**Pennine GPST in deprivation ST1/2- Rochdale Infirmary Acute Care Post**

**Placement**

GPST Programme – Rochdale Infirmary ( Urgent Care Centre, Clinical Assessment Unit and Community Services.)

**Educational Supervisor**

GP Educational Supervisor

**Clinical Supervisor**

Dr Stephen Gerrard

**Where will the trainee be based ( e.g. ward or department)**

Urgent Care Centre –Rochdale Infirmary

Clinical Assessment Unit- Rochdale Infirmary

Community Services – Heywood, Middleton and Rochdale. (HMR)

**Please give a brief description of the department.**

The Urgent Care Centre is a 24 hour a day unit which is led by a Consultant and GP workforce. We see approximately 50,000 patients per year with around 1/3 being children. Trainees would have the opportunity to assess, manage and treat a wide variety of acute illness and also injuries. There are twice weekly consultant review clinic for acute injuries. The alcohol service is co-located in the Urgent Care Centre and we have close working ties.

The Clinical Assessment Unit is a 16 bed acute medical unit which is led by two consultants. There is an ambulatory care service with the management of suspected DVT and PE as an outpatient. Attached to the Clinical Assessment Unit is the Oasis Unit which is a 10 bed unit for patients with dementia with acute medical issues.

The community services include the HEATT team which provides an alternative to transfer to hospital. This is a multi-disciplinary team which assess patients in their own home and have access to local GP services. This is a partnership with Pennine NHS trust and MWAS. Patients are admitted to a virtual bed and managed in the community.

Tudor Court is a purpose build residential home for up to 23 people. This is designed for older people whose primary needs are physical and require a short period of rehabilitation usually after a hospital admission.

**Please outline the main duties of this post.**

The main duties of this post would be split the majority of the time between the UCC and CAU. They would spend the time assessing, investigating and managing patients within the departments they are working. On the weeks where they work on UCC or CAU , there would be direct supervision from either a Consultant or GP. The community week is supernumerary and would be to gain clinical exposure to community services.

**Please indicate the typical working pattern in this post.**

This would be a 40 hour working pattern with mixture of day and late shifts(4-12). There is a two weekend in five rolling rota (daytime only) Time will be set aside to attend the GP ST teaching. This will be a Thursday afternoon. When local teaching isnt being delivered there is an opportunity to attend the opthalmology acute clinic in the UCC.

**Please indicate broadly how the GPST competency areas can be devloped within this post.**

**Communication and Consultation**

In this placement there will be the opportunity to have consultations with both adult and paediatric patients. There will be patients from a number of ethnic groups and patients with significant mental health issues. There will be the opportunity to see patients in a number of clinical settings, including acute medical wards, clinics and their own home.

**Clinical management**

There will be the opportunity to deal with both acute and chronic medical and psychiatric illness. This will include self limiting illnesses. There will be the chance to provide health promotion to patients with our close links to the alcohol services. The trainee will have the opportunity to deal with community services and see patients during their rehabilitation.

**Managing Medical Complexity**

The trainee will have the chance to see patients with multuple co-morbidities and polypharamcy and develop skills in how to manage the impact acute illness will have on these. They will gain skills in how to ensure appropriate follow-up for patients and how to acess services to deal with substance misuse.

**Maintaining performance and learning.**

The trainee will be expected to attend the GP ST teaching programme and there are also in-house teaching sessions. The site also has both audit and morbidity and mortality meetings throughout the year and we would expect the trainee to attend and participate.

**Working with collegues and teams.**

This placement will involve the trainee working in mutli-disciplinary teams including GP, consultant, nurse practitioners and paramedics. They will see primary care doctors working in non-tradiitonal roles which hopefull improve recruitment and retention for GPs as would give then experience of portfolio GPs. They would be working closely with services for harm reduction and would gain experience of care planning for patients with chaotic use of services.

**Community Orientaton**

The trainee would have one week in five to attend community services and develop skills in how to manage and deal with risk for patients in the community. They would have knowledge in alternatives to hospital admission. We would expect them to develop handover skills when discharging patients back to the community.