 6 months at 100%.
- No out of hours funding from NHSE - to be paid by Trust if required.
- NHSE will fund 2 Tariff posts and 1 fully funded non-Tariff post per 3 PGDiTs on the Programme.
- GP trainer in ST1/ST2 practice gets 6-month trainers' grant in total.

4.3. Weekly Schedule

- GP Placement
  - 1.5 full day in GP Practice. (Ideally the 0.5 day is on the same day as half day release teaching).
  - Clinical supervisor to be allocated for the duration of the post (GP Trainer or Clinical Supervisor and GP trainer in Hub and spoke model).
  - Education time per month.
  - Private learning time (One x 4-hour session).
    One tutorial every 4 weeks to include workplace-based assessment (WPBA) and placement planning meeting.
- Trust Placement
  - Rotations will place two PGDiTs in each Trust 6-month post.
  - Three full days in Trust post.
  - Clinical Supervisor allocated in Trust for each post.
  - Education time per month.
  - Two sessions private learning time.
  - One session Clinic.
  - Placement planning meeting with Clinical Supervisor (CS) and time with CS for WPBA.
  - Weekly Half Day Release / Every two weeks Full Day Release.

4.4. Outline of Programme for an 'In Contact' Training Rotation

- PGDiT spends first 18m attached to one GP practice.
- Ideally starting with 6-month full-time FT in GP placement. 18m 'In Contact' placements – 3 x 6-month placements.
- ST3 GP practice – a new practice 1x12 month post.

4.5. Expectations of 'In Contact' days in GP

- 1.5 days in GP - surgery, visits, debrief, specific relevant work related to the specialty post e.g. nursing home rounds if on a frailty ward, Duty Doctor if in A&E, tutorial time (1 every 4 weeks).
- Supervised by GP Trainer or clinical supervisor in Hub and Spoke model.
- WPBA is shared between specialty and GP.
- Education Provided as set out above.

4.6. Expectations of Specialty post

- Agreed posts suitable for GP training.

- PGDiTs released for GP ‘In contact’ days and Half-Day Release HDR.
- PGDiTs to be included in departmental teaching and outpatient clinics.
- Pro rata out of hours Rota – funded by usual funding arrangement for a Tariff post.
- Time back from out of hours rota to be taken from trust clinical time – payback to GP practice to be arranged in mutually acceptable agreement.
- No more than 20% out of hours rota nights should affect ability to attend GP on due day.
- GP Days missed due to out of hours commitments must be reallocated to make up attendance at GP placement.
- Average 45-hour week must not be exceeded [GP days are 8 hours and HDR 4 hours]. This reflects 12 months (Trust norm) at average 48-hour week and 6 months (GP Norm) at average 40-hour week.
- PGDiTs should be encouraged by the Trust and GP Practice to divide their annual leave pro rata across the specialty and GP commitments.

4.7. Assessments

- Clinical Supervisor Report from both GP and Specialty CS.
- WPBA from both GP and Specialty Post.

4.8. Education whilst in ‘In Contact’ posts

- Specialty departmental teaching.
- Protected Clinic attendance one session per 4 weeks.
- Half-Day Release weekly.
- PLT 3 sessions per 4 weeks.
- GP Tutorial time one session per 4 weeks.

4.9. Trust Responsibilities

- Trusts must produce accurate information about placements, particularly out of hours duties.
- Primary care and hospital administrators, managers and trainers should be consulted for buy in, planning and timetabling.
- Trusts must provide clear, written weekly timetable.
- Trusts must communicate any impact of out of hours rota on the GP placement with at least 4 weeks’ notice.

5. Timeline

The In Contact pilot began on August 2022, with participants aiming to complete their GP training by end of July 2025. Tracking and reporting of progress will be maintained

throughout the two-year programme on the RCGP eportfolio, with a full report on a complete cohort available by December 2025.

6. Location of Posts

South Yorkshire In Contact posts – Sheffield Teaching Hospitals

Rotation	Post 1 6m ST1	Post 2 6m ST1	Post 3 6m ST2	Post 4 6mST2	Post 5 12m ST3
SHF1	GP Practice	Cardiology in contact	Endocrinology and Diabetes in contact	Emergency Medicine - in contact	GP Practice
SHF2	GP Practice	Cardiology in contact	Endocrinology and Diabetes in contact	Emergency Medicine - in contact	GP Practice
SHF3	GP Practice	Endocrinology and Diabetes in contact	Emergency Medicine - in contact	Cardiology in contact	GP Practice
SHF4	GP Practice	Endocrinology and Diabetes in contact	Emergency Medicine - in contact	Cardiology in contact	GP Practice
SHF5	GP Practice	Emergency Medicine - in contact	Cardiology in contact	Endocrinology and Diabetes in contact	GP Practice
SHF6	GP Practice	Emergency Medicine - in contact	Cardiology in contact	Endocrinology and Diabetes in contact	GP Practice

7. Responsibilities

Trusts are responsible for the PGDiTs as their employer and Clinical Supervisor in the Trust placement.

GPs are responsible for the PGDiTs as their Educational Supervisor and clinical supervisor in the GP placement.

YHGP School are responsible for the PGDiTs training.

8. Evaluation

PGDiTs within In Contact Training will be expected to achieve the requirements of the GP Training Programme Curriculum for each year of the Programme as set out by the RCGP, which will be assessed by their Annual Review of Competency Progression (ARCP). Evidence for their competency will be provided through the RCGP PGDiT eportfolio.

In addition, the success of the In Contact Training project will be evaluated through local feedback questionnaires from PGDiTs, patients and supervisors and the GMC national training surveys and outcomes of WPBA and RCGP examination results.

9. Equality, Diversity and Inclusion (EDI) Assessment

An EDI assessment in line with NHSE Policy has been completed for the pilot.

Appendix 1: Workplace Based Assessments in In Contact Training Programme

WPBA guidance for In Contact Training Pilot

There should be enough evidence provided by the PGDiT evidence in the portfolio so that a panel can assess the evidence from each part of the post to confirm progress during the training period.

WPBA requirements:

- As a minimum there should be at least one piece of evidence from each part of the post within each 6 months.
- Learning log reflections should be made reflecting learning from both parts of the post.
- Ideal split of clinical case reviews for each 6-month period to reflect the 66%:33% split of the post.
    - 2 clinical cases from hospital
    - 1 clinical case reviews from General practice.

Appendix 2: Changes to PGDiT circumstances whilst on In Contact Training Programme

PGDiTs who make a change to flexible Less than Full Time training at < 100% whilst on the In Contact Training Programme.

- The programme will be amended to offer the same posts in secondary care on the LTFT percentage agreed with the PGDiT.
- The GP Placement will be offered as a separate placement to complete the 6months 'Full Time Equivalent (FTE)
- The Secondary care training will be made up with another post TBC to complete the 12m FTE.

PGDiTs in Extension

- An assessment of educational need will be made at ARCP.
- The PGDiT may continue in the In Contact Training Programme if appropriate or if an extension in a GP placement is recommended the PGDiT will revert to a standard programme.