

# **My Primary Care Clinical fellowship 2021/22 Write-Up.**

## **Dr Stacey Ringham - SupportTT Fellow**

### **Introduction**

In January 2021 I was at a crossroads in my career. I had made the difficult decision to leave my salaried GP role and branch out into a portfolio career with no particular idea of what that would mean. We were in the winter covid lockdown, a reflective and isolating time, and I wasn't sure what I wanted to do.

I came across the advert for the primary clinical fellowships quite last minute, so after a whirlwind application and interview, I found myself as a clinical fellow with the Supporttt service.

On 31<sup>st</sup> March 2021 (my start date) I knew very little about the Supporttt programme, how it was run and who might use it. Having had four periods of time out of training in my career I thought I was prepared, but actually during my training the Supporttt programme didn't exist; there was lots to learn!

What I also didn't realise was the fantastic opportunities that this year would provide me with. I would like to present this write up in sub-sections in an attempt to summarise what I have learnt. However, I think my husband sums it up best: 'Stacey you have an enthusiasm for your career I have never seen in you before, it's fantastic to listen to all your experiences, you're a new woman!'

### **The SupportTT Fellowship**

The SupportTT programme is a service that assists all trainees from all specialities return to training following a period of absence for 12 weeks or more. It provides a framework for trainees to return and offers interventions such as coaching, mentoring, enhanced supervision, and webinars. We were lucky enough to work as a team of 4 GP clinical fellows led by the national lead of the service, Dr Antonia Calogeras and her admin support team Karina and Laura. Alongside this we had monthly mentor support from Maggie Woods.

### **Initial weeks**

Our first weeks were spent on building our team rapport and learning about the service that SupportTT provides. Then we had a period of blue sky thinking where we (somewhat naively) brought all our ideas to the table to consider ways we would like to improve the service for GP trainees. We considered what had already been done in the Wessex area, as well as nationally; what had been a success, and what hadn't worked so well. We soon realised we needed to gather some data.

### **Data gathering/Research**

We quickly identified that discussions with the GP School were required so arranged a series of meeting on Microsoft Teams with the Head of Wessex GP School and the Associate Deans for the four GP School patches. The themes that came up included; administrative and documentation issues, funding issues, trainer/programme director awareness, stigma associated with accessing help and a need for peer support.

We used that data and our own experiences to perform a piece of quantitative research by designing a survey to send to GP trainees across Wessex. This research showed that of the 79 responders, only 11% of trainees were fully aware of the SuppoRTT programme and of those who had had time out of training, 21% had never heard of the SuppoRTT programme. Only 16% knew who to contact about their time out of training.

If a trainee has time out of training there should be a planned pre-absence meeting and form uploaded to the eportfolio (if possible, e.g., if trainee has unexpected time off then this would not be expected), and a pre return to training meeting and form. Only 15% had had a pre-absence meeting and 40% a return to training meeting.

In terms of area to improve the service: 71% thought a return to training course would be beneficial, with 40% requesting peer support in some capacity.

In the survey we asked volunteers if they wished to be contacted to discuss their ideas further in a focus group. In total we had 8 trainees join our focus groups which were split into two groups. The sessions were semi-structured and lasted an hour each. We decided not to record the session to maintain confidentiality with the intention that the trainees might be more open and honest in their discussions. Unfortunately, hindsight is a wonderful thing and when we came to analyse the data, we realised our brief notes were somewhat limited and we missed a considerable quantity of the rich data we had. As time progressed me PGCert (discussed below) allowed me to see the pitfalls in our work. However, it also provided me with an understanding that qualitative research analysis is difficult and always subjective. I think sometimes doing something 'wrong' can provide more opportunity for learning than doing something right from the outset.

The quantitative survey data, the qualitative data from the surveys and our notes from the focus groups allowed us to identify three themes for improvement: administrative processes, a GP specific return to work course and increasing the awareness of the Supportt programme.

#### **Fourteen Fish and Administrative improvements**

During our fellowship we worked to improve the documentation for GP trainees in the Wessex deanery. This included producing an infographic and a longer document. The challenge we had was how to disseminate this work. We sent it to all GP schools who were grateful, but the overwhelming feedback was that it should be somewhere easily accessible with the capacity for the Supportt programme to update it when needed. GP trainees use the eportfolio on at least a weekly basis. We were very proud to be able to organise for a link to be added onto the national GP eportfolio. This link is now found on the 'time out of training' section of the portfolio and takes you to the SuppoRTT programme website. Our documents will be added to this link in due course. This has been a fantastic improvement for GP trainees and trainers as the information is readily available in a location that is frequented by all involved.

#### **GP Specific Return to Training Course**

We completed our first pilot of this course in December 2021, and it was held face-to-face in Southern House, Otterbourne. Our feedback was extremely positive with 100% recommending it to others. We worked hard to consider what elements of the day would be most useful to trainees. We included external speakers: a programme director to discuss the eportfolio and a coach to provide a reflective coaching session. We facilitated an

introduction to SuppoRTT session, a clinical updates session and an interactive role play with scenarios session. There were plenty of informal opportunities to gain peer support and catering was provided. I particularly enjoyed the teaching role I had in the course. Subsequently we arranged a further course three months later, working off the same principles. This one was held virtually due to trainee demand, which meant we could extend it to Thames Valley trainees as well as Wessex trainees. Trainees fed back that they felt more confident, more prepared and more aware of current clinical guidelines and eportfolio requirements after the course.

### **Raising Awareness**

We have considered multiple ways to improve awareness of the SuppoRTT programme and agreed there were several areas to work on. The documentation covered in the section above has been an important aspect of this. We have spent the last couple of months speaking both virtually and face to face to trainees and trainers across Wessex. These have been during training days in 15-30 minute windows. Feedback has been positive, and it is great to hear that more and more people are aware of the programme when we come to speak at the sessions.

### **IT skills**

I have never particularly prided myself on my IT skills yet can recall feeling exasperated as a trainee that my lecturers seemed so old fashioned and IT naïve. It appeared I had become that lecturer. I may be a whizz at SystemOne, but I wasn't aware how much my IT anxiety would impact my fellowship. I'm very pleased to say this has considerably improved. From Dropbox, to Teams, Zoom, Blackboard, Excel, my skills have come on leaps and bounds. We found that working as a team and sharing our learning in this area really helped us all progress. Still, there is always more to learn which I'm sure will keep me busy!

### **Mentoring sessions with Maggie**

As a team of 4 we met with Maggie Woods every 4-6 weeks. Each meeting would loosely have a topic we wished to explore in more detail: giving feedback, powerful presenting, creating a strong team. Watching and experiencing Maggie facilitate our sessions was such a useful opportunity in itself. She ensured we all felt safe to speak openly and allowed us all time to contemplate issues raised. I found these sessions incredibly worthwhile as well as educational.

## **Other Aspects of the Fellowship**

### **PgCert Medical Education**

The fellowship offers a fantastic study budget and I decided to spend the bulk of it on the first year of the Medical Education course at University of Winchester. I am with a group of 14 clinicians with backgrounds in psychiatry, nursing, surgery, anaesthesia and geriatrics. Many of the clinicians are internationally trained and there has been so much to learn from others about the ways different specialities and indeed different countries train their health care professionals. This course has tied in beautifully with the fellowship. It is still in progress, and I am learning more and more as each week passes. I will admit I am finding it difficult as it covers more about the theory of education rather than how to teach which is

an entirely new part of my brain I am trying to spark into action. There are long papers to read, words and concepts I have never heard of before, and essays to write with references to add. However, I am proud to say that so far it is going very well. It has helped me to understand about research techniques, and why we educate in the way we do, which are concepts I have used with my SupportTT work. I feel it has confirmed my love of education and I hope to pursue this further in the next steps of my career.

### **Edward Jenner Leadership course**

One of the requirements of the fellowship was to complete the Edward Jenner Leadership course. I'll admit I wasn't particularly enthused about this. I didn't consider myself a leader, I was more interested in education than leadership. I found it far more interesting than I expected. It has given me more confidence in myself as a leader and whenever I have self-doubt, I consider the phrase 'everyone is a leader'. It was useful to write an essay to summarise my learning as it really pinned down what I was doing to lead already and how simple changes to my behaviours or actions can impact others.

### **HEE fellows peer support**

This clinical fellowship has provided the opportunity to meet on a monthly basis with the other primary care fellows for 2021/22. This has included Action Learning Sets which was a new concept to me. It was great to be able to practice this in a relaxed setting with my peers and it certainly helped me to resolve some issues that I brought to the group. The peer support has been really useful this year, unfortunately all virtually, but the WhatsApp group has been a great way to bounce ideas off each other, learn about different conferences to attend, and make contacts with other areas of HEE.

### **Co-organising the mini conference**

During one of the fellow Action Learning Set sessions Katie Collins asked if I would be happy to help out arranging a face-to-face meet up for the fellows to present their work to each other and their mentors. I agreed and with no experience of events management I thought it would be a simple task...how wrong I was! Certainly covid made that much more of a challenge. Over the winter of 2021/22 there was the Omicron wave, threats of further lock downs, reassurances, anxieties. Working out whether face to face would be allowed required a crystal ball. The consensus was certainly that a face-to-face session to meet each other would be a really important way to celebrate our work, and to network with each other on a more informal basis than Teams allows. HEE rules of masks/social distancing/numbers of people per room/implications for catering meant flexibility was the key. I came up with a timetable to allow all fellows an equal opportunity to present their work, enabled regular breaks so the mentors attending virtually could have screen breaks. I found a guest speaker to inspire us with our careers and arranged an informal networking session in the afternoon. This was facilitated considerably by Katie and the admin support team, and we met regularly in the run up to the day to talk through any issues that came up. I am very pleased to say that the day went ahead and was a huge success.

### **Medical student teaching**

Inspired by speaking to other fellows and my PGCert I contacted University of Southampton to express my interest in becoming involved with medical student teaching.

I have completed online training to become an OSCE examiner and been able to attend the University in this capacity. I really enjoyed this experience, and I am writing one of my PgCert assignments on this area of assessment and will continue to be an examiner in the future.

I have signed up to provide seminar teaching to 3<sup>rd</sup> year medical students in May and June of this year, and final year students in August. I have attended online training sessions for this, and I am really looking forward to this opportunity. As time progresses, I intend to take on marking and medical school interviews when my timetable isn't quite so busy.

### **Patient safety facilitation**

One of the training opportunities that came up this year was the opportunity to facilitate GP trainees on their Patient Safety Project. This was held online, and I was given the chance to attend an online facilitation course prior to running my own sessions. This has been invaluable this year, preparing me for the medical student seminar teaching, but also during the Return to Training Course for SupportTT. Covid has limited face-to-face teaching opportunities but branching out into the online world has had its benefits. I feel that much of the world has spent the last 2 years working out what the role of Teams/Zoom will be in their workplace. It has been fantastic to watch this evolve in medical education. Although there are many disadvantages to online learning, such as losing out on the informal networking that occurs in face-to-face sessions, and screen fatigue, there are some benefits. It is certainly more time efficient than travelling to different parts of Wessex to provide sessions/attend meetings.

### **Sitting in ARCP Panel**

One of the most enjoyable opportunities that came my way this year was the opportunity to sit in an ARCP panel meeting. I hadn't really understood the concept of the ARCP as a trainee and watching it in action, and how much competencies are considered and debated was very interesting to see. The PgCert spent a session on this recently and I was able to bring this experience to the group which prompting considerable discussion. This is an area I would like to consider developing as part of my portfolio career in the future.

### **Coaching**

During this year I have taken the opportunity to have my own coaching sessions. I couldn't recommend it enough. It has really helped to structure my goals and beliefs about what I can achieve. One of the most important factors for me this year is a feeling I need to achieve everything now. My coach has been a great leveller, reassuring me I am early on in my career, and that parking some aspects of my aspirations isn't a failure, it is being realistic and not setting myself up to fail. It is ok to say 'no' sometimes.

### **Impact on my clinical role**

During this year I have continued my regular work with Dorset Out of Hours where I am a GP trainer. I work 2-3 sessions per week and have always enjoyed this aspect of my role. I have also been locuming 1-2 sessions per week at the practice I was a salaried GP. It has been important to me to maintain that clinical role. I enjoy seeing patients and considering clinical

conditions. Prior to my fellowship my enjoyment of clinical practice was variable, and I regularly contemplated if I was in the wrong career. I have since realised I am in the right career, just my focus wasn't quite right. Readjusting my timetable has meant I love my clinical work now and I feel I have the right balance. When I went to my appraisal this year my appraiser was surprised to hear my positivity. With moral so low during the pandemic and so much uncertainty, clinical practice is extremely challenging currently. This does bring a level of guilt that I'm not doing more clinical sessions, but I think the risk of burnout for me was on reflection quite high. I am here working as a happy positive doctor, and I think that is something to celebrate.

### **Next steps**

For the next 6 months I will be working on a new fellowship with Dorset GP School to look at ways to improve the Out of Hours training experience for GP trainees in Dorset. I feel so much more prepared for this project as a result of this last 12 months. I know I want to do research, implement change and present my findings. I will certainly miss my SuppoRTT team and working on a solo project will definitely be different, but I am very excited to be entering the next stage of my fellowship experience.

We have submitted our abstracts for the SuppoRTT project to the RCGP conference and SAPC (Society Academic Primary Care) and are waiting to see if they have been accepted. Hopefully we will be presenting our findings in the summer.

I'm looking forward to my medical student seminar teaching and what my involvement with Southampton University may be in the future. I am also keen to explore further educational opportunities as they arise.

The clinical fellowship has been such a lifechanging year for me. I am so grateful for the experience and will remember this year for many more to come.