

HEE East Midlands



Primary Care Newsletter

October 2021

Welcome to GP Training in the East Midlands!

NHS Learning Hub

GP Training can be a challenging option - the shortest training programme and the largest curriculum. However, all of us at HEE and in your training programme, have one overriding aim - for you to achieve your full potential and your Certificate of Completion of Training.

[HEE East Midlands GP ST1 Induction](#)

[HEE East Midlands GP ST2](#)

[HEE East Midlands GP ST3](#)

Introducing the HEE-EM GP Registrar Forum

The GPST Forum is a small team of GP Registrars from across the East Midlands in all years of training. We discuss matters and concerns affecting our colleagues in training with the aim of providing positive and constructive feedback. We send 2 of our reps to the GP School Board Meetings which take place 3 times a year, sharing issues from each region with educators from HEE and lay members.

We would love to hear from any new or current GP trainees who are interested in joining and helping shape the delivery of training that is provided throughout the East Midlands. You can reach us through our website [GP Registrar Forum - East Midlands](#) and email address gpreistrarforum@gmail.com

We look forward to hearing from, and, working with you!!

Nick Stubbings

GP Forum Representative



AKT Assessment Dates 2021

	Booking period	AKT test date	Results published
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 [MRCGP AKT page](#)

RCA Submission Dates 2021

	Apply via website	Deadline for submission	Assessment Period*	Results published*
Nov 2021	12 - 25 Oct	22 Nov 2021 13:00	24 Nov - 9 Dec 2021	17 Dec 2021 17:00

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

Tips 1 to 7 were covered in the August Newsletter

8. Cover ICE when appropriate

- Ideas patients have about their illness tend to come early, but ‘ideas’ can also relate to discussing treatment options at the end of the consultation.
- Concerns come a little later, when the patient looks worried and/or you are unpicking the ideas further.
- Expectations can be dotted throughout the consultation, from “how can I help you today?” to “is that what you hoped I’d say?” right at the end.
- The three questions are usually best asked in response to something the patient has said.
- Candidates who do less well may use the single question: “What are your ideas, concerns and expectations?” It is 3 questions, not 1, for a start and everyone has difficulty answering complex questions.
- Besides that, they are generally best asked at different parts of the consultation and not before any significant history has been gleaned or the natural follow up questions to the presentation have been asked.

9. Use the phrases that come naturally to you in a relaxed but formal setting

- Not many of us say “Ah, bless” every time we hear something sad. Most of us do not use technical language when talking to anyone else.
- Other phrases like “OK, fine” may in fact reflect the complete opposite to some statements by the patient.

10. Obtain clear consent either on or off the camera

Candidates who do badly submit cases where the patient has refused consent or withdraws it during the consultation. If the examiners can see this on audio/video, this would be considered as an **inappropriate consultation** to submit even though consent is not part of the case mark. If submitted, then Sanctions would be considered by the exam board and zero marks likely to be awarded as well as potential referral to the Responsible Officer.

11. Submit continuous recordings with clear sound throughout

If you feel the sound quality is not clear, then do not submit this consultation for assessment and do NOT be tempted to edit the recording to clarify. This can be detected and is a serious breach of exam rules. Candidates who do less well may submit a consultation which has a break in recording, which is likely to incur a penalty and score zero marks.

12. Choose patients for examination where it is relevant and appropriate

- This aids data gathering to include or refute differential diagnoses.
- Candidates who do less well have been seen to apparently “stage” an examination. This is considered as a serious breach of rules and may incur a penalty or referral to the Responsible Officer for investigation as a possible probity issue. Such an examination which is not in the patient’s best interest but performed apparently to fulfil a role for the candidate can be obvious.

13. Address the patient appropriately

- **Only address them by their first name if they know them well already.** This is especially the case for elderly patients.
- Candidates who do less well address patients by their first name when they first consult, there has been no previous contact, and no rapport built. Most patients do not welcome this degree of familiarity in consultations, and assuming it can demonstrate poor rather than good Interpersonal skills.

14. Submit a range of curriculum areas and types of patients

Empowering a health-illiterate patient to say a few words will gain more marks than simply listening while a health-literate one explains their ICE without prompting.

For the full article see RCGP Blog [Top tips to help you prepare for RCA: learning from past RCAs](#) For more about MRCGP exams [Recorded Consultation \(RCA\)](#)

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

Tips 1,2 and 10 to 17 were covered in August **Tips 3 to 9** will be covered in November

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



RCGP Learning have just launched the new [Essential Knowledge Update 2021.3](#)

Just a reminder that doing the Essential Knowledge Updates (EKU) and Essential Knowledge Challenge (EKC) may be a useful preparation for AKT!

Published every four months the EKU takes practitioners through new and changing knowledge relating to key clinical areas and best practice in primary care and designed to support GPs with revalidation.

Update your knowledge, highlight your learning and service needs and keep your CPD on track with easy to access, 20 or 30 minute eLearning modules:

- Chronic pain (primary and secondary) in over 16s
 - Atrial fibrillation: diagnosis and management
 - Otitis externa Assessment
 - Management of thyroid disease
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WPBA Requirements from 1 October 2021

The GMC released a further statement on 17th September on continued derogations in medical education and training. It is anticipated that current Statutory Education Bodies COVID derogations and guidance will be extended into 2022. The requirements for WPBA have therefore been reviewed.

WPBA requirements stand, and Trainees need to demonstrate an understanding of the GP capabilities and would potentially be disadvantaged and unable to progress in training, if their supervision, which includes their assessments, stopped during this time. Trainees should comply with the WPBA requirements, irrespective of whether they are following the old or new programme.

Where COVID has impacted on the trainees ability to complete any requirements, this should be recorded in the log and educators notes and the ES will need to state what compensatory evidence is being used to show the trainee has progressed and fulfilled all the requirements.

Clinical Examination Procedures and Skills (CEPS)

Clinical Examination Skills are a key skill for any GP. Whilst there is less opportunity to demonstrate these skills, due to the change in balance of face-to-face consultations and remote consultations, the requirement to meet the capability remains and is **mandated by the GMC**. Trainees are reminded that this includes a range of examinations and procedural skills relevant to General Practice, in addition to the 5 mandatory CEPs. With regard to trainees who are shielding and approaching their final ARCP, but who have not completed the CEPS requirements, then two options exist, of which the first is preferred - Evidence of having undertaken the examination earlier in training provided by a senior clinician of the post they were working in at the time or recorded in a log entry followed by a step by step explanation to their current ES at their Education Supervisor Review on how they would normally conduct such an examination.

Basic Life Support

Online evidence of Cardiopulmonary Resuscitation will remain acceptable during the Pandemic. It is recognised that during the pandemic, when hands on courses may not be available and practical AED not covered, an online BLS certificate alone will be accepted. Trainees should ideally provide past evidence of hands-on practical training as either BLS or ALS and endeavour to complete a practical course as soon as these are available.

Educational Supervisors Review (ESR)

It is important that trainees continue to meet with their Educational Supervisors. The annual ESR in the new Portfolio reduces the time taken to complete an ESR. If the trainee has rated themselves correctly, justified this rating and there is linked evidence for each of the capability areas, the ES can simply agree, stating that they have confirmed this to be correct. The interim ESR further reduces this workload for trainees who are progressing satisfactorily at the mid-point of the training year.

Who can undertake assessments during the pandemic?

Trainees are reminded that assessments (including ESRs) can be undertaken by any suitably accredited educationalist. If trainees are having any difficulty obtaining assessments within their own practice, due to their usual educator being unable to work at a crucial time, they should approach their TPD in the first instance for further support.

ARCP panels where mandatory evidence is missing

In order to be issued with a Satisfactory Outcome, all mandatory evidence must be provided by the trainee. However, panels should exercise discretion over the timing of receipt of the evidence. In cases where the quantity of evidence missing is small and unlikely to alter the Outcome issued, and the reason for its absence is a temporary disruption of the practice's ability to deliver their educational role, the ARCP panel should issue a deadline for submission of the absent evidence for the chair to review. The panel may however, where appropriate use their discretion and require small amounts of missing evidence to be made up in the next training phase and review at the next ARCP panel.

[Workplace Based Assessment WPBA \(rcgp.org.uk\)](https://www.rcgp.org.uk)

Leadership and Management Training

It is like any other competency in your training, you will need to accumulate evidence documented in your ePortfolio against a curriculum set out in the 'Leadership Conversations' toolkit.

In the East Midlands, HEE provides a 3-year Leadership and Management Programme (EM LMP) to help provide some of this evidence. The 'Leadership Conversations' toolkit, all the course content and an explanatory brochure is provided on the HEE [Learning hub](#)

Your Educational Supervisor at the end of each year will decide, when doing your Educational Supervisor Report (ESR) whether you are acquiring evidence at the appropriate rate depending on what evidence is on your ePortfolio.

The EM LMP is not mandatory but an excellent way to provide evidence particularly as it is free to access.

The First year of the course will equip you with the basic concepts of leadership and management. It is made up of 4 half-day virtual sessions. Ideally, they should be done in your first year, however sessions 3 and 4 could be accessed in the second year of training to allow flexibility.

For primary care trainees the Second-year content will be delivered through your existing training days spread over the three years of your specialty training. The focus in this section is how to effect change in your workplace and place the patient at the centre of this. You are expected to undertake your own multi-professional **Quality Improvement Project (QIP)** at this point. When performed to a high standard it exposes a trainee to important learning experiences such as planning, negotiation, resolution of conflict, problem solving and understanding structures within the NHS. Multi-professional working and establishing peer groups across these boundaries is also very important. The Year 1 content prepares you to undertake your QIP.

It may not be possible for each programme to deliver all this content and therefore slide packs containing **generic content has been made available on the HEE learning hub**, under Year 2.

The '**Leadership Conversations' toolkit also provides online resources** covering this content. Therefore, it is likely that at least part of your learning in Year 2 will be **self-directed and your responsibility to cover this content.**

The Third-year virtual session focuses on reflecting on what has been learnt so far from your practical experiences, introducing some advance concepts in management and leadership and how to develop this further as your training and career progresses.

Year 1 and 3 content will delivered in webinar / work-shop format with extensive interactivity via MS Teams. It can be **booked online at [Intrepid Accent Course manager](#)** Although the sessions fill up quickly, more will become available through the year. The brochure also mentions how you can cover the course content in a self-directed way, using the HEE Learning hub, for those in a hurry.

Dr Toby Delahooke
Associate Postgraduate Dean

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



Please send any ideas for future content

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