

## **New INTEGRATED TRAINING POSTS: Changes to Peninsula GP Training from August 2021 – Training Practice Information**

General Practice (GP) training nationally is changing its requirements for all GPST1 trainees starting in August 2021 onwards from

- 18/18 - 18mths Secondary Care posts / 18mths GP, to
- 12/24 - 12mths Secondary Care posts / 24 months community / GP posts

Further information of what this means, and how various rotations are made up is detailed below in Appendix 1.

**As a result of these changes training practices will be asked to accommodate slightly different timetables for trainees on these new rotations.**

ST3 trainees will remain the same, being allocated to one training practice for the entire year with the current working week as per the junior doctors' contract.

For ST1/2 there will be a combination of the following types of trainees working in training practices.

1. 'Pure' GP – like current trainees - 6 months GP with one practice (which is different to their ST3 practice).
2. Integrated Training Post (ITP) for 6 months

These trainees, if full time, will be spending part of their working week (no less than 50%) in their training practice, and the other part (no more than 50%) in a community specialty that is patient facing. Trainees will usually be allocated as a 'job share' meaning one training practice will have two trainees allocated to them at the same time, but on different days.

**Trainees will be allocated with a full trainers grant each which will go to the hosting training practice:**

- 'Pure' GP element – practice gets full trainer grant for 6mo
- ITP community element – ES gets ES payment
- ITP GP element – CS's practice gets full trainer grant for 6mo, and ES practice gets ES payment for 6mo

ITP trainees are on primary care contracts meaning they work to the same timetable as GPST trainees in GP i.e. full time trainees have three educational sessions per week (VTS, private study, tutorial). The tutorial can be delivered to the two trainees who job share together or separately as suits the training practice.

Less than full time trainees may work ITP or GP rotations in a sequential manner to avoid them working one day per week (if 60%) in different jobs. It would be expected that trainees have educational contact with the training practice even while working in the specialty 'block' to maintain the primary care focus of their work.

The tables below show two examples of this (and there is further detail in Appendix 1).

Full Time ITP Psychiatry - 6 months

	<b>Psychiatry</b>	<b>GP</b>	<b>Education</b>
<b>Mon</b>	Trainee A	Trainee B	
<b>Tues</b>	Trainee A	Trainee B	
<b>Wed</b>			Trainees A&B VTS am, tutorial at GP Surgery pm)
<b>Thurs</b>	Trainee B pm	Trainee A pm	Trainees A&B am Private Study
<b>Fri</b>	Trainee B	Trainee A	

60% LTFT ITP Psychiatry – 6 months.

<b>First 3 months</b>	<b>Psychiatry</b>	<b>GP</b>	<b>Education</b>
<b>Mon</b>	Trainee A	Trainee B	
<b>Tues</b>	Trainee A	Trainee B	Trainees A&B am Private Study pro rata
<b>Wed</b>			Trainees A&B VTS am, tutorial at GP Surgery pm) pro rata
<b>Thurs</b>			
<b>Fri</b>			
<b>Second 3 months</b>			
<b>Mon</b>	Trainee B	Trainee A	
<b>Tues</b>	Trainee B	Trainee A	Trainees A&B am Private Study pro rata
<b>Wed</b>			Trainees A&B VTS am, tutorial at GP Surgery pm) pro rata
<b>Thurs</b>			
<b>Fri</b>			

The specialty part of the ITP post will be based in a GMC approved site, with an allocated Clinical Supervisor. The trainees will need two CSRs for each ITP post – one from their specialty CS and one from their primary care CS.

These new posts are an exciting opportunity for trainees to get a rounded education training experience and will also promote interface working and soften boundaries between primary and secondary care. If your practice has proposals for any future innovative posts that you feel would work well for such rotations, then please contact your local educator team to discuss this.

## Appendix 1

### GMC Requirements for Training Posts

GMC requirements state that all GP trainees must have

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- 12 months other specialty allied to GP but NOT GP training
- 12 months GP in ST3



It is the remaining 12 months of training (grey section in above infographic) that allows for flexibility with the move to 12:24 training. The ideal would be for this to consist of an additional 12 months' GP, though we are aware there is not capacity for this in the school. Therefore, patches will offer a variety of integrated, innovative and community posts which have experience and training relevant to the trainees' future GP careers.

#### ITP: Integrated Training Post

Rotations with a split working week with time spent in General Practice and a specialty. Trainees will have a clinical supervisor in each of the two elements of the job and need to complete a CSR for each part (i.e. two). The working week will mirror that of General Practice with limits on the amount of antisocial work as per the 2016 trainee GP contract (and include three educational sessions per week FTE).

#### Every trainee must do

1. **Min 12 mth FTE hospital specialty**
2. **Min 18mth GP**
  - Min 12 mth 'pure' ST3 GP (ie not attached to ITP) and
  - Up to 12 mth more GP
    - Can include GP part of ITP or
    - 'Just' GP
  - Must be at least two different GP practices
    - May be three different GP practices

#### Education Session & Contract

During ITP placements which are primary care funded (non-tariff) trainees are on GP contracts and therefore, if FT,

Out of every 10 session week on average they should have

- 7 sessions clinical /GP /ITP
- 3 sessions educational of which
  - 1 session HDR
  - 1 session tutorial/departmental teaching
  - 1 session independent study per week.

Of these 3 educational sessions

- VTS and independent study presumed to be GP focussed (so count towards this portion of working week)
- Departmental teaching taking place on an ITP day is acceptable
  - teaching/tutorial in GP practice reduced accordingly if not a full session

### **Training Practice Placements**

It is anticipated that it will be necessary for some trainers to supervise more than one trainee at a time (eg one in ST3 and another in ITP. eg 'hub and spoke' model).

- This will need to be agreed by the APD for each individual trainer concerned
- Continuation of this arrangement will depend on adequate feedback and will be subject to change if there are any concerns / issues relating to the arrangement.

### **Sequential arrangements for ITP (for LTFT trainees)**

If these posts are completed sequentially i.e. in blocks of GP and community specialty (rather than in combination throughout the week) trainees should continue to attend VTS throughout.

When working week is in the specialty at least one of the educational sessions should be based in GP (formal teaching or independent study, depending on what is being delivered in the department).

**A link to the national guidance on which this document is based is here.**

<https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/GPSA-files/CCT/Programme-Construction-Guidance-Oct-20.ashx?la=en>