

HEE East Midlands



Primary Care Newsletter

August 2021

New GPST1s – Welcome to GP Training in the East Midlands!

On behalf of HEE and the East Midlands GP School we'd like to welcome you as you begin your GP training here (as well as welcoming back our GPST2s and 3s).

We all know that we've had a tough time with Covid but together we're here to enable everyone to achieve their potential as we move forwards. The GP School is here to support all trainees, educators and other staff and we hope that this monthly newsletter keeps everyone informed what support is available and also about other opportunities to develop and grow.

I'd particularly encourage all trainees to find out about the GP Registrar Forum and how that relates to our GP School Board, as that is a major way we use to develop how we provide GP training here in the East Midlands.

Best wishes for this new academic year.

Nigel Scarborough

Primary Care Dean/Deputy Postgraduate Dean East Midlands

Please note **information on Moodle has migrated to the Learning Hub:**
Please revisit regularly as the Learning Hub develops additional functionality over the summer.

The three URLs:

<https://learninghub.nhs.uk/catalogue/emgpst1induction>

<https://learninghub.nhs.uk/catalogue/emgpst2>

<https://learninghub.nhs.uk/catalogue/emgpst3>

Introducing the HEE-EM GP Registrar Forum

This is a platform which brings together selected GP Registrars from across the East Midlands to discuss matters and concerns affecting our colleagues in training.

We aim to provide constructive feedback, address challenges, and input to HEE.

We send 2 of our representatives to the GP School Board Meetings (3 times a year), sharing issues from each region with educators from HEE and lay members.

We very much look forward to hearing from you

Your HEEM GP Forum representatives

AKT Assessment Dates 2021

	Booking period	AKT test date	Results published
AKT October 2021	01 - 03 Sept 2021	27 Oct 2021	19 Nov 2021 17:00
AKT January 2022	01 - 03 Dec 2021	26 Jan 2022	18 Feb 2022 17:00
AKT April 2022	02 - 04 Mar 2022	27 Apr 2022	20 May 2022 17:00

Candidates needing additional time/reasonable adjustment, are required to sit in the pm session. **All dates and times may be subject to change**

Updates around these exams is available on the [main AKT page](#)

RCA Submission Dates 2021

	Apply via website	Deadline for submission	Assessment Period*	Results published*
Sep 2021	17 - 31 Aug	30 Sep 2021 13:00	02 - 16 Oct 2021	29 Oct 2021 17:00
Nov 2021	12 - 25 Oct	22 Nov 2021 13:00	24 Nov - 9 Dec 2021	17 Dec 2021 17:00

To all GP trainees and educators,

In response to feedback, the college are making some adjustments to the RCA for the September diet onwards. In summary:

- Breast lumps will no longer be considered for the mandatory criteria of maternal and reproductive health unless specifically presented in the post-natal context.
- Clinical examination will no longer be a mandatory criterion
- Safety-netting will need to be 'appropriate' and 'realistic'.
- All submissions will be extended from **10mins to 12mins**.
- To support Trainers and Trainees, a document will be created for the training community illustrating the reflections of the examiners about what behaviours and topics do well and vice versa.

- f. The marking descriptors will be reviewed to ensure that they are still appropriate and if necessary, amendments will be proposed

These changes are all supported by the GMC and the Academy of Medical Royal Colleges. Official communications will be issued by the RCGP and the changes are due to be published on the RCGP website.

RCGP Top tips to help you prepare for the RCA: Learning from past RCAs

Candidates who do well tend to	Candidates who do less well may
<p>1. Really listen to the patient and let the consultation flow naturally. Use what the patient has said to lead the journey through exploring their symptoms and possible investigation and treatment options. Good consultations demonstrate where the candidate is being patient centred and not doctor centred.</p>	<p>Follow a pre-ordained script or bring in accurate but irrelevant details. E.g. discussing asthma is not of relevance when the patient is presenting an ingrowing toenail.</p>
<p>2. Try to include patients presenting to them for the first time. This avoids lots of recapping. Summarising is only used to help to advance the consultation. However, as the examiners cannot see the medical records and so are unaware of past medical history, medication, and allergies, then verbalise them, when they are relevant.</p>	<p>Go over old ground just for the camera when the decision has already been made. Verbalising past medical history mechanistically before an appropriate point in the consultation will not add value or marks.</p>
<p>3. Use any mixture of audio or video consultations - there are no data to indicate that audio does better than video</p>	
<p>4. Submit 'good enough' consultations that have happened during the course of their work</p>	<p>Search for the perfect one, or ones created just for the camera</p>
<p>5. Safety net sensibly – For example, it is only necessary to mention the option of a 999 call if a headache gets worse if there has been anything in the history to suggest that it might have a serious, urgent cause. For most headaches, calling back if it worsens would be a more appropriate option. Safety netting should be empowering and reassuring. A good safety net should not suddenly change the tenor of the consultation or come as a surprise to a patient.</p>	<p>Inappropriately safety net everything because 'safety netting' is specifically mentioned as being important. A baby with a nappy rash does not need to be safety netted about meningitis. A bad safety net is either one that does not happen at all, or one which is disproportionate to the actual risk, and which therefore causes a sudden change in tone at the end of a reassuring consultation and confuses, baffles or frightens the patient.</p>
<p>6. Explain any patient examination that will be needed in simple terms. A good explanation sits naturally in the consultation and helps inform the patient.</p>	<p>Explain precisely everything that might happen in minute detail or explain all the complications that might occur as a result of the operation that the doctor does not even know whether they need or not at this moment in time.</p>

<p><i>I need you to come in so that we can examine your back passage. That will involve some discomfort obviously, but we need to rule out a polyp or piles as a cause for your bleeding. I will also be referring you for an urgent opinion in case there is anything more serious going on.</i></p> <p>Then ask them if there is anything else they want to know about what you propose</p>	<p><i>I need to place a hand on your abdomen and feel for any lumps that should not be there, after which I will lie you on your side and, having washed my hands and placed a glove on my hand, will use some KY jelly and then insert a finger...</i></p>
<p>7. Chose a consultation with a patient presenting with a problem with their pre-existing long-term condition in order to satisfy the relevant mandatory criterion</p>	<p>Use a patient where a new diagnosis of a long term-condition is being made. Such cases do NOT satisfy the long-term condition mandatory criterion</p>

Tips 8 to 14 will be covered in the September Newsletter

for the full article see RCGP Blog [Top tips to help you prepare for RCA: learning from past RCAs](#)

The Essential Knowledge Update 2021.2

The limping child: when to worry and when to refer
 Advances in the diagnosis and management of GORD
 The assessment of tremor
 Recognising and explaining functional neurological disorder

[Essential Knowledge Update Programme](#)

Compassion Fatigue

It's good to be reminded that none of us are immune to the impact of having empathy.

The BMJ has published an excellent article [How can I manage compassion fatigue?](#) by Abi Rimmer with some good tips from clinicians about awareness and prevention of compassion fatigue in self and others:

Dr Anjla Sharman, Associate Post-graduate Dean

The next **Primary Care Educator Symposium** will be taking place via MS Teams on **Wednesday 6 October 2021 from 09:15 - 16:00** so please save the date!

The topic will be **Differential Attainment** and we will have a variety of speakers and workshops looking at how we can best support our trainees.

Further details and draft programme will be circulated shortly.

RCGP Top Tips to help your trainee prepare for the RCA: An Educator's Guide

Learning from the first years' experience of the RCA, the RCGP in partnership with the Committee of GP Education Directors (COGPED) have updated their top tips to support those encouraging trainees to bring their best work to the assessment.

1. Start by concentrating on their consultation skills, not the exam

Encourage trainees to start reviewing their consultation skills as early as possible, so that they get into the swing of it, but initially concentrate on helping them develop their own, fluent, consultation style. **Make sure they use phrases that come naturally** to them in a relaxed, formal setting, and not jargonistic or formulaic phrases. Considering the mandatory criteria for the exam should come later once those skills are embedded. Make sure they read the twin document to this one (highlighted earlier) [Top tips to help you prepare for RCA: learning from past RCAs](#)

2. Help with the technology

Does the trainee have everything they need to record such as:

- webcam
- all necessary tech (particularly if they are remote working)
- awareness of information governance issues of recording/storing consultations?

Top tips **3 to 9** will be covered in the September Newsletter

10. Avoid typing

Try to avoid overuse of the computer and typing because this can distract from the flow of the conversation.

11. Remember the examiner doesn't know the patient

They can't see medical records and so are unaware of past medical history, medication, and allergies. So, if relevant, verbalise them. However, doing this mechanically before an appropriate point in the consultation will not add value or marks.

12. Set boundaries for help

- This remains their exam to pass, it isn't a joint submission.
- Agree with the trainee how many consultations you are realistically going to be able to review.
- Make sure they've already reviewed and self-analysed the consultation before sharing it with you.
- Encourage them to be specific about what questions they have about each consultation.
- Suggest they only share recordings that they think would pass or where they identify a competence area(s) which they are finding persistently challenging.
- Don't make promises or advise on whether the consultation is likely to pass or not. 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! Instead, give general formative feedback to trainees.

13. Teach them how to review their own consultations

- 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 weren't truly ready.
- Teach them general principles of consultation self-analysis.
- Familiarise yourself with the marking scheme and grade descriptors and mark some together with a view to them marking their own.
- Avoid giving scores, keep feedback generic in the relevant domains and focus on specifics in terms of observed behaviours, knowledge, and decision making.

- 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

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, or likely to be passing consultations).

15. 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.

16. If your trainee fails

check their feedback carefully and read the section on the website about how to use feedback statements

17. Complicating factors

Relationship between the clinical content and the complicating factors specific to the patient when considering which cases to select. Many of the trainees' best consultations will be in one of the two **shaded** boxes, and therefore unsuitable for submission. This is explored in greater detail in [Insufficient evidence \(low challenge\) cases in the RCA](#) for example, patient expectations beliefs, beliefs, psychological issues, social situation, hidden agendas

	Multiple factors to present	Some factors present	Complicating factors absent
High Clinical Challenge	Extremely challenging consultation - excellent opportunity to display capabilities but case likely to be hard to complete in 10 minutes.	Very challenging consultation - excellent opportunity to display capabilities.	Challenging consultation - good opportunity to display capabilities.
Moderate Clinical Challenge	Very challenging consultation - excellent opportunity to display capabilities.	Challenging consultation - good opportunity to display capabilities.	Moderate level of challenge in consultation - some opportunity to display capabilities.
Low Clinical Challenge	Challenging consultation - good opportunities to display capabilities.	Moderate level of challenge in consultation - some opportunity to display capabilities.	Low level of challenge in consultation - very limited opportunity to display capabilities (insufficient evidence).

for the full article see RCGP Blog [Top Tips to help your trainee prepare for the RCA: An Educator's Guide](#)

The GP Career Support Hub

A new central information point on the Future NHS platform with resources to support GPs at all stages of their career from newly qualified doctors onwards

- career development options
- funding & support
- learning opportunities
- practical advice



I hope that you find this newsletter informative.

Please send any ideas for future content to - christine.johnson@nottingham.ac.uk or aileen.robertson@hee.nhs.uk

HEE is part of the NHS, and we work with partners to plan, recruit, educate and train the health workforce.
