

# HEE Clinical Fellowship in SuppoRTT – Dr Dee Fowler

## INTRODUCTION

I applied at the last minute for this fellowship having been looking at the LMC website for jobs. I was professionally and personally at a low ebb having qualified in 2019 as a GP and subsequently working in a locum and salaried position struggling with the personal and professional challenges of being new qualified and the coronavirus pandemic. The fellowship seemed like an incredible opportunity to become involved with improving an area I felt passionate about having had my own experiences in returning to work during training and an opportunity for some personal and professional skill development which I was not getting in GP.

I can honestly say that the fellowship has not disappointed and I am not sure this reflection will truly give you a feel for all skills and confidence that I have developed as part of a great team.

## CHALLENGES

### Identifying & defining our specific goals & project Ideas

Our initial aim was very global “to improve the SuppoRTT process for GP trainees across the Wessex region” and in truth remained so.

We had each come to fellowship with our own ideas about how the support process could be improved in terms of various different projects having all had our own experiences of returning to work during GP training. Our initial meetings included a lot of ‘blue sky thinking’ & ideas & one of the first things we did as a group was to write our own personnel reflect & analysis of our return to work during training & share these. I mention this specifically because on personnel reflection this was part of initial building blocks of our team building process. We used our data gathering process to identify some key areas that were relevant to current GP trainees to address specifically with our global goal.

### Data gathering

With no real research experience between us we started our data gathering process by researching what was available locally but also in other Deaneries & organized meetings with some of the key people or stake holders meeting the GP Heads of school & the primary care dean, the associated deans across all the patches within Wessex and the chair of the associates in training committee. We prepared a planned series of questions to ensure we had the information we were looking for & this also helped with the practical management of the meetings & our confidence as this was a new area/skill for me personally. We received a broad range of opinions & information & it was very clear that different areas within Wessex have different issues with time out of training & the return process based on their trainee demographic for example Dorset vs Portsmouth. I found this very striking especially as the pandemic was clearly widening these differences between trainee group needs.

Following this we decided to survey the trainees themselves to get their opinion. We designed a survey using online software again other new experience for us & it soon became apparent that some of our team had more IT skills than others. We included multiple choice & short answer questions to maximize the data obtained. This was another step in our our team building process where we started to work out each other’s key skills & capitalize on them.

Aware of the challenges of getting trainees to complete more paperwork/surveys & along side advertising & repeat reminders we used a prize of an amazon voucher worth £50 to try & encourage

participation. We were able to organize 2 focus groups following the survey of participants to try & explore further the issues & potential solutions trainees thought there were. Retrospectively we regret not having recorded these sessions but at the time did not feel it was appropriate to do so & therefore only made notes.

### Analyzing our data & moving forward

Having analyzed the survey & focus group data tackling the issue of qualitative vs quantitative data we identified 3 main areas to target.

- Administrative processes

This was an area where we encountered a lot of red tape & difficulty with the various processes with regard to administrative process of notification of abscess & return to workplans, we also were initially discouraged from attempting to contact 14fish re access to forms on the eportfolio due to this needing to be done at a national level. It was very apparent that there were some avenues that were not going to be productive & yet with perseverance & managing to contact & identify some key people we were finally able to get the forms for the support process onto the trainee 14 fish portfolio nationally. This really highlighted the truth of the old maximum its not always what you know but who & has caused me to reflect that things change with time & some goals can be achievable has the time/the process progresses.

We also created a detailed document with all the need-to-know information regarding the supported return to work process & a simplified infographic to go with this which is now on the support website under sub specialties & we created a version for Thames Valley trainees.

- GP return to work course

Again, there was a period of research with regards to whether we tapped into an educational event that was already happening vs creating our own course locally. Having looked at the options we developed our own course with relevant content guided by the survey & focus group data. Our course programme consisted of several icebreakers, an introduction to the support programme, a portfolio update with Dr J Rial, clinical updates researched & presented by ourselves, a coaching session from an external coach & finally a series of clinical scenarios with relevant feedback for the trainee. We also discussed peer support & set up a whatsapp group for those that interested to see if this would prove beneficial in the return-to-work process. We used a pre & post course questionnaire to evaluate the trainees experience & received very positive feedback after our initial pilot course. Trainees felt more confident, more prepared, more aware of current clinical guidelines and eportfolio requirements post course, 100% found it very relevant to their training and would recommend to peers.

We gained a huge amount of experience from this first course logistical & practical from the IT issues, organising catering, navigating the f2f meeting issues regarding masks etc.

Following this course, we have we have subsequently run a second course which at the last minute became a virtual event due the number of covid cases and have a third course planned. The primary changes we have made were to the itinerary of the day rearranging session to try & get a good balance of academic vs interactive, changing our choice of coach & planning to work in some extra networking time for the third virtual event. Having originally been very keen for this to be a f2f course due to the benefits of networking & peer support we were really pleasantly surprised by how well the virtual event went perhaps a reflection of everyone's acceptance of virtual interactions due

to the pandemic. We have planned to continue this course virtually due to the success of our virtual event and long term sustainability.

"Absolutely brilliant course, the most useful and enjoyable zoom course I've been to and one of the most useful full stop"

- Increasing awareness of SuppoRTT

Throughout the process of the above journey, we were promoting support & raising awareness with our meetings, surveys etc. With the relevant contacts we have also presented to trainers & trainees of all years across the various patches to promote the support process & this work is on going.

### Team building

Team work has been a huge part of our success with various projects and for me personally has been key to the fellowship at a time when GP working has been more isolated with coronavirus. We did not initial know each other prior to the fellowship and are all GP mums working differently. We initially struggled having started the fellowship on different dates and working different days to work effectively as a team and there was repetition in our work. Our teamwork developed slowly over this time & I have highlighted above a few of the milestones along the way & there were many more. Another of key which I have not particularly highlighted was organizational as we became better at planning agendas for all our meetings, deciding who would run the meeting, taking notes, assigning tasks afterwards & being reliable in completing these tasks.

We were very fortunate to have facilitated meetings with Maggie Woods who encouraged us to address our team dynamic, what were "the rules" going to be, did we want to pursue individual projects vs a team effort & allowed us to have some very frank open discussions in a safe way.

In addition to the benefits of working effectively as a team genuine friendship has developed through the shared trials of sick children, moving house, changing jobs and covid.

### Deal breakers

I specifically have added this as a title because we did experience dead ends, red tape & frustration in our efforts to pursue various avenues & we had different personal areas of interest in improving the support process. We were able initially through our facilitated meetings & then as a team to discuss whether not being able to move forward was a "deal breaker" and how we were going to address that allowing us to continue to function effectively as a team.

## **Achievements**

### Personnel

Meeting management

Development IT skills

Understanding research

Analyzing qualitative & quantitative data

Presentation skills & confidence

Completion of the Edward Jenner management programme

### Professional

Creating of new simplified Supportt documentation

Adding links to the support forms to the national GP trainee eportfolio 14 fish

Creation of a pre return to work course for GP trainees

Education & raising awareness of the support service focusing on trainees & trainers

Successful poster abstract applications for both the RCGP & SAPC conferences this year

Preparation of a short report for Education of Primary Care submission

### **NEXT STEPS**

Unfortunately, I am not extending the fellowship predominantly for reasons of getting a practice to hold the funding as I am currently working as a locum, but I have been involved with the future project planning and looking at sustainability of the resources we have created.

On a personal note, I have used my study budget from the fellowship to enroll on a Diploma in Transformational Coaching starting in October 2022 which I am very excited about and will allow me to practice independently as a mentor and coach. I have also joined the SuppoRTT mentor team for 2023. I am looking forward to continuing my own personal and professional development.