

Learning together child health project: teaching and learning

Governance issues

Introduction

This note updates the regulatory and governance issues around the *Learning Together* child health project.

The note is the responsibility of the Head of School in Paediatrics and Heads of Primary Care Education of London on behalf of Health Education England.

It has the support of the Postgraduate Deans for each London sector

Background

Learning Together as a project was piloted in North London over 2012/3 at St Mary's Hospital, Whittington Hospital and Barnet Hospital in association with local GP training practices. It then became a large project funded by Health Education England and, run from UCLPartners in 2013/4. It covered the whole north east and central London sector.

Learning Together was rolled out and funded via Health Education South London, via the South West London Collaborative Commissioning, and was co-ordinated from the Evelina Hospital.

It is now a free standing education intervention across all 3 London LETBs. This governance document builds on these experiences. Evidence of clinical, educational and financial benefit is building and in the public domain

Learning environments

Supervision and child care took place in all South London hospital trusts from rollout to South London and those participating community general practices of the same area. Initially this was be GSTT and St George's Hospitals but has spread to all other hospital trusts.

Now, learning environments are located throughout London in hospitals where paediatrics is part of training, and in approved primary care practices similarly.

Clinical and educational supervision

Paediatric StRs' and GPSTs' educational supervisors remain unchanged. GPSTs' clinical supervisors will remain unchanged at their ST3 host practice, as above. All consultant paediatricians will fulfil the role of paediatric clinical supervisors for paediatric StR's.

All paediatric consultants are required to fulfil the criteria set out in the London Professional Development Portfolio for Supervisors and should be regularly appraised in this role.

GP supervisors are all accredited by HEE, for the GMC, in the usual manner.

Supervision for the joint clinic in primary care will be on site by the host trainer, and the paediatric trainees will be additionally supported remotely by their supervising consultant. A 'debrief' will take place after each clinic with GP trainer or paediatric supervisor.

Each weekly clinic conducted jointly by GP trainee and Paediatric trainee will maintain clinical notes on the consultations on the host practice ICT system, arranging appropriate treatment and follow up on site or at the related hospital.

General issues

Both GP and paediatric trainees are subject to enhanced Disclosure and Barring Service (DBS) checks as part of their employment contracts. It is not envisaged that this will change through the project period, as employment status is not changed: patient safety in this regard will continue to be assured.

Paediatric trainees are on outreach in primary care for the joint clinics, so they maintain their employment contracts with their host trusts who will provide appropriate indemnity cover through NHS Litigation Authority, although it is advised that trainees maintain their own personal medical indemnity. It is not envisaged that they will need to be on the Medical Performers List. Their status is analogous to foundation doctors on primary care placements.

Educational contracts between GPSTs and trainers are issued in the normal manner and paediatric trainees will have an educational agreement with their supervisor which will contribute to their own personal development plan.

Duty of care remains with the community practice, as does legal responsibility for patient care therein. This is due to the location of patients, seen only within such practices. Where referral to a secondary care facility is required for a patient seen in a *Learning Together* clinic, duty of care will transfer in the normal manner.

Medical indemnity for GP trainees is separately provided and refunded by the HEE via the Lead Employers at St George's NHS Trust and Royal Free NHS Trust [whilst in community placements Crown indemnity [CNST] does not cover the trainee]. In addition trainers carry their own indemnity.

Medical indemnity for paediatric trainees is included within CNST. Whilst this does not cover them for work unrelated to their employment [eg roadside] it will cover them for these extensions of Trust work to the practices.

Nonetheless, under a precautionary principle, it is sensible for the GP trainee in a *Learning Together* clinic to make relevant records on the practice ICT system, prescribe any medication or write any referrals/documentation arising.

GPSTs and trainers are required to be on a Medical Performers List, held until April 2013 by PCTs, and thereafter on a national list. This is not necessary for paediatric trainees, as is the case for foundation doctors.

The implication of these issues is that the paediatric trainee is a visitor to the practice and a contributor to patient care, under the aegis of the GPs involved.

John Spicer Head of Primary Care Education, HEE South London

[For Heads of Primary Care Education, HEE-NWL and HEE-NCEL]

Camilla Kingdon HoS Paediatrics, London

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