

HEE East Midlands



Primary Care Newsletter April 2021

Welcome to the East Midlands

Breaking News: RCA

Additional minutes for RCA recording that may be required to be purchased from FourteenFish can now be claimed back via your study leave budget up to a limit of £100.

RCA	May 2021
Apply via website	23 March – 19 April
Deadline for submissions	5 May
Results published	3 June at 5pm

If you have any further questions, please get in touch.

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GP School: Recruitment lead; ARCP; Differential attainment

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Becoming a Trainer

Changes to rules about being an Educational Supervisor in the East Midlands

The GP Dean and Heads of School have reviewed the requirements and **with immediate effect have reduced the length of time required to become an Educational Supervisor to **ONE year** if joining a training practice, or **TWO years** in a non-training practice.**

It will therefore be possible in some circumstances for newly qualified GPs to become Educational Supervisors one year post CCT.

New Educational Supervisor and Clinical Supervisor Training update:

- The CS courses are full until December so more added due to the demand
- These are popular and colleagues who have done the CS course often become an ES after a few years

For information on the Clinical Supervisor Training please contact peter.wells@hee.nhs.uk

Currently we are collecting expressions of interest for September 2021

If you are thinking of becoming an Educational Supervisor, please contact bevis.heap@hee.nhs.uk

Super-condensed RCGP Curriculum Guides

RCGP has developed super-condensed RCGP curriculum guides for 2021. These are summaries of the [full versions](#) and [can be found here](#)

They are intended as a resource for supporting educational conversations in training and as a means of identifying learning needs for professional development. They are sub-divided into the following themes:

- The Role of the GP and emerging issues in primary care
- Knowledge and Skills Self-Assessment Guide
- How this might be tested in MRCGP
- How to learn this topic

The topic guides included in the update are those that correspond to the most usual GP training posts. We hope that they will assist trainees in formulating their PDP and ePortfolio at the beginning and throughout their training posts, help trainers as a framework for learning needs analysis, and enable specialist clinical supervisors to align experiential learning to the needs of the GP curriculum.

We are mindful that there is significant disruption to training and normal working practices under present restrictions.

However, we feel that it is still appropriate to align the guides to the established curriculum in anticipation of a future return to the core role and capabilities of being a GP. The final section of the guides on 'How to learn this topic' includes a disclaimer to this effect, acknowledging the current limitations in learning opportunities.

The RCGP Curriculum Team

Monthly focus on: [Urgent and unscheduled care \(rcgp.org.uk\)](http://rcgp.org.uk)

Examples of how this area of practice might be tested in the MRCGP

Applied Knowledge Test (AKT)

- Recognition of less common presentations of CVA
- Symptoms and signs of sepsis
- Management of an epileptic seizure

Clinical Skills Assessment (CSA)

- Phone call: Paramedic asks for a routine visit to a middle-aged man who has a 4-hour history of paraesthesia in his arm. His provisional diagnosis is nerve entrapment
- House call: Young man with acute headache and vomiting. An examination is expected
- Young woman feels unwell and is sweating, lightheaded and has a rapid pulse. An examination is expected

Workplace-based Assessment (WPBA)

- Take a history with a parent about their febrile child
- Case discussion about an elderly patient with pneumonia who has capacity and is refusing admission to hospital
- Clinical examination of an acute abdomen for possible appendicitis.

Emerging Issues

The provision of urgent and unscheduled care is becoming increasingly diverse across the four UK nations and services in one area may differ substantially from another. It is therefore important that the experience attained during training is sufficient to enable the development of capabilities necessary to work in a variety of urgent and unscheduled care contexts.

Within urgent and unscheduled care, there is increasing focus on the delivery of integrated multi-professional care delivered in the most appropriate setting, with more care being provided 'closer to home' or in the home itself. This requires a more flexible and team-based approach.

Reviews of the Urgent and Emergency care (UEC) system 1 and subsequent reports have outlined five key elements to be developed in relation to urgent and unscheduled care:

1. Provide better support to self-care
2. Help people to get the right advice or treatment in the right place, first time
3. Provide a highly responsive urgent care service outside of hospital
4. Ensure that those people with more serious or life-threatening emergency needs receive treatment in centres with the right facilities and expertise
5. Connect the whole UEC system together through networks.

Specifically, national priorities for Urgent and Emergency Care include focus on simplifying access for the public, improved mental health care, development of 111 / triage services and increasing patient access to primary care through online tools and Apps. Skills and capabilities required through training will increasingly need to be applied to these new contexts and may include calculation and interpretation of clinical prediction tools for severe illness (for example, early warning scores).

The Role of the GP in Urgent Care and Unscheduled Care

As a GP, your role is to:

- Make the patient's safety a priority. Recognise patients with urgent needs and act promptly and effectively to ensure correct and timely treatment and reduce the risk of death or morbidity
- Meet the additional challenge of gathering information and communicating effectively, professionally, and sensitively with patients, carers, and family members in urgent and unscheduled care contexts. This includes accurately assessing a patient who may be acutely ill through phone, email, and face-to-face consultations
- Co-ordinate care with other services and professionals (for example, ambulance service, community nurses and secondary care) and follow agreed protocols where appropriate, ensuring appropriate referral or follow up where necessary
- Maintain patients' autonomy in urgent situations where you may need to make decisions in their best interests. Consider the appropriateness of interventions according to the patient's wishes, the severity of the illness, any co-morbid diseases and best evidence, while managing any differences of opinion with and between relatives and carers
- Offer patients and carers tailored advice on self-management and when and who to call for help if their problem worsens or does not follow the expected course of recovery ('safety-netting').

An example of a Case Based Discussion

Case Discussion

You are working in an urgent care clinic. You take a phone call from a father who is worried about his 4-year-old daughter, Jana who has 'tummy pain'.

The father has a thermometer at home and reports that Jana's temperature is now 39.6°C He is worried because Jana has not recovered since her appointment earlier.

Questions

The questions are examples to trigger reflection and are not intended to be comprehensive.

Core Competence	Questions
<p>Fitness to practise This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>Would my approach to the management of this child differ at different times of the day (for example, if the call was at lunchtime/midnight, or at the start of my shift/at the end of my shift)? Why and how might this affect my behaviour?</p> <p>If Jana's parent was a regular patient I knew well, how might my management be different?</p> <p>Would my approach to the management of this child differ if I had a previous experience of a significant event or complaint from a similar case?</p>
<p>Maintaining an ethical approach This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>Do I think that a doctor who is a parent would manage this situation differently from a doctor who has no children? What are my attitudes towards parents and families of a different social class or</p>

	<p>general educational achievement to my own?</p> <p>What experiences have I had of patients from a different ethnic background? How might my practice change as a result of this?</p>
<p>Communication and consultation This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>What skills do I need to consult effectively on the telephone? How might this change with a potential language barrier?</p> <p>What questions would be reasonable to ask the parent to establish Jana's clinical condition?</p> <p>How might my consultation be different if there was very high parental anxiety or, alternatively, a lack of sufficient parental concern?</p> <p>How do I manage situations where the patient or their family are used to a healthcare system or culture that operates different to the NHS?</p>
<p>Data gathering and interpretation This is about interpreting the patient's narrative, clinical record and biographical data including investigations</p>	<p>What other factors do I need to know about the child? What other information about the family would be useful?</p> <p>How do I assess the severity of this child's condition?</p> <p>What guidelines might help?</p>
<p>Clinical Examination and Procedural Skills This is about the adoption of an appropriate and proficient approach to clinical examination and procedural skills.</p>	<p>How do I accurately assess possible signs of sepsis in children?</p> <p>Are there circumstances where I might need to be able to obtain venous access and administer IV fluids or medication? If so, am I able to proficiently do this?</p>
<p>Making decisions This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>What is my strategy for ensuring Jana's safety? How much should the anxiety of Jana's parent influence this?</p> <p>If I establish this is not urgent and does not require examining, how would I safety net?</p>
<p>Clinical management This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>What are the differential diagnoses?</p> <p>What would make me suggest bringing Jana in to examine as opposed to going straight to hospital?</p> <p>What advice would I give Jana's parent if I establish Jana needs immediate ambulance assistance?</p>
<p>Managing medical complexity This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>If I feel I need to examine the child but the parent is reluctant to bring Jana to see me, how would I deal with this?</p> <p>How would my management differ if Jana had a complex medical history?</p> <p>If this was a non-urgent case in-hours, what services are available that could offer support?</p>

<p>Working with colleagues and in teams</p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>If I was concerned there was a safeguarding issue in this case, how would I manage this? Who else might be able to help me?</p> <p>What processes are important for continuity of care in the urgent care and out of hours setting?</p> <p>What documentation would be particularly helpful for Jana's GP? How might this differ if Jana needed referral to hospital?</p> <p>What conditions are notifiable and how would I do this?</p>
<p>Improving performance, learning and teaching</p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, quality improvement and research activity.</p>	<p>What do I know about the incidence of specific infections illnesses in the community? What are the routes and sources for getting that information for my locality and nationally?</p> <p>What is the evidence relating to temperature control in febrile illnesses?</p> <p>What areas could be explored further for potential improvement for colleagues managing similar cases?</p>
<p>Organisational management and leadership</p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>What are the challenges with working with different care records in different parts of the health care system?</p> <p>What can my practice do to improve patient access to urgent appointments?</p> <p>If I had difficulties or if I noticed areas for organisational improvement, how would I feedback to the organisation?</p>
<p>Practising holistically, safeguarding and promoting health</p> <p>This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>How would I explore the health beliefs of the parent? What do I need to know about this family?</p> <p>How could I support Jana's parent with self-management?</p> <p>How might I react if I find out a parent refuses to have their child immunised against measles, mumps and rubella?</p>
<p>Community orientation</p> <p>This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>How do I include the parents in the management of this situation? What questions would I ask?</p> <p>What negative influences or barriers might exist in the community that could exacerbate problems for Jana and her family?</p> <p>What community services might be available to help Jana and her family?</p>

Resources

Launch of the new Essential Knowledge Update 2021.1

Essential Knowledge Updates (EKU) offer easy to access 20-minute eLearning modules on several clinical areas found in primary care:

- Common physical symptoms in pregnancy
- Management of post-acute COVID-19 in primary care
- How to manage low testosterone level in men
- Osteoporosis and the prevention of fragility fractures
- Sudden-onset dizziness and vertigo symptoms

In addition to the Updates and Challenges, the ECU Programme offers a wealth of additional resources designed to help GPs keep up to date with the very latest changes in primary care whether you are in practice, at home or on the go.

[Essential Knowledge Update Programme](#)

Click the links below to access the ECU Programme podcasts and screencasts

[EKU Podcasts](#)

[EKU Screencasts](#) any queries, please contact eku@rcgp.org.uk

Please contact with any suggestions or items for future newsletters

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HEE is part of the NHS, and we work with partners to plan, recruit, educate and train the health workforce.
