**Brief overview of Integrated Training Post expectations and some tips for good practice.**

Thank-you for your help delivering these posts which are a vital part of GP training.

Here are some notes that may be helpful to you in developing your posts.

**Overview:**

GP training is ordinarily 3 years in duration.

1 year is mandated to be in speciality posts, usually in secondary care.

2 years are now based in primary care with usually 6m in an Integrated Training Post (ITP).

These ITPs can come at any point in the first 2 years of GP training but the aim is to have them mostly in the second year when trainees have greater experience.

The ITP is split between one or more speciality providers and a GP placement. The idea is to provide a primary care focus while experiencing a wider range of speciality placements.

Each post has a nominated Clinical Supervisor for the duration of the post.

**Some points regarding expectations and good practice:**

**Educational Supervisors:**

Trainees undertaking ITPs will be based in primary care. They will have a GP educational supervisor (ES) or clinical supervisor (CS) who is responsible for overseeing their progress and usual practice would be for ESs to provide a weekly educational session. They will spend half or more of their working week in general practice except in exceptional circumstances (e.g. LTFT where the working week is too short to practicably achieve this).

**Working week:**

Full time is 40 hours – 10 x 4 hour sessions, although there is flexibility around the exact timing and split of this that can be negotiated by trainees and supervisors. Trainees wouldn’t ordinarily work unsocial hours (beyond 8am – 6pm) as the posts are not banded for this.

During their working week they will have placements in a secondary care or specialist GP environment for a proportion of their time. This is unlikely to be more than 50% of the week except in exceptional circumstances (e.g. LTFT). The duration of the placement will vary but will usually be for 3m or more. Our aim is to provide long enough in a placement for a trainee to become integrated with the team and to be in a position to offer useful service provision.

**Clinical Supervisors:**

During these speciality placements we ask that they have a nominated Clinical Supervisor (CS) who is available to meet with them and oversee their training during the placement. They don’t have to be physically present with them the whole time, but we would request oversight to ensure they are adequately inducted and supported.

There is no expectation of formal “tutorials” from their speciality placement however if educational opportunities are available then it would be helpful if trainees were enabled to attend these.

**Learning Outcomes:**

The aim of the placements is for trainees to get a 1’ care perspective on the speciality placement and there is an expectation that this would comprise a balance of service provision and education.

We would highlight the GP curriculum as a good place to consider what GP trainees may usefully learn during their placement.

Good practice would be to undertake a placement planning meeting early in the placement to consider the learning opportunities of the post together.

Link to condensed curriculum guides for each curriculum area:

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx>

And to the main RCGP curriculum:

https://www.rcgp.org.uk/training-exams/training/gp-curriculum-new.aspx

**Funding:**

The placements are entirely HEE funded and we would hope that the trade-off of service provision would be sufficient to cover the time and energy costs associated with supervision and education in speciality placements.

Educational supervisors and GP Clinical Supervisors will receive a trainer’s grant as they would for a full time trainee in practice.

**Tutorials**:

Ordinarily trainees would receive a weekly tutorial session in primary care. As with normal educational sessions this can be arranged as mutually agreed to include assessments, joint surgery, recorded consultations, topic-based learning etc as you wish.

It may be that an GP trainer finds themselves supervising more than one trainee who share a secondary care placement. In this circumstance it is entirely reasonable to offer a joint tutorial at a mutually convenient time.

**GP Placements:**

The majority of our placements will be during ST2.

Most trainees will do 6m or “pure GP” and 6m ITP. The order of this will vary.

Trainers will be asked to supervise 2 trainees doing their ITP – they will be doing opposite ends of the week in practice and their placements.

e.g. Trainee 1 mon/ Tue GP, Thu/ Fri Placement

meanwhile trainee 2 Mon/ Tue Placement, Thu Fri GP .

In this instance Wed when no VTS is running may be a sensible, but not essential time to arrange a tutorial.

Trainers will then find that one of these trainees is with them for their additional “Pure” GP while the other is moved to be based in a different practice.

It may therefore be that you are asked to supervise a trainee for whom you are not the ES during their time in an ITP with you. You will be acting as CS and will complete a CSR at the end of the placement.

If this is the case you will receive the trainer’s grant and the ES will receive the ES payment.

**Assessment**:

During the placement the trainee is responsible for demonstrating learning within that post. This is done through adding reflective entries onto their e-portfolio and producing a pro-rata amount of evidence for that post in relation to the overall amount of evidence they are required to produce to satisfy their ARCP (Annual Review of Competency Progression). This is specified on their e-portfolio. The result is that they are likely to request a small number of assessments are completed during their placement. These include Case Based Discussions (CBD) and Consultation Observation Tools (COT) or if not in a placement where these are suitable then mini CEX (Clinical Examination) are an acceptable alternative. Trainees will be able to decide how many are necessary but it is unlikely to be more than 1 or 2 of each for any placement. They may also request colleague feedback. At the end of the placement it is vital that they are given a Clinical Supervisor Report (CSR) to demonstrate their satisfactory completion of the post. We thank you for your time and effort in completing these for them.

The CSR is essential for the post to count towards training.

It is a GMC requirement that supervisors undertaking these assessments have received some training and so if this is needed please do get in touch with the deanery.

We would highlight the following resources that are useful for CSs who wish to explore these matters further:

RCGP: <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba.aspx>

14 Fish CSR info: <https://support.fourteenfish.com/hc/en-gb/articles/360018143837-CSR-FAQ-s->

Deanery contacts: <https://primarycare.peninsuladeanery.nhs.uk/about-us>

**Some Feedback and Good Practice Tips, particularly for speciality placements.**

Feedback from trainees has been that they really value these posts and we are particularly thankful to supervisors who have been so willing to welcome trainees and have committed to integrating them into the teams and providing such well effective training.

Some points of good practice that have been identified. These are not requirements but may help you when considering how best to plan and deliver these posts.

1. It can be helpful to make contact with trainees before they begin so that they have a contact and know how and when to begin with you. Some supervisors have found that facilitating an informal handover between outgoing trainees and new ones can both be supportive and save supervisors some work.
2. Trainees are very variable. Some will be highly motivated and self-determining, others less so. To have resources informing them of likely outcomes from the post and the range of learning opportunities available to them can be a useful trigger to get the most out of the post. This may take the form of essential and desirable opportunities and outcomes that they can use to guide their placement
3. Inductions are important. To develop a succinct and relevant induction process and materials can be really helpful for trainees and can save supervisors having to repeat themselves.
4. While supervisors don’t need to be present throughout the training having some regular contact time is helpful both for providing support, completing assessments and being able to complete a helpful CSR at the end. We are happy for the department to have a number of supervisors as this can help spread the workload.
5. Having an idea of the relevant RCGP curriculum area can be helpful in guiding the less proactive trainee
6. Using the whole team and a range of environments for learning is popular, although too much change and discontinuity can be unsettling.
7. It is recognised that trainees may need placements to be tailored to their individual needs. Some higher performing trainees for example may need a wider range of learning opportunities whereas for others focusing on the basic outcomes of the placement may be more appropriate. Flexibility is key.
8. Ensuring some protected time at the start and end of placements for the introduction and to complete the CSR is popular and helpful
9. Some supervisors have suggested that contact with other CSs locally or in similar setting regionally can be helpful to share good practice and we endeavour to facilitate this as a deanery. We will also provide initial and ongoing training. You may have informal links that might be supportive in addition.

Once again we thank you enormously for all your help and support in making these placements both popular and effective.