

HEE East Midlands

Primary Care Newsletter

April 2022

Trainee News

14 Fish RCA and AKT packages

We have negotiated an **East Midlands discount** on the annual packages and continue to support the 14 Fish packages, from the study leave budget provided the postgraduate doctor in GP training has enough funds remaining, in their budget.

Dr Caroline Ahrens

Head of School Primary Care/Deputy Primary Care Dean

Links for the AKT and RCA plus packages for trainees:

RCA: <https://www.fourteenfish.com/about/rca>

AKT: <https://www.fourteenfish.com/about/akt>

The 14 fish study packages for the East Midlands (trainees purchase and claim back via study leave)

15% discount on the various packages

AKT – standard price £95 inc vat annually

RCA+ - standard price £175 annually

Trainee Complete - £205 inc vat – An annual package for AKT, RCA and includes (400 recording minutes). This is generally for trainees in difficulty who still have both exams to pass

Recording minutes cost £19.80 for 200 minutes (and multiples).

If a trainee mistakenly orders without a discount this can be remedied, in retrospect, with them getting a refund of the difference.

Workplace Based Assessment (WPBA): Requirements from 1st April 2022 and ARCP Guidance – Valid 1st April 2022 until 31st March 2023

More details in next newsletter, early May 2022.

RCGP WPBA pilot for Roadmap Supervisors and GP Trainees

The RCGP pilot evaluates WPBA by the wider primary care team for Postgraduate Doctors in Training to become GPs by utilising Roadmap Supervisors.

Following a smaller pilot, a national one is underway by RCGP where Roadmap Supervisors are undertaking workplace-based assessments for GP trainees, the early results of which are hugely positive with medical trainees benefiting from triangulation of evidence in their portfolios and are valuing assessment and feedback from the wider multi-professional team.

The GP trainee must choose to consent to taking part.

A RMSV can undertake up to one COT/audio COT, one CBD & a CEPs assessment for each trainee.

The WPBA should be added to the trainee ePortfolio (FourteenFish) using a ticket code for access. The GP trainee will send the ticket code to the RMSV which will take you to the part of the ePortfolio where the WPBA can be added online. Please remember that for CBDs you can choose up to four capabilities to assess.

The GP trainee's GP Educational Supervisor should be made aware, and either the GP ES or GP CS must add the following Educator's Note to the GP trainee's portfolio:

'Titled - ARCP info re WPBA. The WPBA completed by..... are part of an RCGP pilot and DO NOT count in the minimum data set for CCT requirements.'

The RCGP word descriptors with IPU are helpful in supporting you in undertaking WPBA for GP trainees and can be found [here](#).

Upon completion of the WPBA the following short online surveys must be completed; one by the GP trainee and one by the RMSV. These surveys will inform the RCGP about experiences of the pilot and help to inform them on whether this is something they want to allow going forward to support multi-professional assessment and feedback.

Here's the links to the surveys:

- [Roadmap Supervisors](#)
- [GP Trainees](#)

[RCGP WPBA pilot for Roadmap Supervisors and GP Trainees | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk)

It would be hugely valuable if all RMSV who are able, choose to engage with the pilot. This will help us to further evidence the benefits of a move to true multi-professional assessment and supervision (within scope of practice).

Attention all trainees due to qualify soon - New to Practice is for you

NEW INFO!

The Leicester, Leicestershire and Rutland (LLR) Training Hub GP Fellowship Programme

Via this programme in LLR, newly qualified GPs benefit from a structured wrap around support offer, designed to smooth the transition from trainee to qualified GP.

Our bespoke programme includes an innovative clinical and non-clinical CPD calendar, featuring some of the country's best known medical writers and commentators. Both virtual and in-person events provide our newly qualified GPs and First5s with the opportunity to enrich their clinical knowledge and to engage in thought provoking debate, facilitated by best-selling medical authors such as Rachel Clarke, Kathryn Mannix, James Le Fanu and Sunday Times top 100 podcaster, Rachel Morris.

Leading-Beyond has created a forum in which GP Fellows can enhance their clinical leadership and quality improvement skill sets with a combination of e-learning modules and virtual, live action learning sets. A self-run Peer Support Group provides a comfortable environment for the exchange of ideas, knowledge and experience and our GP Mentoring Programme offers our Fellows crucial one-to-one support with experienced local GPs. The Fellowship package is further enriched by the addition of coaching, Primary Care Network integration and a modular course on practice management and partnership development.

For more information, please visit www.llrtraininghub.co.uk and <https://www.llrtraininghub.co.uk/events-calendar> or email us at llrtraining.hub@nhs.net

The New to Practice Fellowship programme is an NHSE scheme is **available to all GPs in a substantive post** (salaried, partner or retainer) **in their first 2 years post-CCT**. Funding is provided for CPD, mentoring and portfolio working, along with many other benefits!

The Lincolnshire New to Practice GP fellowship programme is a supportive light touch programme with a focus on personal development of newly qualified GPs.

There are monthly guest lectures concentrating on non-clinical areas and leadership. Recent sessions covered: 'too many pills and what to do about it', 'conflict resolution' and 'giving and receiving feedback'. In addition, mentors provide a supportive environment for each fellow to formulate an individualised development plan.

Current fellows are carrying out a variety of projects including working with the LMC to reduce referral burden, introducing Group consultations at scale (PCN level), transforming mental health services at a practice level, working on health inequalities and many others.

Further information/enquiries please contact Dr Kevin Thomas kevin.thomas1@nhs.net or Dr Rebecca Gibbon r.gibbon@nhs.net

For further information please visit [Fellowships - Lincolnshire Training Hub](#)

Please see these summary videos to find out more about the scheme. The rules are the same for all post CCT GPs in England.

[Video for prospective NtP Fellows](#)

[Employing a New to Practice Fellow](#)

The **Phoenix Programme Nottinghamshire**: email info@phoenixprogramme.co.uk

The **Northamptonshire PC Training Hub** also supports GP Fellowships. Please visit [Northamptonshire Primary Care Training Hub](#)

You will benefit from a combination mentorship and coaching, to help you develop clinical and leadership skills and to facilitate development within your practice and across the wider PCN.

The programme provides funding up to 1 session per week, prorata, to release you from the employing practice, and enable you to access CPD, mentoring, and peer support in this early stage of their career.

HEE and AI

HEE has published the first roadmap to the use of artificial intelligence (AI) in the NHS looking at its workforce impact.

The report aims to understand the use of AI and data-driven technologies that currently exist in the healthcare system, the uptake of these new technologies and the impact on the workforce. This specifically looks at how long AI projects will take to implement, how the different types of technology are distributed throughout the health service, what clinical areas are using AI and which parts of the workforce use AI the most.

The report found that diagnostic technology, such as those used in imaging, pathology and endoscopy, was the most common use of AI in healthcare (34% share), followed by automation/service efficiency, P4 medicine, remote monitoring, therapeutic and other. In addition to this, 56 technologies are estimated for a large-scale deployment within a year, with 77% of these technologies used in secondary care, 23% in primary care and 7% in community care.

A total of 155 workforce groups across 67 clinical areas were identified to be using AI technologies, with the most affected groups found to be medics in clinical radiology and general practice as well as non-clinical admin staff.

The report aims to expand on the legacy of the [Topol review](#) and providing a framework on how to identify and classify AI technologies.

[The roadmap](#) was developed in cooperation with Unity Insights, with support from [NICE](#), [NHS AI Lab](#) and the [NHS Accelerated Access Collaborative \(AAC\)](#) and provides valuable insight for leaders in AI policy, education, regulation, innovation and digital transformation, and workforce strategy.

Dr Hatim Abdulhussein, Clinical Lead for the Digital, Artificial Intelligence and Robotics Technologies in Education (DART-Ed) programme at Health Education England, said:

“The AI Roadmap is an invaluable asset in helping to understand the AI and data driven landscape in healthcare, and the implications this will have on our staff and learners. “It is important we achieve transformation through emerging technology, helping scalability to improve patient care throughout the country, and can understand impact on the system, pathways, and users. “We need to ensure the workforce is ready to support this aim and the insights from this roadmap will focus our efforts on education and training to achieve this.”

Study Leave Guidance for GP trainees Updated March 2022

This guidance is split into information about the study leave allowance (Days allowed and the type of courses which would usually be approved) and information about the available study leave budget (money)

Study Leave Allowance GP trainees have an annual study leave allowance of 30 days in total. These 30 days are broken down into internal and external leave:

- 18 days for the ‘internal’ programme provided teaching in half or whole day release.
- 2 days for the internal Leadership and Management programme
- 10 days for external leave.

The external leave can include additional approved courses – see below:

- Exam Leave for AKT and RCA/CSA only. The examination fees are not reimbursable.

Study leave (days or funding) will not be approved for ALS or for other speciality exams for example: DGM; FRCA; DRCOG; DFFP; DCH etc

- **Private Study Leave** (2 days are allowed for the AKT and 1 day for RCA/CSA). This amount of private study leave for exams is a national agreement for GP trainees.

- **Taster Days** Up to 5 taster days are encouraged annually in a specialty where an identified learning need has been identified or in GP in ST1 if you do not start in a GP post.

Study leave for GP trainees is primarily focused on gaining the core competencies required for GP training and CCT. (Certificate of Completion of Training) There is, therefore, a list of pre-approved courses which can be approved for study leave by your Programme Manager. The list of ‘pre-approved’ (curriculum-related) activities is below:

General Practice: 14 Fish – AKT annual subscription General Practice: 14 Fish – RCA+ annual subscription General Practice: 14 Fish – Trainee complete (AKT and RCA) annual subscription. This is only suitable for trainees in ST3 who still have both exams to pass.

General Practice: Cancer prevention and early detection General Practice, Child Health Surveillance General Practice, AKT Saturday General Practice, RCA Saturday General Practice, Dementia Training General Practice, Diabetes training for GPs General Practice, End of Life Care General Practice, GP Internal Training (full day release) – all day General Practice, GP Internal Training (half day release) – AM General Practice, GP Internal Training (half day release) – PM.

General Practice: GP Update Course General Practice, Veterans' Health General, Basic Life Support (BLS).

General: HEE Leadership and Management programme Day 1 General, HEE Leadership and Management programme Day 2 General, HEE Leadership and Management programme Day 3 General, Teaching course (Train the Trainer type course).

RCA Examination (travel, accommodation & subsistence only – no exam fees)

AKT Examination (travel only – no exam fees)

Other courses may be considered providing that they are cost-effective, AND not available locally or in a cheaper format (for example online) AND meets the requirements for the GP curriculum. These will need to be approved by the local Programme Directors. **This educational need should have been discussed with your educational supervisor and documented as a PDP (personal development plan) item in your Eportfolio.**

We will approve a maximum of one attendance at the RCGP annual conference for each GP trainee in their GP training programme. (See below information about study leave budget also):

External AKT or RCA/CSA courses will only be approved for a trainee **who has previously failed the relevant exam** and where that course is RCGP approved and felt to be value for money.

Aspirational Activity: We will also consider applications for 'aspirational' activities usually for GP trainees in ST3 who have already passed their AKT and RCA/CSA. These would also need to be discussed with your educational supervisor, documented in the Eportfolio as a PDP entry, and approved by a TPD.

Study Leave Budget for GP trainees The standard national annual study leave budget for a GP trainee is £400 a year and this budget is **set in academic years from the first Weds in August.** It is not possible to carry study leave budget over from one year to the next.

For less Than Full Time trainee they receive the appropriate % of the budget for example for a 50% trainee they would have 50% of the allocated budget for the academic year. For a GP trainee in a secondary care post at the time of the study leave expense, it is possible to apply for an uplift in the budget as there is a separate HEE fund for this uplift which only applies to trainees who are working in a trust and are therefore in a secondary care post. These will only be approved where the course or event meets a defined need, is considered value for money and has been discussed with your educational supervisor and TPD and documented in the Eportfolio as a PDP entry.

The study leave expense is paid AFTER the event which incurred the charge.

Please send any ideas for future content christine.johnson@nottingham.ac.uk

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