

HEE East Midlands Primary Care



Newsletter August 2020

WELCOME TO THE EAST MIDLANDS

We would like to extend a warm welcome to all our new GP trainees about to commence training in the East Midlands. You are joining us in very exciting times

All our Programmes are full, and they are looking forward to meeting you and supporting you on your path to becoming fully qualified GPs.

The most important thing is to make the most of every learning opportunity offered to you and HAVE FUN!

We are changing to 14 Fish portfolio the week beginning 10th August. There are demos on the RCGP website you could link to <https://support.fourteenfish.com/hc/en-gb>

RCA Saturdays are yet to be finalised.

In the meantime, Anjla Sharma is offering webinars covering the new exam.

Those who have, unfortunately, not passed in the first RCA will be offered a session similar to the CSA Prep and also 1:1s with an RCA/CSA assessor. This will continue to be offered in future cohorts. We would be grateful if CSs and ESs were prepared to release and positively encourage their STRs to attend these sessions which we book at fairly short notice after the exam results come out to give candidates time to put their learning in place before their next submissions..

Please note that the College has guidance at:

<https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-recorded-consultation-assessment.aspx>

You will have this link already but shared for ease and we hope to offer you a blended approach to learning by both face to face and virtual formats.

<https://www.hee.nhs.uk/coronavirus-information-trainees>

On behalf of Joint Heads of School:

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Trainee News

REMINDER: INDUCTION FOR MOODLE

There are separate induction modules on the Moodle VLE for each ST year. We expect everyone to do this in the next few weeks and to upload the relevant certificate of completion to their portfolio as evidence of having worked through the module.

<http://www.vle.eastmidlandsdeanery.nhs.uk/course/view.php?id=1156> GPST1

<http://www.vle.eastmidlandsdeanery.nhs.uk/course/view.php?id=1157> GPST2

<http://www.vle.eastmidlandsdeanery.nhs.uk/course/view.php?id=1158>

REMINDER

Schedule for Workplace Based Assessments (from August 2020):

For each 6-month period in ST1 &ST2:

- 2 x COTs (in GP) or 2 mini-CEX (in hospital, 1 of which done by CS)
- 2 x CbDs
- 18 x Case reviews
- 1 x Placement meeting and 1 x Clinical supervisors report for each post

For the ST1 & ST2 years:

- 1 x MSF with 10 responses in each ST year
- 1 x Learning event analysis in each ST year
- 1 x Quality improvement project (over the 2 years)

For each 6-month period in ST3:

- 3 x COTs
- 2.5 x Care assessment tools (CbD, random case, referrals, prescribing)
- 18 x Case reviews
- 1 x MSF (in 2nd half of ST3 after leadership activity as leadership MSF)

For the ST3 year:

- 1x PSQ
- 1 x Prescribing assessment (in the first half of ST3)

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

- 1 x Leadership activity (in second half if ST3)
- 1 x Learning event analysis
- 1 x Audio-COT
- 1 x Placement meeting and 1 x Clinical supervisors report (in GP)

TRANSITION arrangements:

Introduction of new Portfolio and new programme of WPBA

All GP Specialty Trainees will move onto the new Portfolio platform and the old e-Portfolio information will remain accessible for those who are already progressing through the training programme. All trainees will be using the new log entry template and using the new assessment forms, irrespective of which WPBA programme they are following.

Everyone must be on the new WPBA programme within 2 years from the date of its introduction. Available at:

<https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/transition-arrangements.aspx>

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/welcome-to-uk-practice?dm_i=OUY,6DUMA,OR497N,P9QY3,1

Please **do not** relinquishing your License to practice while on a GP training programme – even when on maternity leave or OOP.

Note from the **Gold Guide**:

In advance of leaving a training programme for a period of time, in accordance with the guidance for time out of programme (paragraphs 3.149–3.182), trainees must agree: vi. to maintain their GMC registration with a licence to practise

ESSENTIAL KNOWLEDGE CHALLENGE EKC2020.2 <http://elearning.rcgp.org.uk/>

Topics covered within this new release include:

- atopic eczema/dermatitis and emollients for eczema in children
- diverticular disease,
- cortisol excess or deficiency,
- sciatica
- contraception for women aged over 40 years.

EKC2020.2 provides twenty brand new questions based on the content of Essential Knowledge Update (EKU) 2020.2 as well as the EKU Journal Watch items

Trainers

Top tips to help your trainee to prepare for the RCA - an educator guide

1. **START EARLY** - Encourage the trainee to start recording as early as possible, so that they get into the swing of it
2. **HELP WITH THE TECHNOLOGY** – Does the trainee have everything they need to record e.g. webcam, all necessary tech (particularly if they are remote working), awareness of information governance issues of recording/storing consultations?
3. **GET THE RIGHT CASES** - Advise them on accessing the right sort of patients and consultations to maximise chances of getting useable consultations
 - a. Cases submitted should be of an appropriate level of challenge enough to demonstrate safe and independent practice. See Appendix 1
 - b. Encourage trainees to demonstrate their skills across a breadth of the curriculum
 - c. Ensure there is enough evidence in all 3 domains for the assessment
 - d. Reception/admin staff need to be 'on board' and know what is happening
 - e. Engage reception/triage clinician to only book appropriate cases
 - f. Simple triage consultations are unlikely to cover all three domains
 - g. Give trainee permission to 'be selfish' and pick appropriate cases off other clinicians list
 - h. Problems that are new to the trainee are more likely to be suitable for submission
 - i. Get other clinicians on board and involved with swapping of appropriate cases
 - j. If individual GP surgeries offer pre-triage or electronic navigation prior to a consultation, ensure this isn't detrimental to the consultation and use these systems to ensure appropriate case exposure
 - k. If possible, only book willing/consenting patients to maximise opportunity.
 - l. Make sure patients know that the call may come from a withheld or unrecognised number
 - m. Be creative in how cases are identified – ask nurses for any newly diagnosed hypertensives / diabetics
 - n. Whilst follow up from letters might work, tell them to beware artificially "Creating" a consultation by simply recapping the history and suggested treatment options when these are already in the letter or previous referral. They need to consider what is actually "Added" to the patient care by their contact with them. If a patient has considered the guidance already offered and has made a clear decision, then recapping does not add anything, and such a consultation would not provide evidence of skills.
 - o. If a consultation contains more than one discrete clinical issue, both may be assessed if covered within the 10 minutes, although if one might detract from the other, they might consider if this is an appropriate case.
4. **BALANCE NUMBERS OF CASES WITH OVERWORK/STRESS** - Make sure that booked surgeries have the right balance between enough patients to get a breadth of appropriate cases and the risk of overloading trainees. Give them time and catchups to get and stay in the right frame of mind for recording and enough time to review notes thoroughly.
5. **STAY UP TO DATE** – You and the trainee should read the RCGP, at regular intervals; this is updated very regularly and gives clear advice. Look at 14F help centre for lots of useful advice and use the help facility. They are very responsive.
6. **DO NOT DISTURB** - Make sure that everyone in the practice knows not to interrupt trainees, use do not disturb signs on the door etc.

7. **GET A STOPCLOCK** – something on the desk to help the trainee know how long they have been consulting for.
8. **CONSIDER CRIBSHEETS** - Suggest trainee has whatever reminders they find helpful next to the phone/computer e.g. identity check, consent, intro, impact, ICE etc. to help them cover key points. Help them avoid this leading to overly structured consultations that do not 'flow'
9. **MAKE NOTES** – Provided it does not impact on the flow consultation or rapport building, advise trainee to jot some key words/cues down whilst patient is giving their opening statement. This is perhaps more suitable during telephone consultations.
10. **AVOID TYPING** - try to avoid overuse of the computer/typing as can be distraction from flow of conversation
11. **THE EXAMINER DOESN'T KNOW THE PATIENT** - They cannot see medical records and so are unaware of past medical history, medication, allergies etc. So, if relevant, verbalise them.
12. **SET BOUNDARIES FOR HELP**
 - a. This remains their exam to pass, it is not a joint submission
 - b. Agree with the trainee how many consultations you are realistically going to be able to review
 - c. Make sure they have already reviewed and self-analysed the consultation before sharing with you
 - d. Encourage them to be specific about what questions they have about each consultation
 - e. Suggest they only share recordings that they think would 'pass' or where they identify a competence area(s) which they are finding persistently challenging
13. **TEACH THEM HOW TO REVIEW THEIR OWN CONSULTATIONS**
 - a. Teach them general principles of consultation self-analysis
 - b. Familiarise yourself with the marking scheme and grade descriptors and mark some together with a view to them marking their own
 - c. Avoid giving scores, keep feedback generic in the relevant domains and focus on specifics in terms of observed behaviours, knowledge, decision making etc.
 - d. Make sure they understand the guidance on Consent and Examining the patient which are available at: [consent](#), and the guidance on intimate examinations which will be published on the RCGP website soon and that if they flout this guidance their submission may not be marked
14. **BENCHMARK WITH NON-EXAMINER COLLEAGUES** – and refer to national guidelines to get a sense of what constitutes a 'passing' consultation (CSA examiners are not allowed to get involved with reviewing candidates consultations, and in particular are not allowed to make comments about whether they are good)
15. **DON'T MAKE PROMISES** – You can give general formative feedback to trainees but avoid saying that consultations are 'good enough' or 'will pass'. You don't know that, so don't say it. There is no appeal process so the trainee would have to conclude that you were wrong, not the examiners!
16. **REMOVE BARRIERS, BUT DON'T PUSH THEM OVER THE LINE** - Remember, this is their exam to pass. Remove every barrier you can to them developing and demonstrating the skills and knowledge that they need to. But remember, not everyone is yet at the place where they should pass, and you are doing the trainee a disservice if they pass when they were not truly ready
17. **LOOK AFTER YOURSELF** – You want your trainees to succeed but acknowledge that helping them prepare is time-consuming and stressful. Make sure that where possible your time is protected and negotiated with your practice to do the review work in practice time.

Course and Resources

CANCER CARE

Suspected Cancer Referrals during COVID-19

Wednesday 19 August, 1-2pm

Register for free

here https://zoom.us/webinar/register/WN_z9ExsBHYSLKNhgkWBWTQ4A

Dr Sarah Taylor (CRUK GP and Gateway C GP Lead) and Miss Susi Penney (Head, Neck and Thyroid Surgeon) will be discussing primary care and suspected cancer referrals during COVID-19, including how this has impacted elements such as referral numbers, attendance and capacity and how primary care can continue to support the process over the coming months.

Recommended for primary care, cancer managers or any healthcare professional working in cancer.

It is free to attend and attendees can obtain CPD certificates from us following the webinar.

The content is applicable to all healthcare professionals working across NHS England.

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.
- 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.

Please contact with any suggestions or items for the newsletter.

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