



SE SCOTLAND TRAINERS CONFERENCE MAY 2018

ASSISTANT DIRECTOR UPDATE

MEILING DENNEY

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PLAN

Hellos and goodbyes

Training programme management

Reminders for the CSA & AKT

WPBA changes afoot, and...

How we are preparing for them

Quality management

Q & A

DEPARTURES 2017 TO 2018

- Director David Bruce retired April 2018
- TPD Drummond Begg stepped down in March 2018
- Sharon Wiener Ogilvie left the Quality Management team in 2017
- Penny Miller left the ST3 Course Organiser team in 2017
- Elaine Taylor resigned from her ST3 Course Organiser role in 2018

ARRIVALS 2017 TO 2018

- Education Fellows Rachel Phillips and Jen Ireland joined us in August 2017.
- Dougie Thyne joined the ST3 Course Organiser team in 2017
- Susan Buck was appointed to the role of Associate Advisor for TiDs and more in January 2018
- Jeremy Chowings was appointed to the role of Associate Advisor for Quality and more in April 2018
- Robert Duncan is the new QIP facilitator (replacing SB)
- Rachel Wood is the new TPD (replacing DB)

RECRUITMENT

Round 1 – Fill Rates

The fill rates at the end of Round 1 by nation

	2018				2017		
Nation	Acceptances	Vacancies	%Fill		Acceptances	Vacancies	%Fill
England	2591	3191	81.2		2311	3266	70.8
Scotland	232	285	81.4		243	358	67.9
N Ireland	86	111	77.5		85	97	87.6
Wales	105	128	82		113	136	83.1
TOTAL	3014	3715	81.1		2752	3857	71.4



THANK YOU TO ALL ESS!

And to your practices and staff for providing us with excellent teaching and support for the trainees, and thus sustaining our GP workforce



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TRAINING PROGRAMME MANAGEMENT

ST1, 2 & 3

- All STER going very well
- Development and improvement taken place in each
- New ST2 induction programme developed
- New and existing courses appreciated by trainees

TRAINEES START TIMES



FEBRUARY STARTERS

- Increasing 100 New GPs for Scotland – more GP training places, Feb starters
- Deferrals 1) statutory (eg mat leave, sickness) and 2) non-statutory (eg world travel, sporting event training). When deferrals are for 6/12 they start in February
- Accreditation of transferable competencies. ATC trainees can have 6/12 prior experience taken into account, so out of sync
- LTFT = a big minority of trainees. Also out of sync with our current model for a single ST3 year.
- Mat leave, sick leave - also out of sync
- Targeted GP training- a HEE initiative. Will Scotland follow? Planned intake Feb 2019

ENSURING FAIRNESS – GENERAL PROGRAMME

- Current model: academic year starts in August, with the delivery of ST3 training skewed toward first 6/12, exam preparation largely in first 6/12, many more small groups in the first 6/12.
- February starters would be significantly disadvantaged if we did not adjust our year to spread learning opportunities across 12/12.
- So....
- ST1 & ST2 have already been adjusted to be fair to August and February starters.
- A mini-fCSA is planned for May
- CSA preparation days and taught courses will be spread over the year.

ENSURING FAIRNESS - ST3 ER DEVELOPMENTS

- ST3ER needed review in the light of Feb starters, has overall increase in number of trainees in the programme, the changing nature of GP work, and the GP curriculum and assessments.
- 5 existing program groups would be reorganised into 10 groups:
 - Fife + Northwest Edinburgh.
 - West Lothian + West Edinburgh.
 - Borders + South Edinburgh.
 - East Edinburgh/East Lothian x 2
 - Central Edinburgh x 2
- ST3 small groups will be spread evenly across the year
- All groups will have a “consultation skills” element throughout the year that doubles as “CSA preparation”

MRCGP – A FEW REMINDERS FOR TRAINERS

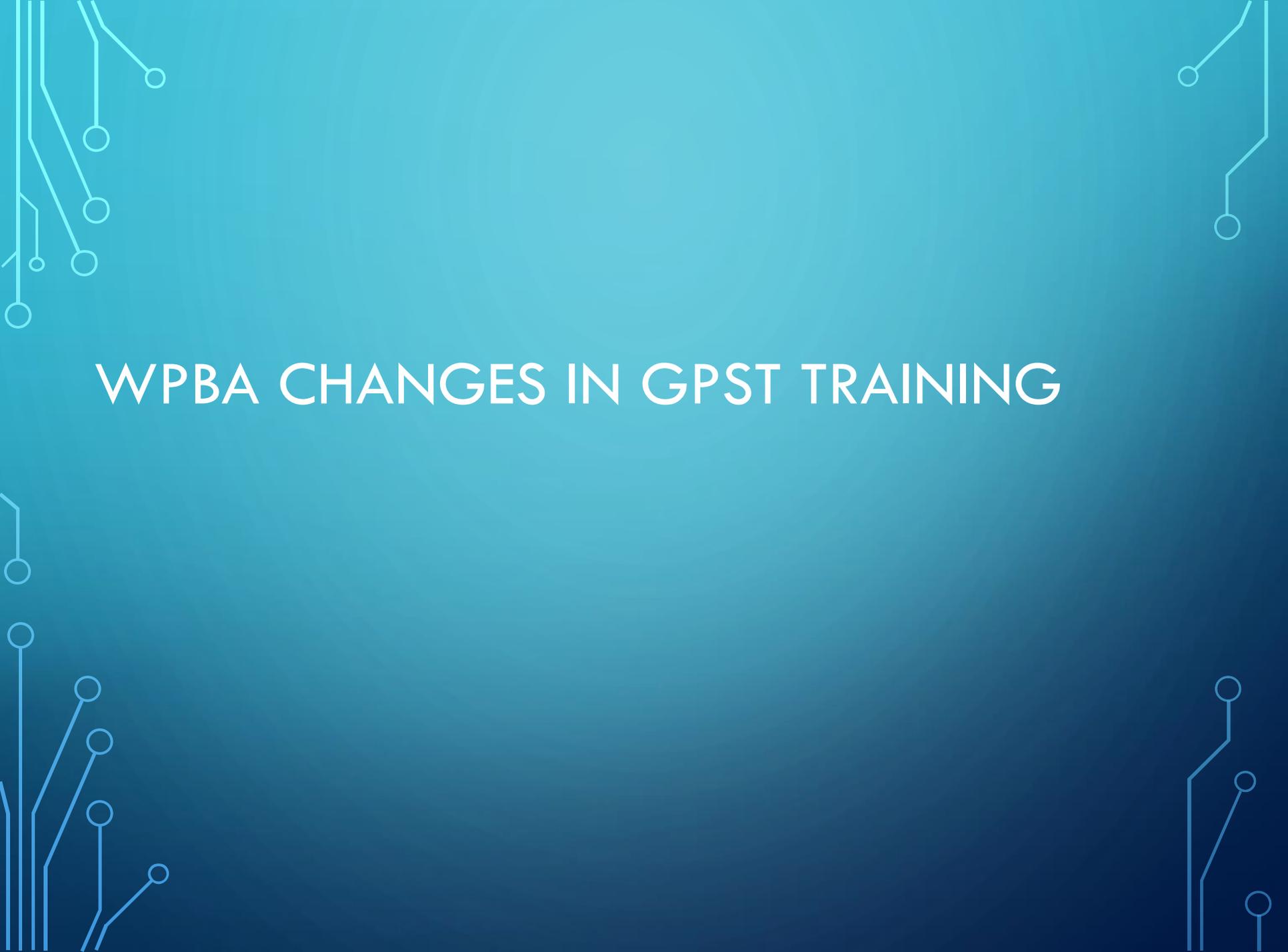
- **Preparedness to sit exams.** No discussion between candidate and ES on this means attempts are used unnecessarily, and risks exit from training. So include “preparedness to sit exams” as part of your routine review of your trainee?
- **Exceptional fifth attempts.** If submitting these, please make sure they are completed properly. In particular what has been done **since the last exam failure**. Be specific about the support offered.
- **Candidates with disabilities** & long lists of suggested adjustments. ESs may be contacted to find out what adjustments have been made for the workplace.

CSA – TIPS FOR TRAINERS

- Discuss clinical management at every opportunity
- Think about PHC teams & how they are changing
- Expose all ST trainees to complexity in surgery, OOH, & visits. And give feedback on how they did.
- Make sure you check over their physical examination of patients, including using instruments etc.
- Don't discuss CSA cases in any detail post-CSA. It's a breach of exam regulations, and doesn't help them learn.
- CSA feedback: A zero score in a CSA domain corresponds to "Clear Fail", and does not mean they did nothing.

AKT – TIPS FOR TRAINERS

- Not all revision preparation books & websites are comparable to the AKT exam.
- Many trainees focus on knowledge & recall of facts. Application of knowledge is what is being tested.
- The AKT questions are all written by practising GPs, & most focus on clinical scenarios.
- Use COTs, CBDs, RCA & tutorials to practise. Diagnosis, investigation, management, EBM.

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WPBA CHANGES IN GPST TRAINING

WPBA PROPOSED CHANGES

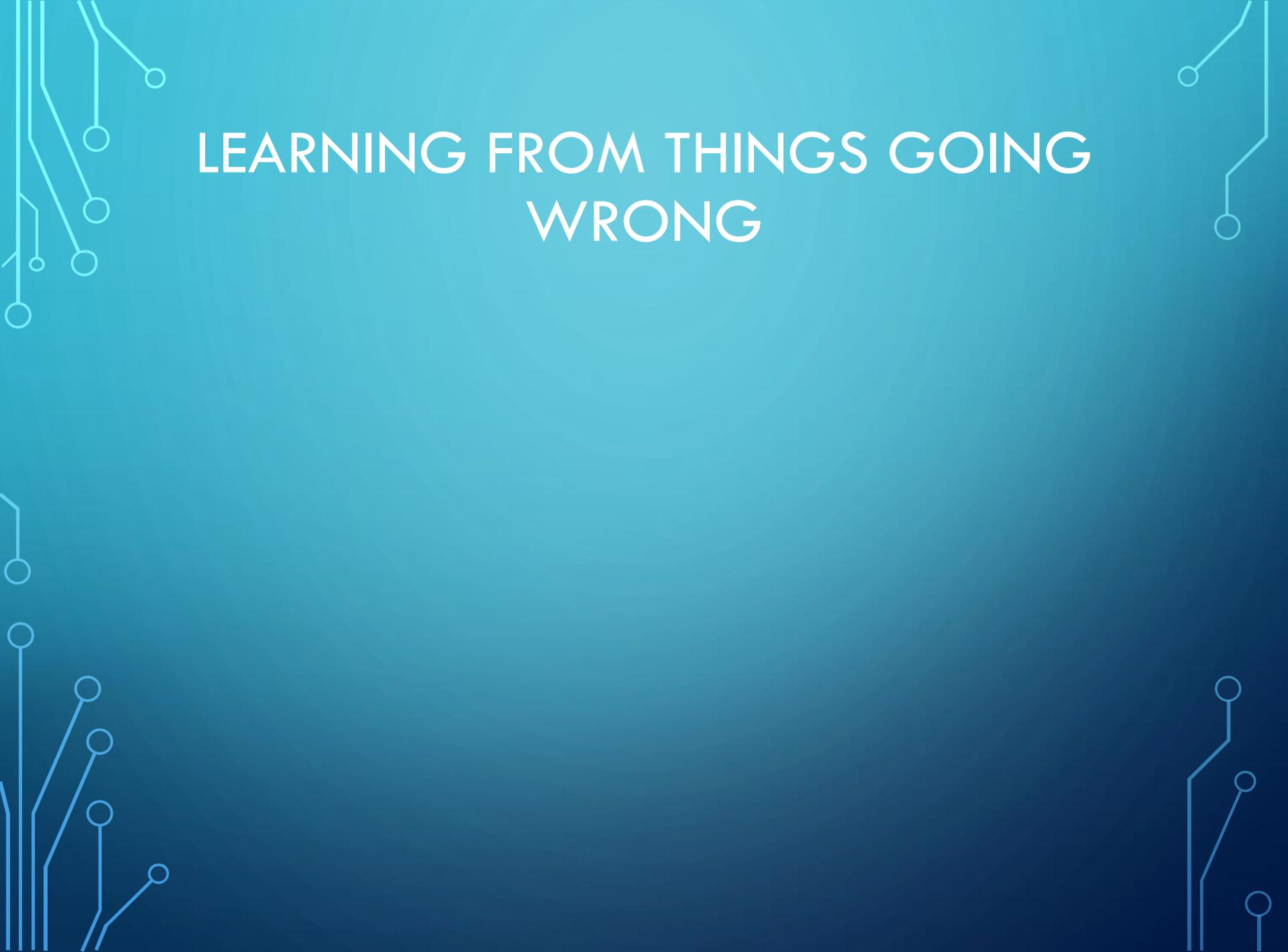
- **Making more fit for purpose**
- QIP – will come into ST1 & 2
- Leadership / MSF in ST3
- AudioCOT is an optional COT in the ST3 year, although a minimum of 9 face to face COT consultations will need to be recorded. Now in TeP
- Declutter and improve trainee PDP
- Improvements to the CSR
- Reviewing the current PSQ
- Improving CbD

LEARNING LOG ENTRIES - PROBLEMS

- Too many entries with minimal reflection
- Variation across UK wrt deanery requirements for numbers of LLEs
- Sometimes few “Clinical Encounters” and log cluttered with non-clinical entries to tick curriculum boxes
- Many trainees confused about the 13 options of log entries & often never used several of the possible options
- Trainees have asked for a better way to respond to feedback

LEARNING LOG ENTRIES – SOLUTIONS PROPOSED

- Greater emphasis on clinical entries = “Clinical Case Reviews”, with a likely RCGP minimum number of 3 CC Reviews / mth (LTFT pro-rata)
- Current 13 LLE options changed to 3 groups:
 - Reflection on reviewing what you do, and learning from cases, data and events
 - Seeking and reflecting on feedback about what you do (new reflective feedback entry planned -PSQ, MSF, CSR etc)
 - Evidence of keeping up to date – Continuous Professional Development (learning from books, internet, formal teaching sessions)
- Revised linkage to the new RCGP curriculum and a new approach to linking to population groups

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LEARNING FROM THINGS GOING WRONG

LL ENTRIES – SIGNIFICANT EVENTS

GMC has now defined Significant Events as only those events which reach a GMC threshold of potential or actual serious harm to patients (previously referred to as Significant Untoward Incidents, Critical Incidents, Serious Incidents or GMC-level Significant Events).

Terminology for appraisal and GP training will change in line with this

In logs, Learning Event Analysis (LEA) = the new “SEA”

In line with GMC expectations, need to show at least one LEA per year (this is not pro rata)

True Significant Events must be identified separately.

This revised format makes it clearer whether there is a revalidation issue which will need to be reported or if it is a purely educational entry

TRAINEE E-PORTFOLIO OTHER LLE

- Will be an expectation of a Placement Planning Meeting for every new post as a LLE
- Leadership, management & quality improvement become more prominent – new LLE formats
- GMC require formal assessments of prescribing, leadership & quality improvement
- CEPS remain!

QI: QIA AND QIP

- QIA includes a wide range of activities (SEA and Learning Event Analysis , audit)
- QIA should be robust, systematic and relevant to the trainees work
- QIA reflection should include an element of evaluation and action, and any outcome or change.



QUALITY IMPROVEMENT PROJECT

To be completed in ST1 /2, ideally & usually in GP placement

A mandatory Quality Improvement Project LLE form

The QIP should be uploaded as proof of undertaking the activity as well as reflection on what has been learned (similar to current method for audit)

Resources to help trainees and educators with QIP marking and assessment will be available on the RCGP WPBA website



LEADERSHIP

TEP LEADERSHIP

Leadership, management and professionalism

Leadership is an increasingly important area of GP training.

A new reflective log entry to enable reflection on learning in relation to leadership, management and service delivery changes is being created.

Trainees can record activities such as chairing a meeting, giving a presentation, or 'Fresh Pair of Eyes' exercises.

NEW PRESCRIBING ASSESSMENT

- GMC regards prescribing as a very important patient safety issue.
- A new assessment is being created because of this
- Planned for ST3.
- Likely to be a formal process in which the trainee reflects on their performance on 60 consecutive GP prescriptions in relation to safety and appropriateness, and after feedback from their supervisor also reflects on their learning from this process.

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THE PLAN

SES PREPARATIONS FOR QIP AND LEADERSHIP

QIP led by Alan Johnstone and his team in ST3; many trainers and practices now familiar with the concept. Limited take up by ST3 trainees.

Leadership training and practical activity introduced into ST1ER over the past year as leadership activity pilot. Generally fairly good take-up.

Mini-QIP introduced into ST1 as part of leadership activity pilot

Practices encouraged to support all trainees in QIP & leadership

SES PREPARATIONS FOR PRESCRIBING ASSESSMENT

Prescribing training day for ST3s being developed by John Dunn and his team – to be piloted in 2018/19

Practices encouraged to actively teach and monitor all trainees on safe prescribing

Helpful for all aspects of MRCGP



CONSIDER DIFFERENT PRESCRIBING CONTEXTS

REPEAT PRESCRIPTIONS,
CDM

ACUTE PRESCRIPTIONS,
MINOR ILLNESS





SUPER- CONDENSED CURRICULUM GUIDES

These are already in existence for the hospital posts, by speciality.

Work has started on SCCGs to address the nonclinical aspects of the curriculum

Idea is to signpost trainees to these opportunities in GP, and provide a planning structure for supervisors

We will be seeking views of supervisors and trainees on these

SUMMARY

A lot of
changes are
coming

We are
ahead of the
game in
South East
Scotland

Other regions
of Scotland
deanery are
keen to share
ideas

Principle is
evolution
rather than
revolution

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QUESTIONS ?

QUALITY MANAGEMENT

Joint surgeries

Videeing

Weekly
timetable

ERP / additional
surgeries



QUALITY
MANAGEMENT

OOH

EWTD and
OOH

Workload

Tutorials

Personal
study time

QUALITY MANAGEMENT

GMC Review

Extensions –
Gold Guide

Differential
Attainment

Performance
Support Unit

CSA support

Performance
Support
Programme

ARCP

Child Protection level 3

OOH

BLS

CEPS