

Department of Health

Teaching PCTs

TEACHING PCTs

1. BACKGROUND

- 1.1. The Prime Minister announced on 19th March 2001 that the Government would invest £25m over three years to establish a number of teaching PCTs in disadvantaged and under-privileged areas.
- 1.2. It has long been recognised that disadvantaged and under-privileged areas have a multitude of problems. Low income, poor housing and high unemployment often go hand in hand with issues of poor health, high rates of morbidity and mortality, high incidence of drug and alcohol abuse and teenage pregnancies. Disadvantaged areas are not confined simply to urban areas, they exist in rural and sometimes suburban communities.
- 1.3. Too often these areas lack the capacity to meet the various challenges they face. It is also often the case that these areas find great difficulty in recruiting and retaining high quality primary care professionals.
- 1.4. Teaching PCTs will be able to create new, attractive posts, which offer wider career development opportunities linked to part time clinical role and part time teaching/learning role. By establishing teaching PCTs in these disadvantaged and under-privileged areas, it is intended to attract additional high quality staff and bring much needed capacity into areas of need.

2. WHAT IS A TEACHING PCT?

General

- 2.1. A teaching PCT will be a statutory NHS body based upon the existing PCT model. All PCTs are expected to develop a learning culture and role within their organisation. The teaching PCT will bring specific additional capacity into their locality to support all healthcare professionals and PCTs in the healthcare community. Through the utilisation of educational and research activities, the expectation is that a teaching PCT will be able to provide an alternative portfolio career option for GPs and other health care professionals. Such alternative arrangements are expected to assist the recruitment and retention of essential health care professionals in areas that are currently under-resourced.
- 2.2. An essential aim of a teaching PCT will be to develop posts that are both clinical and rooted in teaching, research or development. The primary aim must be to provide additional patient care through the recruitment of extra clinicians complemented with the development of learning, sharing of knowledge and collaboration in research.

- 2.3. The intention is that teaching PCTs will not be confined to traditional teaching activities such as post-graduate clinical training, continuing professional development and life long learning. Teaching PCTs will also be engaged in a variety of other activities that encompass the ethos of learning, development, research, dissemination and delivery of good practice. All of these activities will be undertaken both within their own organisation and with appropriate partners.

Partnership approach

- 2.4. Teaching PCTs are not to be insular bodies. They have a responsibility to the wider local healthcare community to support learning and development for all healthcare staff. This may include providing a physical or virtual learning and resource centre that all can access and benefit from. In that way they can facilitate the sharing of knowledge and dissemination of good practice.
- 2.5. It is important therefore that the teaching PCTs work in partnership with all stakeholders in their area including other PCTs, the local Workforce Development Confederation, the GP Post Graduate Deans/Directors, appropriate universities and NHS centres of research expertise.
- 2.6. This may result in a number of joint posts across the teaching PCT and their local university. Such joint posts would enable practising clinicians to work part time in a clinical role and part time in a teaching/learning role.
- 2.7. Conversely, there may be staff within a university seeking to maintain and enhance their clinical skills. In partnership with the teaching PCT a clinical placement may be a possibility (e.g. through joint appointment or clinical placement within a practice) which would provide an additional resource for the delivery of patient care. It will also ensure the transference of knowledge of both theory into practice and practical experience into the academic system.
- 2.8. The expectation on a teaching PCT is one of co-ordination and organisation within the local healthcare community. For example the teaching PCT may be the organisation best placed to take the lead in research locally, but this is not the only appropriate model and another PCT in the healthcare community may be better placed to lead. The role of the teaching PCT can be one of facilitation, collaboration, providing support and encouragement, providing a resource with appropriate links to research outputs and providing a means for disseminating the findings to a wider audience. It may also be the host for research management capacity shared with others.
- 2.9. Whatever local model is appropriate, it will mean the teaching PCT having a thorough understanding of higher education and the means of identifying appropriate funding.

Clinical Education

- 2.10. Teaching PCTs are not expected to replace the existing means of education for GPs and other professional staff. What they can do is bring an additional resource to this process. For example, a teaching PCT will be able to facilitate the development of teaching practices for the Vocational Training Scheme, providing support to practices that are seeking accreditation. Current research illustrates that most healthcare professionals will practice within a few miles of where they trained. Therefore a teaching PCT that increases the number of VTS places should have a positive effect on the number of GPs in that locality for years to come.
- 2.11. The teaching PCT could also facilitate clinical experience as part of a training programme for other professional staff. It could act as a central resource for disseminating learning and support continuing professional development for all clinicians locally.
- 2.12. It is essential that teaching PCTs have strong partnership arrangements with the GP Post Graduate Deans/Directors, GP Tutors and other clinical educators.

Research Management

- 2.13. Teaching PCTs will provide a learning and resource facility for all healthcare staff in their local healthcare community. This provides an opportunity for the dissemination of research-based evidence across the whole system.
- 2.14. A teaching PCT may also host research management expertise and act as sponsor for NHS research on behalf of a group of PCTs. Where this expertise exists elsewhere in the healthcare community, it should be developed and utilised. If the expertise is within another PCT, that PCT may be the most appropriate organisation to co-ordinate and manage research activity on behalf of primary, community and social care bodies in the locality. The role of the teaching PCT would then be to maintain wider links to the higher education system.
- 2.15. Where the expertise does not exist, the teaching PCT would take the lead in establishing with stakeholders where to develop a shared research management resource within the healthcare community.

Continuing Professional Development

- 2.16. The NHS Plan signalled an intention to invest in Continuing Professional Development (CPD) for professional staff, linked to clinical governance and professional re-registration requirements.
- 2.17. Although all health organisations have a responsibility for CPD, a teaching PCT will be well placed to support the development of a

strategic approach to CPD in primary and community health services locally. Working closely with GP Post Graduate Deans/Directors, GP Tutors and the Workforce Development Confederations, the role of the teaching PCT would be to help build a local learning infrastructure and capacity.

- 2.18. A teaching PCT would also have a role in partnership with the Workforce Development Confederation in developing CPD investment plans.

3. LOCATION OF TEACHING PCTs

- 3.1. Teaching PCTs will be established in areas of disadvantage and under-privilege. This will be typically illustrated by higher levels of health inequality and often combined with high incidences of poverty.
- 3.2. It is also expected that teaching PCTs will be established in areas that are currently under the nationally expected levels of GPs per 100,000 population. Typically they will be in areas which experience problems with recruitment and retention of healthcare professionals. This may also include areas that are expected to face recruitment problems as a result of anticipated high levels of GP retirements.
- 3.3. Where there are two or more local areas of disadvantage co-located or in close proximity, efforts should be made to avoid preparing competing applications. Wherever possible, agreement should be sought as to which PCT would seek to become the teaching PCT (a confederation approach). This would need to include agreement on how the aspirant teaching PCT would provide support to the rest of the healthcare community. There may be an expectation that other PCTs would seek to recruit on the basis of offering a joint post with the teaching PCT. In all circumstances there should be a resulting net increase in the clinical posts available to provide additional patient care.
- 3.4. When preparing applications, aspirant teaching PCTs may look to the emerging Strategic Health Authority boundaries as a guide to identifying a geographical healthcare community within which it would be providing a learning and development resource. However, it may be appropriate in some areas to have more than one teaching PCT located to serve a number of separate disadvantaged communities.

4. WHY A TEACHING PCT?

The benefits of teaching PCTs

- 4.1. By creating new posts that are both clinically and “academically” based, teaching PCTs will provide greater flexibility and choice for the career development of GPs and other healthcare professionals. The new posts will attract high quality staff into

areas that traditionally have difficulty in recruiting and retaining staff. It will allow primary and community care professionals to develop a portfolio of skills which will help to provide a modern approach to working lives.

- 4.2. The teaching PCT will also be able to develop their constituent practices with the aim of increasing the number of training practices. They will also be in a position to boost the number of Vocational Training Scheme posts in both their own and neighbouring PCT areas and increase clinical training opportunities for other primary care professional staff. Linked with local “career start” programmes (e.g. post VTS development) this will create greater potential for the recruitment and retention of healthcare professionals.
- 4.3. For existing staff within the teaching PCT it will mean greater opportunity for continuing professional development, with the opportunity to develop specialist skills. Teaching PCTs will also be able to assist the development of staff in other NHS services such as NHS walk in centres, and NHS Direct.
- 4.4. Teaching PCTs will provide a learning resource for all health and social care staff in their own and neighbouring healthcare communities. The posts being created by teaching PCTs may also include an element of research and development. A teaching PCT may therefore provide an opportunity for collaboration in research as well as the dissemination of research-based evidence across the healthcare community.
- 4.5. The additional staff provided by teaching PCTs and the development of primary and community healthcare staff will bring much needed resources into the area and allow the teaching PCT to;
 - Develop better integrated services and increased capacity;
 - Train their colleagues;
 - Develop the next generation of professional staff;
 - Collaborate in research and development, and share resources for research governance and management;
 - Undertake and/or manage research and development;
 - Support the development of specialist skills amongst all primary and community staff;
 - Enhance the flexibility and quality of service delivery;
 - Be champions of the local modernisation agenda.

[Links to Recruitment and Retention Initiatives](#)

- 4.6. The establishment of a teaching PCT should be seen in the context of current and developing policy initiatives aimed at improved recruitment and retention. When putting together an application, prospective teaching PCTs will need to consider how

they could make use of such initiatives to achieve their aim of increased clinical staff in areas of disadvantage.

5. GOVERNANCE ARRANGEMENTS

PCT Board

- 5.1. The Board of a teaching PCT will need to reflect the additional responsibilities. A prospective teaching PCT is therefore expected to have at least one non-executive Director with some knowledge and understanding of education, learning and/or training arrangements. This could be an existing board position or it could be filled by an additional board appointment.

Executive Committee

- 5.2. The composition of the Professional Executive Committee will need to reflect the functions of the teaching PCT including any academic functions.
The Professional Executive Committee should therefore include an executive member who will have continuing specific responsibility for the education, learning and/or training programme within the teaching PCT.

Education sub-committee

- 5.3. Teaching PCTs may find it helpful to establish an Education Sub Committee. Membership may include;
- The executive member with specific responsibility for education/learning;
 - Representatives from local universities or other educational establishment;
 - Director of GP Education/GP Post Graduate Dean or GP Tutor;
 - Nurse Tutor;
 - Staff representatives.

Research Governance

- 5.4 All organisations providing health or social care are responsible for ensuring that any research involving participants, organs, tissue or data obtained through them is done to the standard set out in the Research Governance Framework. Each PCT needs to identify a person authorised to agree whether such research can go ahead. It also needs access to expert resources that run the other systems to ensure research is done to an acceptable standard.
- 5.5 Where a PCT acts as host for the expert resources on behalf of a wider grouping of organisations (whether that is a teaching PCT

or a lead PCT), it should make a member of Professional Executive Committee with appropriate qualifications and experience responsible for co-ordinating those resources.

6. ESTABLISHING TEACHING PCTs

Who can apply?

- 6.1. Applications for teaching PCT status will be welcomed from existing Primary Care Trusts, Primary Care Groups and prospective Care Trusts.
- 6.2. For Primary Care Groups who wish to form a teaching PCT the process will need to follow the same procedure as set out in HSC 1999/167 (*Primary Care Trusts: The Application Process*). The intention to be a teaching PCT will need to be clearly set out in the consultation document. It should be noted however that the application will need to satisfy the criteria set out in HSC 1999/167 to become a PCT and *ALSO* the criteria for recognition as a teaching PCT set out in the Annex to this document.
- 6.3. For existing Primary Care Trusts seeking to be recognised as a teaching PCT they will need to satisfy the criteria set out in Annex A to this document. It is also essential that they can demonstrate the support of local stakeholders to their application.
- 6.4. Prospective Care Trusts that wish to apply to take on the learning and development role outlined here will need to follow the Care Trust application process and satisfy the criteria within this guidance.
- 6.5. The intention is to establish teaching PCTs over the next two years. Therefore it is important that applications are submitted in the first year from organisations that are in a position to implement their plans in 2002/03. However, those PCGs or PCTs that may be interested in becoming a teaching PCT in 2003/04 should indicate to their Regional Office their intention. Subject to interest shown there may be scope to consider a development agenda for those organisations.
- 6.6. It is expected that a new teaching PCT will need to spend some time in the first year setting up systems and preparing the ground for implementing the “teaching” element of the application. Therefore, the application should highlight milestones to be achieved in the first year.

Application process

- 6.7. Expressions of interest have been invited from all PCGs and PCTs (including prospective Care Trusts) that wish to develop a teaching PCT proposal.

- 6.8. Regional Offices will give careful consideration to these expressions of interest and will invite further applications from those organisations that are most likely to meet the assessment criteria.
- 6.9. As with PCT applications the Regional Office will nominate a lead contact (details are attached at Annex B) who will act as a point of reference and who will help the applicant to develop their teaching PCT proposal. The preparation of full applications will be supported by the Regional Office lead contact.
- 6.10. Establishment of teaching PCTs will be staged over 2002/3 to 2003/4. Those PCGs and PCTs wishing to become a teaching PCT with effect from 1 April 2002 will need to submit detailed applications to the appropriate Regional Office of the Department of Health by the 31st October 2001.
- 6.11. Teaching PCTs are expected to provide a learning resource, identify how research governance will be dealt with and provide the hub of a network for the sharing of knowledge and dissemination of good practice. Therefore, Regional Offices will work closely with all key stakeholders, including the Workforce Development Confederations and GP Post Graduate Deans/Directors to ensure early identification of suitable candidates.
- 6.12. The final decision on establishing a teaching PCT will be made by the Secretary of State.

Assessment Criteria

- 6.13. The assessment of applications will be considered initially by the Regional Offices acting on behalf of the Secretary of State. Proposals will be considered within a broad framework of criteria. In approving an application the Secretary of State will want to be satisfied in 5 key areas:
 - The needs of the PCT and its population
 - The vision (aims and objectives) of the proposed TPCT
 - The degree of support for the proposal
 - The capacity of the organisation to deliver
 - The impact on services and staff development
- 6.14. Details of the criteria to be used to assess each of these key areas is set out in Annex A.
- 6.15. Applications should also provide information on how the teaching PCT would engage with local stakeholders to support the delivery of CPD. This would include evidence of a learning and development strategy within the organisation and identification of an individual at senior level with designated responsibility for championing appraisal, learning plans and personal development planning for all staff.

- 6.16. In making his decision the Secretary of State will have a range of information to take into account. This includes;
- Details of the proposals being put forward, including the results of any consultation completed by the HA or PCG/T
 - Financial and Management information submitted by the RO
 - The recommendations made by the RO

7. FUNDING

Pump priming

- 7.1. There is expected to be £24m available over the two years from 2002/03 to support the establishment costs incurred by prospective teaching PCTs. This is pump priming money to provide teaching PCTs with a dedicated resource to assist in the preparation of the new organisation.
- 7.2. These funds will be available to spend on non-recurrent start-up costs, either revenue or capital. When an application to become a teaching PCT has been approved, the start up element of the organisational development needs (as a teaching PCT) will need to be clearly identified and agreed with the Department of Health before central funds are released.
- 7.3 There may also be additional funding available to build research management capacity.

Long term funding

- 7.4. Central long term funding is not available to meet the ongoing recurrent running costs associated with teaching PCTs.
- 7.5. The long term funding needs for a teaching PCT will need to be met from the resources currently available to the service i.e. the unified budget and the training and education and NHS R&D levies currently in existence.

ANNEX A

THE CRITERIA FOR ASSESSMENT

1) The needs of the PCT and its population

The aim of teaching PCTs is to bring targeted resources into disadvantaged areas, to provide an opportunity to boost recruitment and retention, and to improve the delivery of primary and community care. The TPCT proposal will therefore need to provide evidence of the level of disadvantage, health needs of the population and details of the current vacancy levels of GPs and other healthcare professionals.

2) Vision (aims and objectives) of the proposed TPCT

Teaching PCT applicants will need to demonstrate that they have a clear vision of the local service, staff development and health benefits which teaching PCT status will bring and provide supporting evidence that;

- They have an understanding of the difference between the TPCT and other PCTs
- Their proposals are best achieved through becoming a teaching PCT
- They will support the development of NHS Plan targets
- They will work in partnership with local universities and other learning networks
- They have a commitment to develop all staff within the healthcare community
- They can demonstrate commitment to the key themes and deliverables of CPD
- They can provide appropriate levels of teaching, learning and where appropriate research support to the rest of their healthcare community
- There are plans to provide a learning resource for the use of all PCG/Ts in the healthcare community

3) The degree of support for the proposal

- Evidence of a partnership with local universities and NHS teaching Trusts or potential to develop partnership working
- Views of local PCG/Ts, NHS Trusts, HAs, GPs, and other health care staff
- Views of partner organisations ie local universities, Workforce Development Confederations, Post Graduate GP Deans, local authorities and other partnership organisations
- Evidence of endorsement by and close liaison with the Workforce Development Confederation

4) The capacity of the organisation to deliver

- Track record of delivery in other areas
- PCT Board and Professional Executive committee to include members with an understanding of the education/teaching/learning/development services
- Management processes for ensuring effective delivery of education and learning programmes
- Identification of long term funding
- Availability of or access to training facilities
- Will TPCT be able to develop sufficient training places/practices
- How will TPCT provide a learning resource for all in the healthcare community
- Plans for access to shared resources for research governance

5) The impact on services and staff development

- Numbers of additional clinical or professional posts to be created, how this is going to be achieved
- How TPCT intends to use enhanced skills of existing staff to deliver better services
- Plans for development of all primary and community care staff
- Links with universities, provision of resources to generic health sciences university courses
- Plans for research and development, will TPCT act as co-ordinator of or contributor to local R&D programmes

Regional Office teaching PCT contacts

Northern and Yorkshire	North West Regional Office
Stephanie Carson	Stuart Eglin
West Midlands Regional Office	London Regional Office
Vanessa Barrett	Tony Weight
South East Regional Office	South West Regional Office
Liz Slinn	Ian Bloxham
Trent Regional Office	Eastern Regional Office
Jon Holliday	Peter Cox



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Department of Health
PO Box 777
London SE1 6XH

Email doh@prologistics.co.uk

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