

Minutes of Trainers' Workshop 13th Nov 08

A. Innovative trainee posts & plans for August 2009

• Innovatives: experience so far

1. Several trainers have found their being part-time a disadvantage (?same probs as with part-time trainees in general, eg slower to get the hang of things, harder to make them feel part of the team).
2. Views varied about the objectives of these posts: should they be viewed as an extended induction period, eg. lots of shadowing various PHCT members? or will they learn more by being put to work asap?
3. NB they only need half their allocated tutorial time (?2hrs total, so 1hr in GP) in GP, as the other half should be provided in hospital – but often isn't.
4. Money: practice gets full trainer's grant but pays 1/3rd to hospital. Billing has been slow/ absent so far – ball is in hospital's court.

• Future plans for innovatives

1. Where practice has space for f/t trainee, offer this as alternative to a split post
2. Cannot offer 3m in GP then 3m in hosp – they must work ≥ 2 d/week in GP (Deanery rules)

• Future plans in general

More trainees are likely to need placing locally.

Andrew ran through specifics of placements for Aug 09.

Offering more than 1 year in GP is agreed to be a good thing for the trainees, eg to reduce CSA failure rate, & may well become obligatory in future, espec if GPVT increases to 5 years.

Probably best to have the whole GP attachment in one practice if poss.

Discussion of possible ways to take more trainees:

- recruit more training practices
- possibly use non-training practices – not ideal
- extend premises of existing training practices – money for this has been mentioned but hasn't yet materialised

The point was made that in future trainees may have to be offered a less deluxe package eg. less 1:1 tutorial time – the Deanery would then need to recognise this in the rules for approval for training.

OOH

- Rules & requirements for OOH experience are no longer rigid:
 - some areas cannot offer any!
 - acceptable to use shadowing paramedics, etc, for some of the OOH experience
 - ? no need/ probably a bad idea to offer any hands-on OOH work in ST1 & 2?
- Discrepancy between Harmoni's traffic lights system & requirement for trainer to be happy that the trainee is competent:
 - OOH clinical supervisors can advise/ recommend, but the decision on competence rests with the trainer
 - even "green" trainees require debriefing at end of OOH session
 - Progression to "green" should not automatically follow after 9 OOH sessions; competence may be achieved faster or slower than this.