

HEE East Midlands Primary Care Newsletter

April 2019



GMC National Survey for Trainees and Trainers

The survey is open until 1st May 2019!

<https://www.gmc-uk.org/education/surveys.asp>

By taking part you're helping to protect and improve the quality of postgraduate medical education and training across the UK.

Why should I take part?

Your answers drive important improvements in the training environment and help support trainees. Your views and insights are used by:

- **Employers and health services** to improve how training is delivered and doctors are supported
- **Other doctors** to check how their departments, hospitals or GP practices are doing
- **Postgraduate deans** to identify local concerns and examples of good practice
- **Government** to develop health and workforce policy
- **Colleges and faculties** to review curricula and how specialties are taught
- **Regulators and quality improvement bodies** to resolve patient safety issues
- **Us – the GMC** – to quality assure medical education and training. To identify trends that enable us to speak up about system pressures.

Are all my answers confidential?

Yes, and they're reported in an aggregated manner. If there are fewer than three trainers in your specialty or site, we won't publish the data.

PS ...

If you haven't already activated your GMC Online account, you'll need to do so in these three simple steps:

1. Go to www.gmc-uk.org/gmconline.
2. We'll ask you for an email address and some extra information to confirm it's you.
3. We'll check this against the information that we already hold for you. If you pay, or have paid, your annual retention fee by direct debit, we may ask you to confirm your bank account details as a means of checking your identity. No payment will be taken.
4. If you would prefer to activate your GMC Online account over the phone, please call us on 0161 923 6602. Once you've activated your account, your survey will be waiting for you.

Bullying, Undermining and Harassment in the NHS: #letsremoveit campaign

As medical professionals, we are only too aware of the size and scale of bullying, undermining and harassment in the NHS. For this reason, the Royal College of Surgeons of Edinburgh has an ongoing commitment – through our #letsremoveit campaign – to working with healthcare professionals to challenge unacceptable behaviours and support change across the NHS.

However, the size and scale of the problem is such that only a long term and co-ordinated approach can hope to reduce the unacceptably high levels of workplace bullying in the NHS. For this end, an informal alliance of medical and healthcare bodies has come together to share ideas and best practice as well as illustrate the variety of assistance available including a new document aimed at outlining some of the work these organisations are doing as well as the support available. This can be found <https://www.rcsed.ac.uk/media/417910/antibullying-3april2019-002.pdf>. It is reported that, over a quarter of NHS staff in England experienced bullying by a colleague in the last year, and research estimates that it costs the health service at least £2.4 billion p.a.

Bullying not only affects those on the receiving end but has severe consequences for patient care. We would therefore welcome any suggestions you may have to address this important issue and your involvement in this alliance's work.

Should this be of interest, please contact birmingham@rcsed.ac.uk.

*Professor Mike Griffin OBE
President, the Royal College of Surgeons of Edinburgh*

The New RCGP Mandatory Prescribing Assessment Pilot for Full Time ST3 Trainees

To be Completed Between August 2019 and January 2020

We wanted to make sure you are aware of the new mandatory prescribing assessment pilot for **full time trainees starting in August 2019**. It is mandatory to engage with the process for all full time August starter ST3s. They should review 60 prescriptions against a set of standards and have 20 of them reviewed by either their clinical supervisor or a nominated appropriate person for example clinical pharmacist. The trainee needs to reflect on their prescribing errors and the educational supervisor needs to review a number of the prescriptions and confirm they have done so. There are a number of forms.

It is likely to become mandatory for all trainees after the pilot which needs to be completed in the 1st 6 months of ST3 (and the number of CbDs in ST3 reduces from 12 to 10)

Here is the link to the information page on the college website <https://www.rcgp.org.uk/training-exams/training/mrcgp-workplace-based-assessment-wpba/prescribing-assessment.aspx> which contains all the resources as well as a detailed power point presentation. It builds on the research that Tony Avery and Richard Knox did on feedback to trainees, about their prescribing, and has been developed by the WBPA at RCGP.

Please note that trainers can refer to this in their own appraisal portfolio.

The reduction in CBDs will be some slight payback and it is suggested that trainers may well want to do this themselves for their appraisal. The WPBA group suggested about 2 sessions of private

study time required for the trainee, 2 hours of prep for the trainer and then probably 1-2 hours of discussion.

If practices have a clinical pharmacist, then they can do the analysis and feedback.

It is non-negotiable. Trainees will get an ARCP OC 5 until they do it, but it does not have to be passed, just done. In fact, perfect ones with no errors will be rejected as the original study found that all of us make errors with the number we are talking about. Please do ask if you are unclear but we anticipate that GP programmes will be covering this in teaching and at trainers' workshops.

Dr Caroline Ahrens

Head of School, Primary Care LLNR (Lincolnshire, Leicestershire, Northamptonshire and Rutland)

CEGPR (CP) – Certificate of Eligibility for GP Registration – Combined Programme

The Combined Programme is for trainees who want to combine part of the GP CCT programme with posts held earlier in their career which were not approved for general practice training. This is just a reminder that those trainees wishing to do this need to declare this on their form R, and also inform me well before their first ARCP so that we can discuss the process and evidence required from you.

For more information please look at <http://www.rcgp.org.uk/training-exams/becoming-a-gp/entry-to-gp-the-register.aspx>

Dr Nigel Scarborough

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Workplace Based Assessments: Common Pitfalls at ARCP

Alongside the AKT and CSA, WPBA is a common cause of a non-standard outcome at ARCP. Early in training this might be easy to rectify, but later, this could delay CCT. It is important to be aware of what the 'Minimum' evidence set you should provide in each ST year. You can find this on the RCGP website:

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

Please remember this is a MINIMUM. There is the possibility of a piece of evidence not being accepted by the panel, so sticking to the minimum can, for some, be a dangerous game. Here are some of the common pitfalls:

- **MSF:** When in a primary care placement, an MSF needs to have a minimum of 5 replies from clinicians plus 5 non-clinicians. We quite often see MSFs which are incomplete, which might have at least 10 replies, but lack either enough clinicians or non-clinicians.
- **Mini-CEX / COT:** Mini-CEX can only be done in secondary care, COT only in primary care, any done on the wrong form cannot be accepted.
- **CEPS:** will be reviewed by the ARCP during your final review, to ensure there is observed evidence of the 5 mandatory intimate skills and a range of CEPS relevant to General Practice. The panel will check that these have been completed by someone who is qualified to assess. This should be a Doctor at level ST4 or above, or another health care professional, such as a specialist nurse, that has the necessary training and experience (please make sure this is clear on the form)

- **CSR:** The Clinical Supervisors Report is compulsory for all hospital posts. Because a CSR provides such rich information, it is strongly recommended that you also seek one for primary care placements. Although not really a pitfall, by not having a GP CSR you are limiting the evidence that you can use at ESR time and that the panel can use to judge progression.

RCGP Essential Knowledge Updates & Challenges: EKC 2019.1

Preparing for AKT? Keep up-to-date with the latest changes, test your existing knowledge and highlight your learning needs with the ECU Programme. Offering **Updates, Challenges, Podcasts** and **Screencasts** as well as monthly **Hot Topics** and **Journal Watch** bulletins, the ECU Programme provides a wealth of resources that are easily accessible and are **FREE** to RCGP members and AITs.

RCGP Online Learning Environment: <http://elearning.rcgp.org.uk/>

Mentorship and Coaching

The East Midlands Professional Support Unit (PSU) have commissioned a series of two-day workshops for TPD's and Educational Supervisors interested in Mentorship and Coaching.

Mentorship Using a Coaching Approach: No Charge to attend.

- **TPDs/EDUCATIONAL SUPERVISORS/TUTORS (only):**
27&28 Jun 2019 Doubletree by Hilton Nottingham Gateway
- **TRAINEES (only):**
17&18 May 2019 Leicester Hilton
29&30 July Leicester Hilton

Places are limited to 15 for each workshop and delegates must commit to attending both days. Booking at <https://secure.intrepidonline.co.uk/CourseManager/EMD/>

Lynne Cooke
Project Support Officer (RTT), Professional Support Unit
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Mentoring is a learning support mechanism where an experienced person provides knowledge or guidance to a person who needs developing or has less experience in a function, topic or role. Good mentoring can be instrumental in the development of an individual's skills, knowledge, behaviour and outlook in the workplace.

Coaching is all about empowering change and results. It helps us become more aware of ourselves, our impact on others and our responsibilities in achieving our own goals.

Good coaching can engender an increase in confidence, our ability to handle change and improve communication, performance and leadership skills.

New GP Post-CCT Fellowships

These are an output from the GP Forward View and integral to the NHS Long-Term Plan. In recent years GP Fellows have explored ways to make working as a GP more attractive. The national HEE Fellowship scheme builds on the pilot fellowship schemes pioneered in the East Midlands.

The HEE Fellowship team is actively seeking initial expressions of interest from individuals who may wish to commence as a full-time or part-time fellow any time during the 12 months from September 1st, 2019. We can put you in contact with key individuals at the training hub(s)/partner organisation(s) which lead on fellowships in the area where you wish to work in order for you to discuss the opportunities available and to be updated about the process and key dates for the local selection process.

Elements of a Fellowship

- **Clinical work** - salaried General Practice for four half-day sessions per week in the county in which you are a fellow. (You are employed by your practice).
- **Fellowship Placement** - four half-day sessions per week. The training hub/partner organisation will help to identify funded local placements for each fellow. The placements can be tailored to your ambitions and can be clinical, managerial or educational or a combination. Examples include:
 - Helping you to develop a clinical special interest such as dermatology, frailty and palliative care.
 - Supporting you to become a leader within the local healthcare system working with evolving Primary Care Networks and with GP Federations, Training Hubs, Integrated Care Systems, NHS England and HEE.
- **Project** To be determined by the Fellow and agreed with the HEE team and training hub within a few months of starting your fellowship.
- **Accredited Qualification** - two half-day sessions per week of grant supported study leave. (HEE fund your time and the cost of the tuition*).

There is a wide choice of courses. Suitable qualifications include those linked to a clinical speciality/interest or to leadership, education or research.

**course fees of up to £5000 plus £18,963 per annum for the two sessions.*

Places and Eligibility

If you have gained your CCT since August 2014 or will be gaining your CCT by September 2020 and plan to work in the East Midlands as a GP, you can apply for the current scheme.

Interested? Want to find out more?

Please email the HEE Fellowship Team for the East Midlands: fellowships.em@hee.nhs.uk

Please confirm:

1. Your name and GMC number.
2. Date of CCT (if you are in training please indicate expected date).

LTFT Training Package

HEE e-Learning for Healthcare (HEE e-LfH) has developed a session for Educational Supervisors of less than full time (LTFT) trainee doctors. It last for about 20 minutes and aims to equip healthcare professionals with the knowledge and skills to effectively supervise a LTFT trainee and raise awareness of the supervisors' responsibilities.

For information about LTFT GP training locally please click [HERE](https://www.eastmidlandsdeanery.nhs.uk/general_practice/trainees/ltft) (https://www.eastmidlandsdeanery.nhs.uk/general_practice/trainees/ltft). HEE EM offers LTFT training at 50% of full time in general practice placements at ST1 and ST2 and 60% at ST3, unless there are exceptional circumstances. For hospital posts it is usually on a 50% slot-share basis.

PD Development Day Westbridge Place, Wednesday 22nd May 2019

Another fun filled development day -programme to be finalised but covering –OOH/New contract/SupportRTT /honest Conversations/differential attainment.

Please book through intrepid. Although this is a whole day you are welcome to attend morning or afternoon if you are unable to make the whole day. Our speaker on differential attainment is doing the afternoon slot. We hope to see many of you there.

Thanks again for reading this newsletter; we hope that you find this information useful! Don't forget to send any ideas for future editions of the newsletter to aleen.robertson@hee.nhs.uk. Thanks also to our 'Co-Editor' Christine Johnson.

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