Welcome to

GP Training in the West Midlands

Welcome to General Practice Training in the West Midlands

Welcome to the School of General Practice in the West Midlands.

General Practice is plays a pivotal part in the NHS managing 90% of all patient contacts, 1 million appointments every day.
The role of the GP is crucial to the NHS but vital for each individual patient; no longer just a "gate-keeper" but more like a "mountain guide" or "pathfinder" , assisting and supporting the patient pick and choose their path during the journey of life.
Sometimes the patient makes bad life choices, then the GP is in position to help guide the patient onto a better path.

Fig 1 Helping patients choose the right path through life

Fig 2 Being at the helm of your training and professional development

The GP is part of a multi-professional integrated team within a GP practice, within a primary care community and network.
There are additional professional skills outside the need to have a broad and often in-depth clinical knowledge which should be developed during GP training and in the rest of a professional career.

You are very much at the helm of your training, but you have an experienced crew of Clinical Supervisors to help you get the most from each attachment and an Educational Supervisor to help you navigate the whole journey. If you are struggling then the Training Programme Directors can assist you as a Harbour Pilot helps a ship come into port.

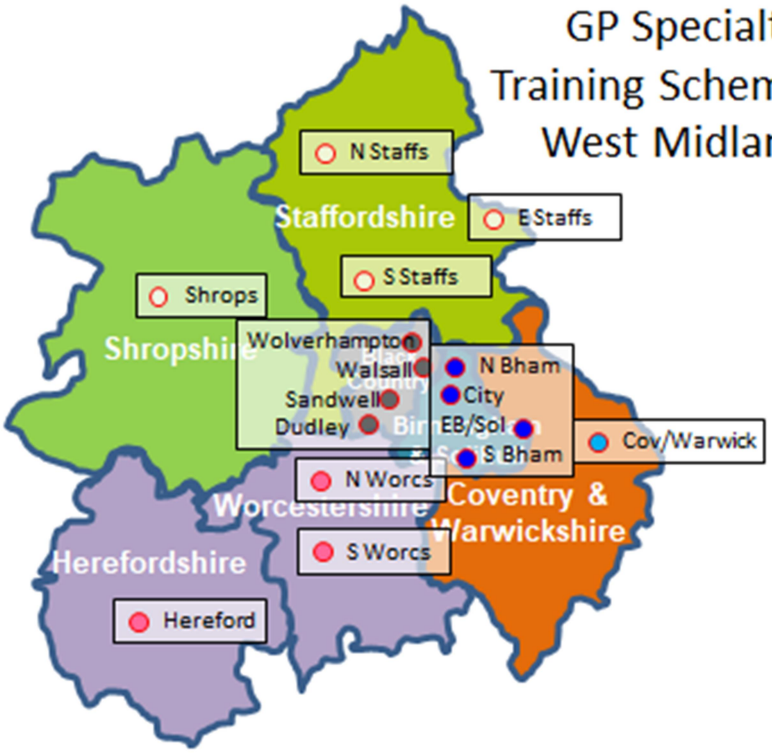
Welcome to the West Midlands.
The West Midlands is a huge area stretching from North Staffordshire down to Hereford in the South. Traversing the area in any direction will take several hours even with the motorway network running smoothly. Even though Birmingham is seen as the main conurbation in the West Midlands, there are other important cities and town which are important historically, economically, socially and medically.

These regional centres include Hereford, Worcester, Coventry, Nuneaton, Rugby, Solihull, Sandwell, Dudley, Wolverhampton, Walsall, Shrewsbury, Telford, Stafford, Burton and Stoke-on-Trent.

To add further confusion, there is also the Metropolitan County of the West Midlands which is a combined authority area with a Metropolitan Mayor, centred around Birmingham, Coventry, Wolverhampton and the Black Country area but actually only comprises the central area of the wider West Midlands region.

Training Areas are defined as below, with each area having an Area Director and a team of TPDs.

Fig 3: The16 GP Training Schemes within the West Midlands.



The training experience stretches the whole spectrum of primary care from inner city deprivation to the challenges of isolated rural general practice.

You will need to drive or at least be planning on driving! It is very difficult otherwise. Travel on public transport is often very difficult if not impossible to many of the practices.

<u>The GP Curriculum</u>

The GP Curriculum has been re-written recently and is now based on the Generic Professional Capabilities Framework defined by the GMC where the focus of the curriculum is shown to be 15% on knowledge and 85% based on skills and behaviours.

There are 5 Key Capabilities that make up “Being a GP” but 13 Capability Areas that are on the portfolio and make up these Key Aras.
The first and perhaps most significant Key Capability is “Knowing Yourself and Relating to Others”.

The Capabilities required to be a GP form a solid wall of professional competence which has to be built on a solid foundation of Curriculum Knowledge which is supported by Clinical Experience.

Fig 4 The New GP

Solid Wall of Professional Competence

Built on Capabilities required to be a GP

Solid Foundation of Curriculum Knowledge

Supported by a solid strata of Clinical Experience

The Challenge for GP Training

There is therefore a huge task ahead of any trainee starting General Practice; the need to develop those professional skills required as a primary care generalist, having the ability to enhance every patient experience to make the most of what is very limited contact.
The best resource for development of competences and covering the broad curriculum are the patient contacts and interactions.
The challenge is that allowing for education and administration time, holidays and study leave, patient contact time with real patients in the general practice setting is the equivalent of only 30 weeks during the whole of GP training.
This is therefore very challenging for doctors with limited or even no experience of general practice in the UK.

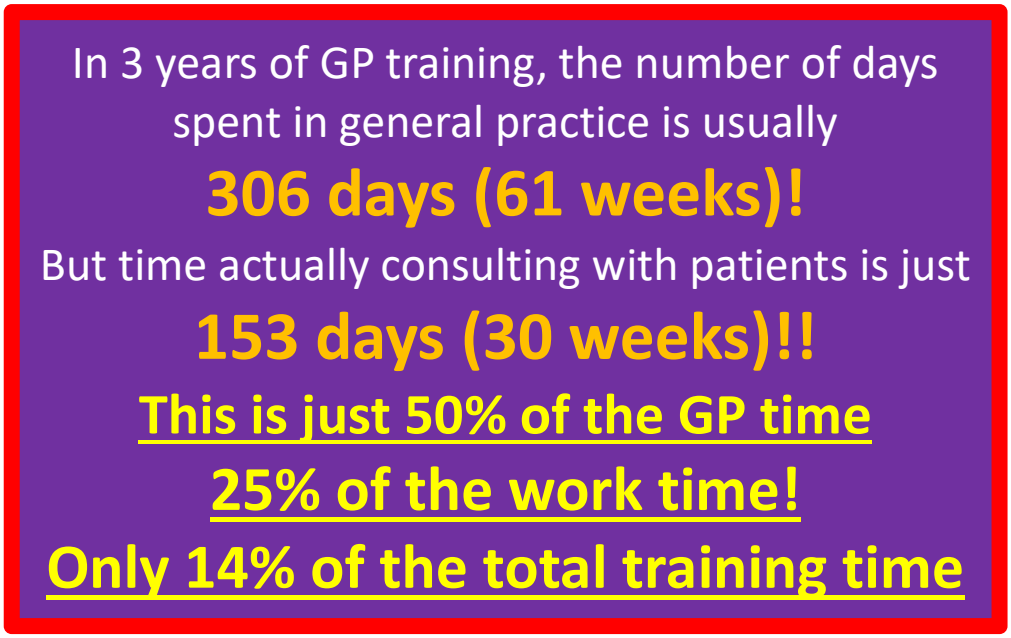


Fig 5 Time spent in GP consulting with Patients in the West Midlands (allowing for holidays, administration, study leave and educational time)

So we are training a doctor to operate in the most complex, diverse and demanding clinical environments in just 306 working days! Only half of that time is spent developing and refining the consultation skills needed. In Staffordshire and Shropshire, the situation is slightly better with an additional 34 days in general practice (20m compared with 18m elsewhere).

Training in Staffordshire and Shropshire has 20 months of GP attachments. There are innovative schemes across the patch that will provide 24 months experience in General Practice and 12 months in hospital based attachments. From August 2021, this will be the normal experience for GP Training across Health Education England

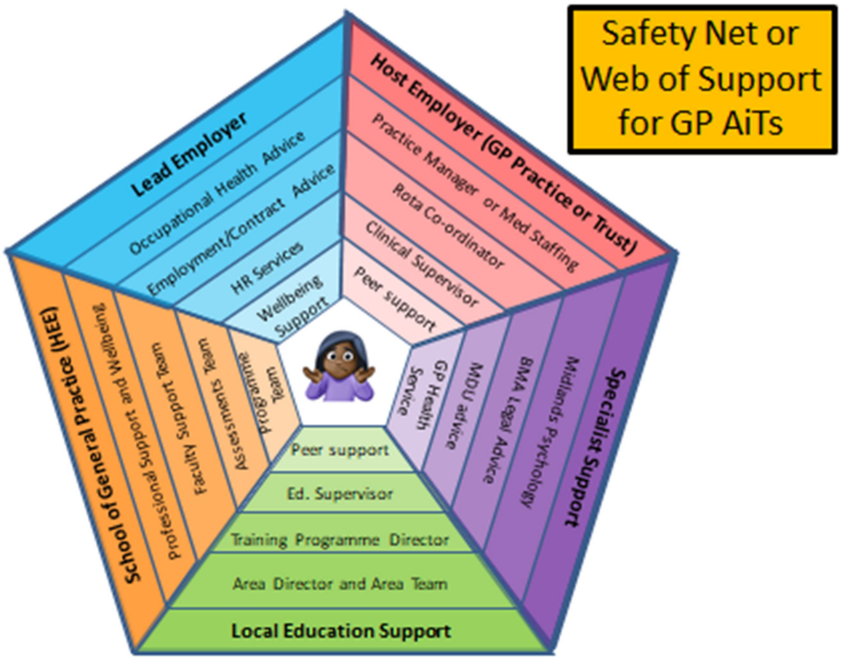
Support Team around the Trainee

There is a large team supporting GP training and each individual trainee.
When you are qualified as a GP, you will also need to work within different teams of different professional groups, with people that you find easy to relate to as well as people whom it may be more difficult to work with. You need to develop the skills to be able to

work with the team members, to be prepared to take the lead or challenge the team without being antagonistic to the team.

It is important that YOU as the focus of this educational network, but you also work within the team in a positive and appreciative way.

Fig 6 Web of Support for GP Trainees



Within the Educational Team, you should take a leading role; (you are at the helm of your training programme) but also be prepared to accept feedback, advice and support when it is being offered.

Fig 7 Support Details for Practitioner Health Service

GP Health Service: Supporting the health of health professionals
Telephone number 0300 0303 300
Email address prac.health@nhs.net
Do you need help urgently?
We are open Monday to Friday 8AM to 8PM and Saturday 7:30AM to 2:30PM.
If you need help urgently outside these hours then go to your local A&E department,
call the **Samaritans** on **116 123** or the **24/7 crisis support text line** **by texting PHP or SHOUT to 85258**

shout
for support in a crisis

Role of Health Education England:

HEE in the West Midlands organises the Training Programmes and attachments both in hospital and general practice. It is also responsible for training and quality assuring the posts.

The Post-Graduate Dean Professor Russell Smith is also the Responsible Officer for all doctors in training. The Annual Review of Competence Progression (ARCP) is part of your Revalidation Process for the General Medical Council.

HEE oversees the following aspects of training:

Approval of Less than Full-Time Employment

Approval of any Out of Programme

Approval of any Expenses for Study Leave (the approval for leave from any attachment is a separate local process)

Approval for any change in the previously agreed Training Programme of Attachments

Professional Support Unit for doctors in training with specific educational needs

The School of General Practice sits within HEE, with a GP Director and Head of School. Each of the 5 areas within the West Midlands has an Area Director who supports the Training Programme Directors (TPDs or Course Organisers).

Role of the Lead Employer:

The Lead Employer is St Helens and Knowsley NHS Foundation Trust (StHK). The contract of employment sits with the Trust and you have a responsibility as an employee to inform them of any sickness, absence or change in circumstances which affects your ability to carry out your employment.

StHK will liaise with Trusts and Practices regarding any employment issues. They will support any doctor who is unable to work in order to try and get them back into work as soon as possible as breaks in training are generally problematic.

The Lead Employer also provides Occupational Health advice for doctors with on-going health problems both physical and mental health related.

Role of the Clinical Supervisor (CS):

The CS is the supervisor during any attachment whether in hospital or primary care. During any day there may be other supervisors supporting you at work but the CS oversees your whole attachment and will feedback on your development and progress.

Role of the Educational Supervisor (ES):

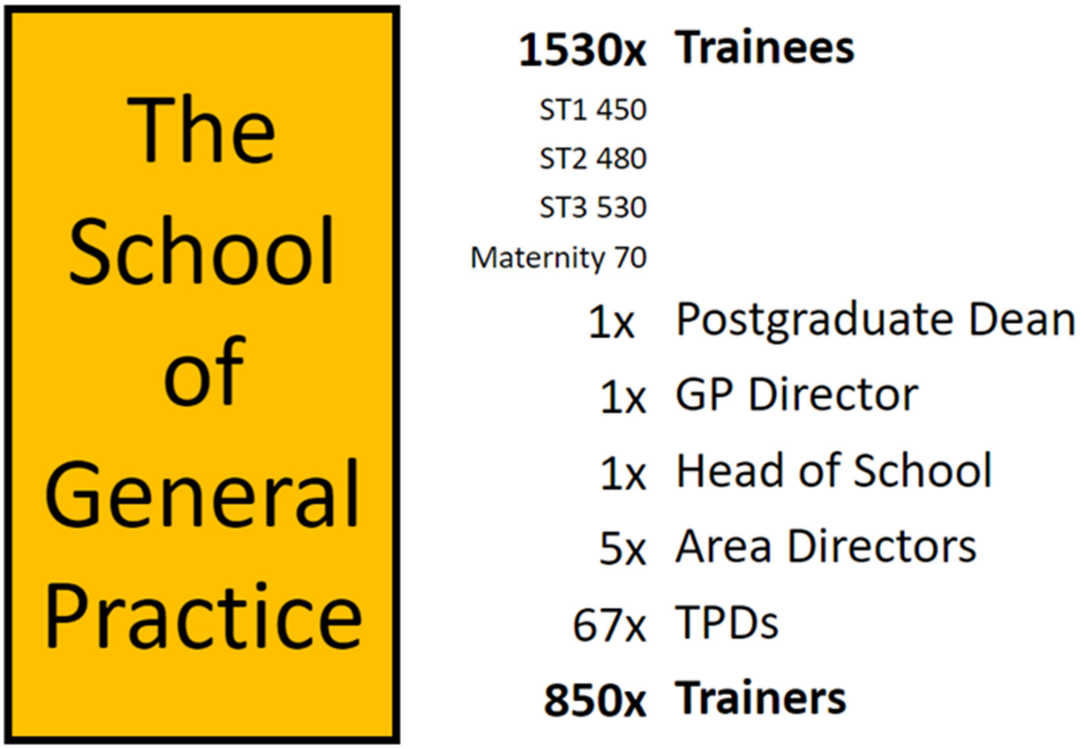
The ES supports and encourages you through the whole of your GP training period (very occasionally the ES has to be switched). The ES should take an over-view of how you are progressing towards becoming “Fit for Licensing” as a General Practitioner.

Progress is assessed twice yearly with an Educational Supervisor’s Review (ESR) which is based mainly on the evidence from your e-portfolio. It is therefore important that you add log entries and other evidence regularly. The ES will give you additional advice on your log entries and try and guide you through GP Training identifying areas of strength and weakness. The ES is therefore a very important person during training; they will be supportive but will also be honest with you, giving appropriate feedback and advice.

Every 12 months, before the ARCP, you will need to have a recent ESR, which comments on progress to date helping the ARCP panel decide whether progress is satisfactory or otherwise.

Role of the Training Programme Director (TPD):
They help format the GP Training Programme locally.
The TPDs help support and run the Half-Day Release and organise the Cluster Sessions.
They also provide additional support for trainees based on their knowledge of education and training.
The TPDs are the local links with the School of General Practice as well as the link between the trainers and training practices, hospital/community trusts and the GP School.
They will help support trainees who are having problems during their training. If there are any training issues they will try and find a local solution if at all possible. It is though not always possible especially regarding any changes in placements and attachments.
They help provide additional support and advice to trainees and trainers.

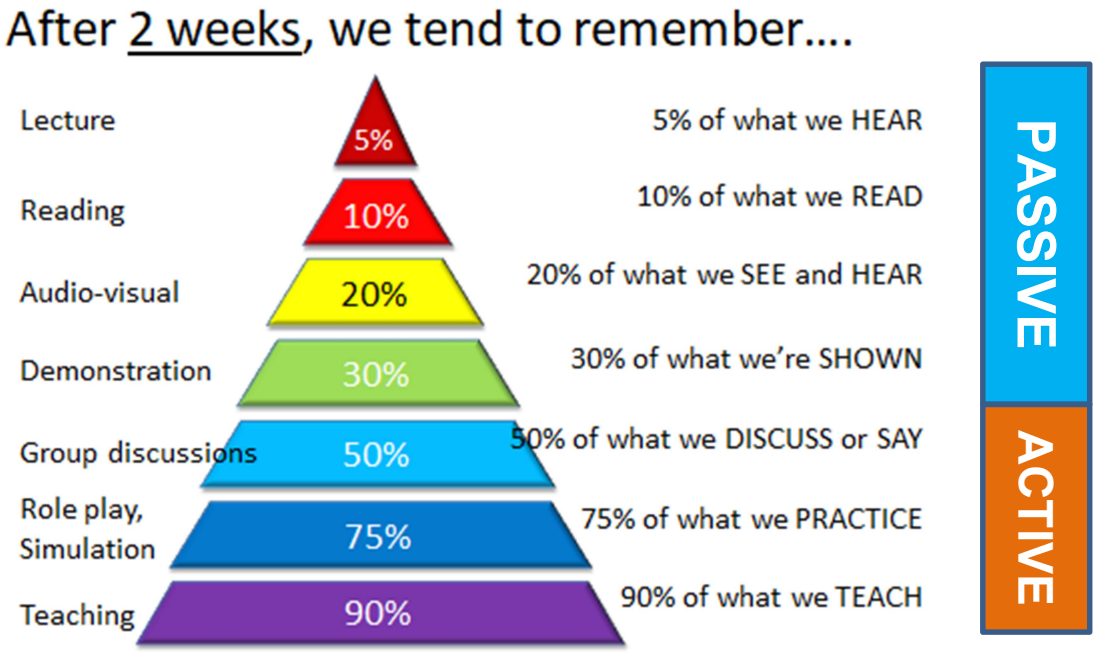
Fig.8 The Makeup of the School of General Practice in the West Midlands



Role of the AiT Committee:
There is a good working relationship between the Associates in Training (Trainees) and the GP School Executive. They both share common goals to improve the GP training experience for trainees and supervisors. Each Training Programme elects a representative to feedback into the AiT committee.

Adult Learning:

Fig 9 Cone of Learning showing the benefits of Active over Passive Learning



Active learning is more effective than passive learning. Reflection going back and thinking about the learning experience improves retention and learning further.

Role of the Half-Day Release (HDR):

There are around 24 half-days and several whole days available throughout the year to enhance GP training. It is a chance to meet up with your fellow GP registrars.

The focus of the VTS should be on discussing and developing the competences required to be a functioning GP. It is not possible or even appropriate to cover the entirety of the clinical curriculum. Learning knowledge and developing basic clinical management is better learnt in the workplace , from e-learning and developing it further in discussions within the cluster groups.

The HDR time is better spent developing the necessary higher skills and behaviours to manage uncertainty, complex and holistic care, decision making and leadership skills. It can be challenging especially in the early stages of training as some of the topics discussed appear somewhat nebulous and ill-defined but these are often the skills that define the primary care generalist. At some point during training, the “penny drops” and the value of these sessions is realised.

Role of the Peer Group:

The Small Groups or Cluster Groups operate when the VTS sessions are not running such as during the June/July ARCP period.

Cluster groups work well when there is commitment and involvement by the whole cluster group. It is not possible just to turn up to a cluster without appropriate preparation; you are letting everyone else down. There is usually a clinical topic to discuss and so the possible dilemmas of primary care management should be considered in advance ready for any discussion.

Interesting cases can be discussed but again it is important to identify what makes them interesting or challenging. NICE, SIGN and the other clinical guidelines offer guidance to what may be best practice but this may not be the most appropriate management for any individual patient that you are treating. The impact of age (few trials are carried out on the elderly), co-morbidity and patient views on management may all impact on what is the best plan for your patient.
Recorded consultations can be viewed and discussed in preparation for the Clinical Skills Assessment (CSA) examination. (This is currently replaced by the Recorded Consultation Assessment RCA)
It is also an opportunity to bench mark yourself against your peers.

General Practice training is challenging and GP registrars often don't see the challenges of providing patient care in the community until the second or even third year. What can seem somewhat obscure initially such as shared decision making is crucial to help manage and motivate your patients in the real world.

Role of Self-Learning:
General Practice like specialty training and all post-graduate degrees requires a huge commitment both at work and at home. There is educational time during the working week to reflect on clinical encounters but additional time and actions are needed to pass MRCGP and graduate as a GP.

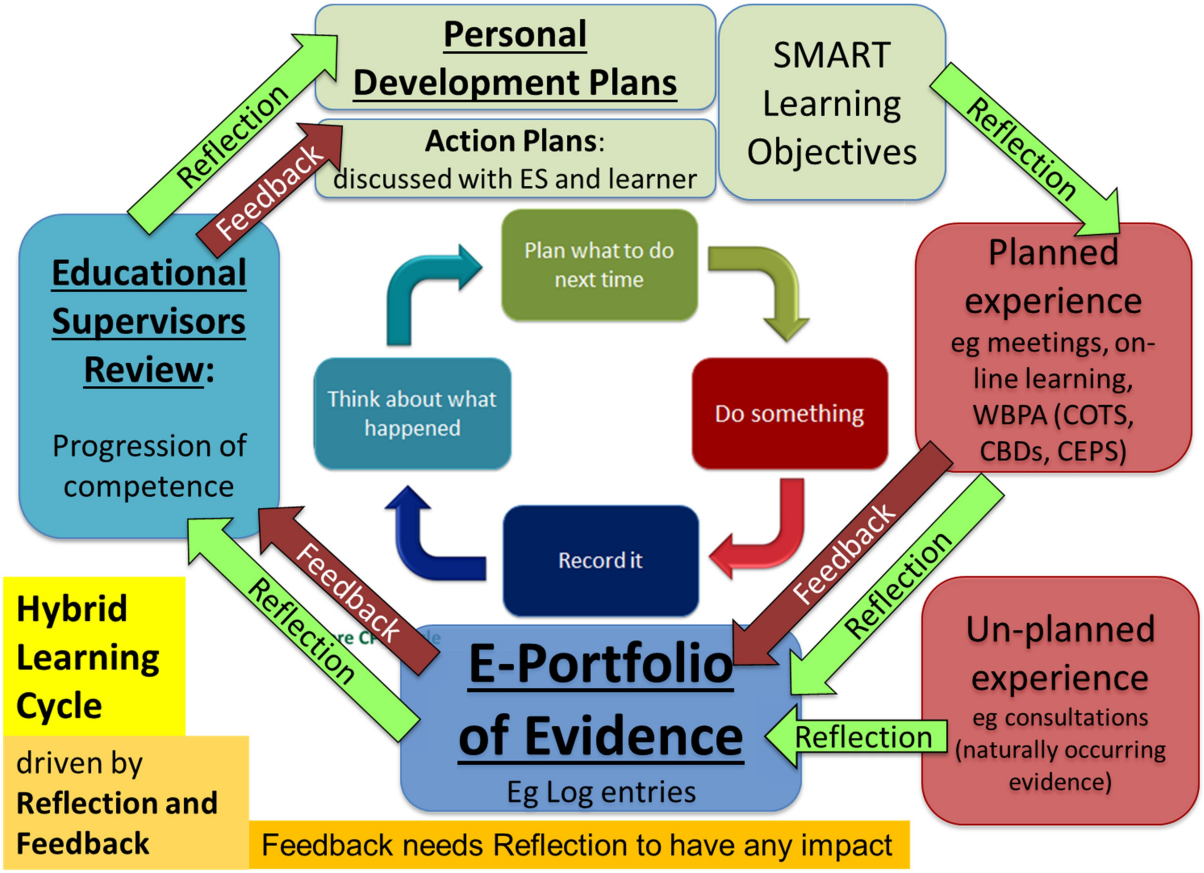
The GP School would recommend Fourteen Fish as an individual resource for helping cover the curriculum required for AKT. Other options would be Clinical Knowledge Summaries and BMJ learning. InnovAit the RCGP journal for GP trainees is also an invaluable resource. Learning does not mean taking lots of past papers.

Role of Reflection and Feedback:
Adult Learning relies of the ability to learn from learning opportunities. How effective learning is depends on what processes are involved during that experience. The more real-life and hands on the greater the learning, hence the apprenticeship style of training. The clinical experience of performing as a supported General Practice Registrar is invaluable (although as previously stated confined to the equivalent of 31-35 weeks.
Other experiences can be less effective but any learning is always enhanced by reflecting on that experience.

Learning is based on having an experience and then thinking about it afterwards. This process is "Reflection" and the outcome of the reflection should allow you learn something or do something differently. This process is "Development".

Part of the learning experience is receiving feedback which can be positive or negative. It can be directly from patients, colleagues or supervisors. It can be informal or formal feedback such as Patient Satisfaction Questionnaire (PSQ) or Multi-Source Feedback (MSF). It can be challenging to receive feedback particularly when it has a negative aspect but it is being given to help you develop. It is important that you do go away and reflect on the feedback appropriately.

Fig 10 Adult Learning as shown in the e-Portfolio; a hybrid engine driven by Reflection and Feedback



Without the reflection, the importance of feedback is lost!

<u>The Importance of the e-Portfolio:</u>
This is the electronic folder which contains all the evidence to show that hopefully at the end of training you are fit to be a General Practitioner in the NHS. It should contain reflection on your experiences during training, good and bad, positive and negative, happy and sad. It should contain experiences from the whole spectrum of the GP curriculum and have evidence fit for licensing in all the capability areas required to be a GP.

<u>Getting the most from your training:</u>

<u>Impact of Covid-19:</u>
Training has changed dramatically during and after the pandemic. It is anticipated that there will be a second wave in the Autumn and Winter of 2020. In General Practice, nearly all consultations have become remote with the increase use of telephone and video consultations. Secondary care has also changed with Red, Amber and Green wards.

All trainees will have to complete a risk assessment for ach attachment to ensure that any identified risks are mitigated. For some doctors who are at high risk if they contracted Covid-19, this may mean working either remotely or in relative isolation within a practice.

Dependent on the degree of supervision, this may mean a period of remote supervision or having to undertake educational activity for a period of time.

Training has had to become remote as having large groups of important junior doctors in the same room, carries too high a risk. It would be a disaster if there was an outbreak of Covid within that group but also from the manpower impact of that group having to go into quarantine.
Using Teams or Zoom has worked well so far and there has been good engagement from almost all trainees but it's not the same face-to-face contact. It is important to make allowances for the lack of this personal contact and be proactive to discuss any stress or concerns with your ES and TPD at an early stage.

Secondary Care Experience:
The Trusts locally have been very supportive in providing attachments for GP Trainees. It is important to link up with your Clinical Supervisor early in the post and undertake a Placement Planning Meeting in order to discuss what opportunities there are during the attachment and what you educational needs are regarding the post.

Study leave for the post should be targeted at what is needed for your development as a GP and so may fall outside the focus of the attachment. It has to be approved by the local Trust and cannot be assumed.
Gaps in knowledge can be identified.
In addition certain conditions are more common in secondary care, although it may be important to recognise them in the community. Secondary care experience of identifying sick children, managing sepsis, diagnosing psychosis and bipolar disease etc.. Is invaluable as these presentations are less frequent in primary care although there will be many patients who have experienced episodes.

Primary Care Experience:
Initially, there should be an induction period into a GP surgery; a chance to meet the team, see how the surgery works, get to grips with the computer system. You should also have the opportunity to sit in with GPs and other professionals within the practice.

The referral process for emergencies, urgent or routine referrals should be explained. A list of useful telephone numbers and email addresses should be constructed.

The working schedule should be discussed and ensure that it compliant with the Junior Doctors Contract but also meets the needs of both the trainee and the practice.

During the attachment, the GP registrar will be supervised during surgery by another doctor in the surgery. This may not be the ES or CS but should be a named doctor. At times it may be an appropriately experienced advanced nurse practitioner (ANP) but this should be exceptional. Supervision should be available during visits usually by mobile, with an opportunity to discuss any visits afterwards with a GP.

The Primary Care Team is usually quite a closely knit team and it's important that you contribute to the working of the practice. Find out when the practice meetings take place

and try and attend. Suitable meetings are the palliative care meeting and multidisciplinary meetings that discuss complex patients

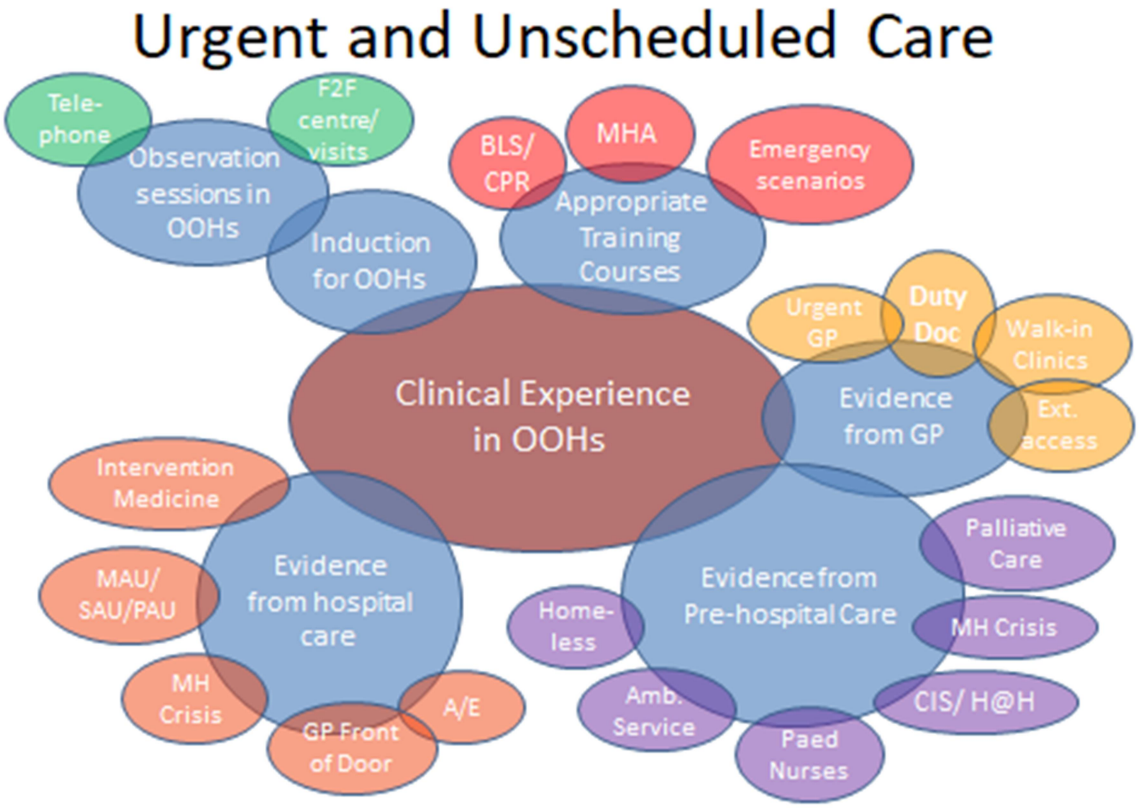
Discuss what systems are involved in reviewing letters and results. What time is set aside for this during the working week? How many are expected each day?

What other opportunities are available during the attachment to experience primary care? Consider spending some time with allied services such as community nurses, specialist community teams eg. palliative care, respiratory, heart failure, learning disability teams plus mental health and addiction services.

Consider additional experience with the Out of Hours provider as this can be useful to demonstrate capability in Urgent and Unscheduled Care and essential if you are attracted to the flexible working arrangements in OOHs after qualifying.

Your Educational Supervisor needs to be confident that you have sufficient evidence on the portfolio to justify being graded Fit for Licensing for Urgent and Unscheduled Care. Exactly what is needed will be determined by a discussion between you and your Educational Supervisor.
Other evidence can be collected from duty doctor sessions and experiences with Mental Health Teams, Crisis Teams, Accident and Emergency and Assessment Units for Medicine/Paediatrics and Gynaecology.

Fig. 11 Possible experience contributing to Urgent and Unscheduled Care



Charter of Behaviour:

As a GP Registrar or Associate in Training, you are expected to behave professionally to patients and colleagues. You are also a role model for medical students and other junior doctors. Be careful how you behave when working but also ensure your behaviour outside work is also appropriate. This extends to excessive alcohol misuse, drink driving and any drug use. Be professional with what you put on social media or even share as this may reflect badly on you as a GP and community figure.

You have a right to be treated fairly and without prejudice.
You have a right to receive feedback to be given considerately and without prejudice but you are also expected to receive feedback appropriately and without prejudice!

If you may not always like what you are being told but you should listen carefully to what is being said. No supervisor is telling you something just to upset you. The purpose of feedback is to help you improve and develop.
The supervisor may have identified a positive or negative aspect of performance and actually has a duty to patient care and to you as a trainee GP to discuss these. This information should be given sensitively after appropriate consideration as to when and how best to give the feedback.
It is not professional to claim bullying or harassment when there is no evidence of bullying or harassment.

More information about Charter of Behaviour, Codes of Conduct and Duties of a Doctor can be found as below:

Expectations of GMC
Good Medical Practice:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice
Continuing Professional Development:
https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development
Ethical Guidance for Doctors:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors#professionalism
Promoting Excellence in Training
https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence

Expectations of RCGP
The GP Curriculum:
https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview.aspx

Expectations of the Lead Employer
Policies and forms:
http://www.sthk.nhs.uk/workwithus/lead-employer-service/lead-employer-policies-and-forms

Expectations of the NHS
https://www.hee.nhs.uk/about/our-values/nhs-constitutional-values-hub-0

Fig 12: NHS Constitution Values

Fig 13: 6 Cs- Essential Values for Compassionate Care

Fig 14: NHS Charter of Behaviours

Key Principles for trainers:

1. Provide support, guidance and fair treatment to trainees/students irrespective of gender, race or any other aspect of trainee's/student's background.

2. Avoid demonstrating favouritism to the exclusion of individuals or groups, allowing all trainees/students equity of access to appropriate training opportunities.

3. Undertake roles of educational and clinical supervision, developing and maintaining skills needed for these roles.

4. Listen to concerns expressed by trainees/students in relation to working conditions to ensure patient and staff safety.

5. Work with trainees/students in a constructive and professional manner.

6. Offer prompt, timely and constructive feedback that links feedback to trainee/student performance. Avoid giving feedback in such a way as to humiliate, threaten or undermine.

7. Provide feedback which highlights observed behaviours and helps the trainee/student to find alternative strategies to overcome problems

8. Highlight areas of good performance that help trainees/students envisage what they are capable of as well as dealing with problem areas

9. Avoid behaviour that intimidates or bullies trainees/students, seeking to deal with problems in an appropriate manner for professional adult practice which aims to encourage positive approaches to practice

Key Principles for trainees/students:

1. Engage fully with the area of practice you are working in at the time to ensure that you make the most of the opportunity to broaden your experience and knowledge.

2. Ensure you are fair in your dealings with colleagues over training opportunities and service responsibilities.

3. Engage on a regular basis in on-going professional development, quality improvement activity, and contribute to critical incident review (both formally and via your learning portfolio) in regard to your own practice.

4. Find out how to fulfil the requirements of your position and discuss any limiting factors with more senior personnel in your department if problems arise.

5. Ensure you are professional in your approach to clinical practice and be timely and efficient in your clinical roles.

6. Seek out feedback on your performance, by critically appraising your own performance and highlighting areas you are seeking to improve.

7. Engage proactively in your own educational supervision, taking responsibility for learning about the requirements for assessment and maintaining an up to date record of your training progress.

8. Contribute to teaching of health care professionals, taking note of the guidance for trainers to ensure that you follow the same principles in your dealings with other trainees/ students and staff you work with.

9. Avoid engaging in behaviour that seeks to intimidate, undermine or belittle colleagues including trainers

Anticipated Workload and Trajectory of Development

ST1:

At ST1 the trainee should be getting to grips with GP training. Adding regular entries onto the e-portfolio and recognising which clinical areas are weaker. Each attachment should have a placement planning meeting which helps determine what is needed for a GP in that area.

ST2:

The e-portfolio needs to be developed further. The degree of reflection should be developed, looking at other perspectives other than the clinical aspects of a patient encounter. The more abstract but complex skills of being a GP are being discussed in the HDR and they should be making more sense.

For many this may be the first GP attachment, although in Staffordshire and Shropshire it may be the second.

Many trainees will sit and pass the AKT during or after completing the ST2 GP attachment. There is no point taking it unless you stand a reasonable chance of getting it at this time.

ST3:

The AKT should be sat usually at end of ST2 or first 6m of ST3. The CSA/RCA examination should be sat when consultations skills are functional. This may be after 4-6m of ST3.

The e-portfolio should be demonstrating the adult learning cycle, with planned and unplanned learning happening and being demonstrated regularly. Reflection should be bringing out the dilemmas or intriguing or complex aspects of being a GP.

The Curriculum Areas and Capabilities should all have good evidence. Urgent and Unscheduled Care (including any OOHs) should be completed by the final ARCP.

Summary:

General Practice is one of the most demanding fields of medicine. Multiple clinical conditions compounded by the complexity of managing patients with real life bio-psychosocial problems compounded by demands of family, friends and carers within the limitations of the current Health System. The skills of a GP require you to be enquiring, motivating, supportive well-informed and professional.

The Training Programme attempts to train a doctor to be a GP within a very tight time frame with limited attempts at the examinations.

96% of trainees will qualify as GPs at the end of training, which involves a huge commitment and hard-work by the individual. It also requires dedicated support from the Educational Team around the trainee.

All of this progress has to be evidenced in the e-portfolio.

At the end of training, you are unlikely to be the finished GP; the subsequent years require additional support and development. This has been recognised locally and there are extensive support packages available to support the newly qualified GP in the West Midlands.

It is important that you make the most of the experiences during training. It is hoped that you find all the attachments stimulating and enjoyable and during your training programme, you develop the skills, values and behaviours needed to be a General Practitioner.

Appendix 1:

Useful Contacts:

Useful email addresses:

Programmes.wm@hee.nhs.uk
Please use this email address for any queries relating to rotations or other aspects of GP training.

Assessments.wm@hee.nhs.uk
This is the email address to direct any queries regarding ARCPs.

GPstudy.wm@hee.nhs.uk
This is the contact email address to direct any queries regarding study leave.

Leademployerwestmids@sthk.nhs.uk
This is the generic inbox for the lead employer; please direct any questions here regarding employment issues, ie annual leave, salary, indemnity, sickness absence, maternity etc.

Useful Websites:

https://www.westmidlandsdeanery.nhs.uk/
This is a link to the deanery website where you will find more information, both in the support section and the GP area.

https://www.rcgp.org.uk/
RCGP website with information about the MRCGP and links to the e-portfolio.

http://www.sthk.nhs.uk/workwithus/lead-employer-service
Website for the Lead Employer

https://www.fourteenfish.com/
14 Fish GP Training Portfolio. Registration for the portfolio needs to be organised by applying to the RCGP initially and not to 14 Fish.

Appendix 2

Practice Based Induction Guide:

Practice Induction will include Fire Safety, Safeguarding and Chaperone Policy

- Holiday and Study Leave Policy
- Sickness Process

Useful Information:

- Emergency Referral Pathways:
- Medicine
- Surgery
- Paediatrics
- Psychiatry/Crisis
- Ambulance Contact
- How to refer to:
- Fast-Track Referrals
- Routine Referrals
- Community Services

Useful Contacts:

- Useful Tel/Mob/emails: