

# Welcome To The East Midlands Trainee Forum

## Hello! Welcome to September's Newsletter!

We are working with the registrar forum to ensure we cover themes that are important to YOU!!! Derby representatives Dr Emily Hancock and Dr Natasha Malcolm have started the ball rolling with key themes including:

- getting to grips with the changes relating to Urgent and Unscheduled Care
- tackling the Prescribing Audit
- revision resources for the AKT
- leadership opportunities
- ARCP preparation.

The forum is looking for representatives across the East Midlands to represent our local training schemes at a regional level. Our goal is to grow a sustainable group of trainees to meet about four times a year to discuss ongoing issues, problem solve and liaise directly with HEEM to influence the development of our GP training programme.

#### Why join?

- Meet a diverse group of like-minded trainees.
- Share experiences to facilitate change.
- Develop leadership and management skills.
- Boost your CV and networking.
- Leave a legacy that takes you beyond your consulting room walls.
- Apply for special leave to cover your time

Please contact Emily Hancock (<u>emily.hancock1@nhs.net</u>) if you are interested in this project.

## AKT: How did you prepare?

1. When is the best time to take the exam? (ST2/3)

When you know your ST2/3 placement allocations, discuss with your Educational Supervisor when might be the best time, considering the impact of particular specialty rotations on revision, as well as personal circumstances!

2. How much time did you leave to prepare?

As I am a plodder, I was preparing for about 6 months practicing questions little and often, but most people revise for 3-4 months. Everyone is different though!

- 3. What resources did you find helpful in your preparation? I used RCGP Self Test and Passmedicine question banks, as well as the NICE Clinical Knowledge Summary guidelines. I made lots of posters and put them up around my house!
- 4. Any hints with statistics?

I found Medical Statistics Made Easy by Harris and Taylor useful (although I disagree with the titlestatistics is never easy!)

5. Any other advice?

Practice a full mock exam (there is one on GP self test) to get an idea of the timing and the speed you need to answer questions.

Good luck!

# Mandatory Prescribing Audit Pilot

#### Facts

- Compulsory for all FULL-TIME ST3 starters in August 2019 to be completed by January 2020
- Trainee audits 60 consecutive prescriptions for any error
- Trainer/clinical pharmacist reviews 20 of these randomly
- Discussion and Feedback- Trainer confirms they have reviewed in the Trainer Assessment Form
- Trainee reflection: Trainee completes a Trainee Prescribing Reflection Form and then a Prescribing related PDP.

There are 3 assessment grades -

- A safe, reflective GP prescriber now
- Needs to develop specific prescribing skills to fulfil the prescribing proficiencies [Those not in the PDP should be reviewed and recorded in a prescribing assessment review]
- Needs support and educational input prior to repeating all this assessment

Here is the link on the college website which contains all the resources as well as a detailed power point presentation:

https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessmentwpba/prescribing-assessment.aspx

## ARCP

#### ARCP Pitfalls

The evidence provided by doctors in training in preparation for ARCP panels is critical. This is true for all reviews but particularly for the final ARCP review when, hopefully, a CCT will be recommended (outcome 6).

This parallels the situation for appraisals and revalidation post CCT and so developing good habits to ensure that the essential requirements have been met is something that all doctors in training need to develop.

All the information needed for a successful ARCP panel is on the RCGP website. I strongly recommend that all GP registrars read the information available, in particular that which relates to Workplace Based Assessments (WPBA) and ePortfolio requirements.

# Common areas where the evidence is found to be lacking or less than the desired standard include:

- Missing Clinical Supervisor Reports these are currently compulsory for all secondary care placement but in the future will become compulsory for all placements, including those in GP
- 2. Educational Supervisor Reports not available on time (ideally they should be ready at least 2 weeks before an ARCP panel)
- 3. Self-ratings in the ESR that are descriptive or narrative with no reference to the evidence tagged or cited
- 4. MSFs that are either fragmented or the numbers of required respondents have not been met
- Poor quality evidence for CEPS this should be broader than the five compulsory intimate examinations and the most recent observation for each of the five compulsory examinations must state unequivocally that the examination was undertaken competently
- Poor quality evidence for quality improvement activity the Gold Guide states that "Trainees must ... take part in *regular* and *systematic* clinical audit and/or quality improvement" [my italics]
- Poor quality Significant Event Analyses the panel will want to see that registrars can reflect on situation where their personal performance could have been improved and not just to see that they can identify situation where their colleagues might have performed better

# Leadership Training

# All GP Trainees are expected to attend the East Midlands Leadership and Management Programme.

(https://www.eastmidlandsdeanery.nhs.uk/faculty/training-courses/leadership-management-programme).

The programme has recently been refreshed for September 2019. ST1 trainees are required to attend Day 1 and Day 2 in ST1, and a further day in ST3.

These should be done in order. Places for Day 1 can be booked on Intrepid course manager from mid-August 2019. Places on Day 2 will be made available for booking later in the year. Day 3 will be available from September 2021.

#### GP ST2

For those that have attended Day 1 of the new Leadership and Management programme in the early summer 2019, you should be booking onto Day 2 on Intrepid when it becomes available later in the year. These trainees should also have received QI training in their GP training days that will cover the Year 2 content. Those that have not managed to attend Day 1 yet should book onto this first before going onto Day 2.

(https://www.eastmidlandsdeanery.nhs.uk/faculty/training-courses/leadership-management-programme)

#### GP ST3

It is anticipated that you will have attended most of the old Leadership and Management programme, and therefore do not need to start again with the new programme. However, if there are aspects of the content in Day1 and Day 2 of the new programme that you feel would be useful to you now and in the future you can book onto these days through Intrepid.

(https://www.eastmidlandsdeanery.nhs.uk/faculty/training-courses/leadership-management-programme)

## **OOH Changes**

#### OOH is changing. Why have these changes been brought about? FAQs?

OOH is changing. With ordinary GP surgeries being able to offer evening & weekend appointments, the lines between "in" and "out" of hours practice are blurring. In addition, the OOH workforce is diversifying. Our OOH training needs to adapt to these changes and trainees need exposure to these changes.

#### What are the key changes to OOH training?

A move away from counting the number of hours worked OOH, to an approach that looks at the number of competencies trainees have reached whilst working in a variety of OOH locations where general practitioners are not available on site. This allows the use of allied care practitioners to contribute towards trainee supervision as part of an effort to learn from and appreciate the skills held by these colleagues, considering their increased presence within OOH services with safeguards to ensure there is a qualified GP to whom issues can be escalated.

Allowing senior trainees now the option of completing unsupervised ("solo") OOHs shifts, moving away from these being a mandatory requirement, but ensuring the opportunity is there prior to CCT if the trainee feels it will add value to training.

#### Do I still need to do OOH training?

Absolutely. All trainees will still have to complete OOH training. They still need to use the OOH setting to sign off appropriate competencies and all trainees must have the opportunity to experience delivery of OOH primary care in settings away from their usual place of practice.

Dr Jamie Green, Associate Postgraduate Dean, ARCP Clinical Lead for GP

#### **Further Guidance**

Please watch https://youtu.be/S0-iSV8mo1A

The Guidelines and all forms required are available through the following short link http://bit.ly/gp-uuc

## **Curriculum Changes**

#### Why?

- To align the curriculum with the Generic Professionals Capability framework. (see page 5)
- To highlight the qualities and skills needed to be a GP today dealing with an increasingly complex and specialised health care system i.e. WE are the last Generalists.
- To cover the scope of a GP, to be based on population, professional, patient and workforce needs.
- To allow high level learning outcomes to be demonstrated that link to progression and completion of training.

#### **Evidence of progression**

The requirements that must be met at the end of ST2 and ST3 stages of training are now made explicit by including and recorded in EP 'Capabilities' area .

- progression point descriptors under each area of capability
- Inkage to Generic Professional Capabilities and relevant MRCGP assessments
- word pictures for 'end of ST2 needs further development', end of ST£ competent' and 'end of ST3 excellent'.
- To support skills that are flexible and transferable across other specialities.

#### What does it mean?

#### Firstly ...

A new capability framework based on **five** capabilities – each of which incorporate some of the previous 13 capabilities (or competencies).

- 1. Knowing Yourself and relating to others: fitness to practice, communication and consultation, maintaining and ethical approach.
- 2. Applying skills and clinical knowledge: Data gathering and interpretation, clinical examination and procedural skills, making a diagnosis and clinical management
- 3. Managing Complex and long-term care: managing medical complexity and working with colleagues and in teams.
- 4. Working well in organisation and systems of care: Improving *performance, learning and teaching and organisation management and leadership.*
- 5. Caring for the whole person and the wider community: *Practising holistically and Community orientation.*



# THE FIVE AREAS OF CAPABILITY (based around the GMC Professional Capabilities Framework\*)

#### Secondly ...

Previous 24 curriculum heading areas are now 8 clinical experience groups: historic evidence will still be visible.

#### The 8 Clinical Experience groups are as follows -

- 1. Infants, children and young people under the age of 19
- 2. People with mental health needs (including addictions)
- 3. People with long-term conditions and disability
- 4. Frail and/or elderly people (including multiple morbidity and care of the dying)
- 5. Gender health (Women's, Men's and LGBTQ health)
- 6. People requiring urgent and unscheduled care
- 7. People with health disadvantages and vulnerabilities (for example veterans, mental capacity difficulties, safeguarding issues, and those with communication difficulties)
- 8. Health promotion and people with non-acute and/or non-chronic health problems

So basically, curriculum coverage will be populated from these and the area on the E portfolio is now referred to as the Clinical experience groups coverage so trainees will validate LL against these 8 areas.

#### Thirdly ...

New topic guides have been developed to support the new curriculum and existing ones updated -the to give information on knowledge needed in areas and AKT/CSA areas that will be examined in those topic areas -all available on RCGP website

#### Finally ...

More ePortfolio changes are taking place with changes to WPBA in 2020 and a new area on the EP called capability area where progression in training can be more clearly demonstrated.

From The RCGP: The new curriculum provides:

- Enhanced content reflecting modern General Practice
- New and updated Professional, Life Stages, and Clinical Topic Guides
- Knowledge and skills guides for each topic
- Integrated information on training and assessment
- Content relevant to a lifelong career as a GP

The curriculum and topic guides can found on the website at: https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx

# Watch These

As well as the curriculum documentation, there is **supportive information** in the form of 3 short PowerPoint presentations that can be downloaded. They provide a summary of:

- The core curriculum content and structure
- The curriculum topic guides WPBA and ePortfolio changes
- A summary of the changes can be found at:

https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/summary-of-changes-tothe-new-rcgp-curriculum.aspx

# **CSA Saturdays**

#### ONLY BOOK ONE SESSION!

- These well regarded, locally provided, teaching sessions run on a Saturday at Westbridge Place in Leicester between August and March.
- They are intended to be attended by ST3s several months ahead of their CSA so that feedback can be digested and incorporated.
- They include a talk about the CSA itself, what it involves and how best to prepare and then 6 simulated consultations with feedback from either an experienced educator or a CSA examiner.
- Usually a candidate will consult for 3 of the cases and then be an observer for the other 3.
- The consultations and feedback can be recorded and then shared with your trainer after the session.
- There should be an opportunity for every ST3 to attend a CSA Saturday, but we would recommend that you consider the best timing to attend.
- CSA Saturdays are booked through intrepid and you will receive an email about them.

#### The CSA Saturday dates for the coming academic year are:

12th October 2019 2nd November 2019 23rd November 2019 14th December 2019 1st February 2020 22nd February 2020 7th March 2020 28th March 2020

#### The CSA Dates - RCGP - for 2019/20

The RCGP have now published the CSA dates and application deadlines to July 2020.

#### No November 2019 or January 2020 sitting

Usually there is a sitting in November and one in January but these have been removed so it is important to think about the timing of your CSA if you are moving into ST3.

#### The CSA exam dates are as follows:

3 - 11 December 2019 1 - 15 February 2020 13 - 31 March 2020 18 - 25 April 2020 12 - 22 May 2020

 The full details of the application and exam dates are on the college website here

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https://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx

# **Essential Knowledge Challenge 2019.2.**

This contains 20 new questions. To access and learn more about the environment please access:

http://elearning.rcgp.org.uk/

Topics covered within this new release include

- decision-making and mental capacity
- severe pregnancy sickness and hyperemesis gravidarum,
- prostate cancer screening and the PSA test
- COPD
- urinary tract infections and acute pyelonephritis
- and post-traumatic stress disorder

## **Trainers**

# **Educators Symposia: SAVE THE DATES**

We are reviewing the format of our Educator' Updates for trainers:

- Wed October 9th at Westbridge Place Leicester,
- March 11<sup>th</sup>, 2020 venue tbc but will be in the 'North'

You are cordially invited to intend either. We will as ever cover horizon scanning plus some of the 'nuts and bolts' of GP training.

Dr Sarah Layzell BM FRCGP M.Sc. (Med.Ed) Head of School -Primary Care (Derbyshire and Nottinghamshire)

## Survey

#### GMC: What did 75,000 doctors tell us about their experiences of training?

The results of our 2019 national training surveys are out. Trainees continue to highly rate their teaching, the quality of their clinical supervision, and overall experience. And nine in ten trainers told us they enjoy their role. However, the results also reveal that a third of trainees and almost a fifth of trainers aren't sure who to speak to in their trust/board if they're concerned about their own health and wellbeing.

https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveysreports?dm\_i=OUY,6DUMA,OR497N P9QY3,1

# The GMC And You

Please have a look at the GMC website which explains the support they offer and their regulatory function. There are also some useful resources on their website.

https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcometo-uk-practice?dm\_i=OUY,6DUMA,OR497N,P9QY3,1

### **Course and Resources**

#### The Queen's Nursing Institute

(QNI) has been funded by NHS England to develop a network to support General Practice Nurses across England. This network is part of several initiatives arising from the General Practice Nursing 10-point plan. The QNI has already set up an Association of Academic General Practice Nurse Educators (AAGPNE) based in universities and providing rouses for GPNs.

https://gpnen.org.uk

## Trent Occupational Medicine Symposium

• 17th October 2019: Belfry Hotel, Nottingham

The educational event is aimed at occupational health nurses and physicians as well as GPs & trainees with an interest in occupational medicine.

Presentations will include

- travel medicine
- medical and legal perspectives on drug and alcohol abuse at work
- respiratory health surveillance
- dementia in the working age population
- PTSD

Programme & booking details at www.trentoccupationalmedicine.org.uk

## **Cancer Care**

#### **Cancer Resource: Gateway C**

Well worth having a look- online resource: https://www.gatewayc.org.uk/

**Gateway C** – The platform aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience, through:

- Improved knowledge of symptoms
- Increased confidence in when and when not to refer a patient
- Improved quality of suspected cancer referrals, reducing delays in the system
- Improved communication to enhance the patient experience and support patients at each stage of their cancer journey.

# A Further Cancer Care Resource

The East Midlands Cancer Alliance (EMCA) is committed to improving how we diagnose, treat and care for people with cancer. We are working in conjunction with Public Health England (PHE), Cancer Research UK (CRUK) and Macmillan on several projects which we hope will see the East Midlands establish itself as a national lead for cancer.

This year, we are focusing on lung, prostate and bowel cancer pathways although diagnosing and treating all cancers as early as possible is our ultimate aim.

One offer of support that we particularly endorse is the CRUK facilitator programme. All GP practices in the East Midlands could meet with one of the facilitators who are adept at assessing current cancer indicators and offering advice on quality improvement.

CRUK Facilitators support busy GP Practices by:

- Providing practices with their cancer data, including screening and Two week wait referrals.
- Bespoke training sessions for clinical and non-clinical staff e.g. cancer decision support tools, safety netting, cancer SEAs, how to improve screening uptake, and cancer prevention.

CRUK's facilitator programme is free of charge, has been independently evaluated and has been shown to reduce variation in referral, conversion and detection rates as well as increasing cancer screening uptake in practice populations.

Should practices wish to contact a CRUK facilitator, they can be contacted as follows:

- Lincolnshire: Lucy Clay Email <u>Lucy.clay@cancer.org.uk</u> Tel 07900 748445
- Nottinghamshire: Jon Stevens Email <u>Jonathan.stevens@cancer.org.uk</u> Tel 07883 039785
- Leicestershire: Chirag Ruda Email <u>chirag.ruda@cancer.org.uk</u> Tel 07342 061962
- **Derbyshire**: Adam Williams Email <u>adam.williams@cancer.org.uk</u> Tel 07827 987833
- Northamptonshire: Jon Stevens Email <u>Jonathan.stevens@cancer.org.uk</u> Tel 07883 039785

To learn more about the work we are doing at the Cancer Alliance, please visit our website

http://www.eastmidlandscanceralliance.nhs.uk/

## **News for Everyone**

Please contact either Christine or me with any suggestions or items.

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