

HEE East Midlands



Primary Care Newsletter

September 2020

Welcome to the East Midlands

Anjla Sharma is offering webinars covering the new exam. Those who have previously failed the CSA/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 for 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 MRCGP: Recorded Consultation Assessment (RCA) <https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-recorded-consultation-assessment.aspx>

On behalf of Joint Heads of School:

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Trainee News

Webinars designed to develop consultation skills and help with RCA preparation

Run as a collaboration between the RCGP Vale of Trent Faculty and Primed for Practice

Self-regulation Consultation Skills for GP Trainees, Dr Dick Churchill - **30 September**
<https://www.eventbrite.co.uk/e/self-regulated-consultation-skills-for-gp-trainees-tickets-110637858814>

A Linguistic Toolkit to Enhance GP Consultations Skills, Dr Sarah Atkins – **7 October**
<https://www.eventbrite.co.uk/e/a-linguistic-toolkit-to-enhance-gp-consultation-skills-tickets-118029767211>

Update on the Trainee PSQ

- A PSQ **does not** need to be undertaken unless an ARCP panel directs you to do one if your CCT date is before 01.01.21.
- A PSQ **does** need to be done if your CCT is on the 02.01.21 or thereafter.

Trainees in the latter category are advised to start undertaking their PSQ via the new Portfolio, where it is available electronically. **Hard copy PSQs should not be sent via post** but sent electronically as a single PDF document if to be entered by GP programme staff.

LTFT trainees please note that the guidance is generic, irrespective of percentage of training.

PSQ FAQs from the 14 Fish portfolio <https://support.fourteenfish.com/hc/en-gb/articles/360005762977-RCGP-GP-Trainee-Patient-Satisfaction-Questionnaire-FAQs>

We have now migrated to the Fourteen Fish Eportfolio. There are demonstration webinars on the RCGP website <https://support.fourteenfish.com/hc/en-gb>

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 of 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>

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>

Leadership Training

All GP Trainees are expected to participate in the East Midlands Leadership and Management Programme <https://www.eastmidlandsdeanery.nhs.uk/faculty/training-courses/leadership-management-programme>

We are redeveloping the programme, for virtual delivery and are going to endeavour to have it available by October. The programme will be divided into smaller chunks, based around the previous content. Trainees will be able to book through intrepid once there is something to offer them! Also, likely a self-directed tool/platform.

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The content of the course should mean that when trainees start to tackle their Quality improvement projects (QIPs) they will feel better equipped to do these successfully.

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
 - Cases submitted should be of an appropriate level of challenge enough to demonstrate safe and independent practice.
 - Encourage trainees to demonstrate their skills across a breadth of the curriculum
 - Ensure there is enough evidence in all 3 domains for the assessment
 - Reception/admin staff need to be 'on board' and know what is happening
 - Engage reception/triage clinician to only book appropriate cases
 - Simple triage consultations are unlikely to cover all three domains
 - Give trainee permission to 'be selfish' and pick appropriate cases off other clinicians list
 - Problems that are new to the trainee are more likely to be suitable for submission
 - Get other clinicians on board and involved with swapping of appropriate cases
 - 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
 - If possible, only book willing/consenting patients to maximise opportunity.
 - Make sure patients know that the call may come from a withheld or unrecognised number
 - Be creative in how cases are identified – ask nurses for any newly diagnosed hypertensives / diabetics
 - 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.

- 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.
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Course and Resources

Study Leave Principles in General Practice

Entitlement - 30 days in total annually. These cannot be carried forward into another year.
18 days are INTERNAL for the GP Programme teaching (whole or half day release depending on which locality programme.)
10 days are EXTERNAL for approved courses applied for through Intrepid.
2 days for the LMP (Leadership and management Programme)
Private study for exams – we follow National agreements which are up to 2 days for AKT and 1 day for RCA/CSA in addition to exam leave itself on the day of the exam.

When in a secondary care post every effort should be made to allow GP trainees to attend their regional teaching. If you miss a whole or half day of GP Programme teaching due to an issue with your rota then you can apply to the CSL team csl.em@hee.nhs.uk to have this time added back to the time available for external courses. We would expect you to make every effort to use this day within the post you missed the internal teaching from.

For more information https://www.eastmidlandsdeanery.nhs.uk/policies/Study_Leave

Essential Knowledge Update Programme 2020.3

Acne vulgaris; Tinnitus;

Venous thromboembolic diseases: diagnosis, management and thrombophilia testing

Pernicious anaemia: Cellulitis and leg ulcers

To access the EKU Programme please visit the RCGP Online Learning Environment

<https://elearning.rcgp.org.uk/course/index.php?categoryid=2>

Please contact with any suggestions or items for future newsletters

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