

End of Fellowship Report October 2023

Joint Injection Simulation Training for GPs

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Introduction

I was asked at the Fellowship Interview 'What topic would I choose for the Simulation Fellowship and why'?

A few weeks later I had my first online meeting with my mentor, Professor Helen Higham (Associate Dean for Simulation and Patient Safety, HEE Thames Valley and Director OxSTaR) to discuss my ideas for Joint Injection Simulation Training for GPs. The project appeared feasible but would require a preliminary 'needs assessment' to guide plans for the training programme and justify what I hoped to achieve.

First Quarter

- I took the initiative to send my mentor a summary of my plans and progress before each monthly meeting. The one-hour meetings were shared with Anne, who was doing a Simulation Fellowship on the Quick Reference Handbook (QRH) which limited the time to discuss my project. But I was able to learn from her challenges of her project, and sometimes offer suggestions.
- I attended the *Association for Simulation Practice in Healthcare* (ASPiH) 2 day conference (Nov 2022). This was excellent to find out simulation events, networking and meeting the *iRIS* team www.irishealthsim.com to learn about sharing simulation projects on their website.
- My Mentor invited me to accompany her to a GP practice presentation on the QRH at Whitney Medical Practice (half day meeting).
- I organized a 'pilot survey' of GPs on Joint and soft tissue injections (JSTI). It was sent to 10 GPs to check the questions before OxSTaR transferred the survey to *Microsoft Forms* for distribution.
- I attended the HEE TV-Wessex Simulation Networking Event, 1 day conference (Jan 2023)
- I started a Literature Review (LR). I realized my approach was 'hit and miss'. I arranged for the *BMA* Librarian to do a systematic search of *Medline*, *Embase* and *Goggle Scholar* in accordance with the evidence-based guideline *Peer Review of Electronic Search Strategies*. Two independent reviewers conducted the search and data extraction. The total number of results after manual sifting for relevance was 116 (reading the abstracts and papers to produce a summary took ~ 2 months).
 - 18.8 Million people in the UK have MSK conditions and account for approximately 20% of GP consultations, with approximately 1% needing a JSTI.
 - 19 papers on Joint Injection Training (JIT) programmes (varying from 30 minutes to 1 week). Most measured subjective confidence levels pre and post course. 4 JIT programmes

objectively assessed competence. 1 programme provided a patient outcome and six weeks after the injection. 5 programmes recorded the number of injections performed after training.

- In 2005, 66% of GPs in the region around Bath performed JSTI, but there was a lack of contemporary data.
- In 2009, GPs in the UK providing JSTI were cost effective compared to secondary care.
- In 2014 a survey of GP Trainees reported their MSK training was inadequate.
- JIT simulation programmes improve confidence and competence, increasing JSTIs.

Second Quarter

- The survey was ready to send out in February 2023. I had assumed that the LMC would agree to distribute the survey to GPs but was turned down. I asked the NHS Integrated Care Boards (ICB) to distribute it. They would not send it to individual GPs, but Dorset ICB agreed to put a message in their weekly newsletter to Practice Managers. Also, the Wessex GP Training Localities agreed to send it to GP Trainers and Trainees (as I had provided evidence of the training need). The survey was anonymous, taking on average 5 minutes to complete. There were 190 responses.
 - The survey showed 58% of GPs provide JSTI,
 - 10% of GPs do not do JSTI and do not want JIT,
 - 32% of GPs do not do JSTI but would like JIT.
 - 100% of GP Registrars requested JIT, with just 10% already doing some JSTIs.
 - The survey invited the GPs views on providing JSTI. The main themes were: -
 - GPs time is limited to provide JSTI due to the demand for consultations from high list sizes.
 - GPs want more JIT and refresher courses which are free of charge.
 - GP Trainees want JIT as part of their curriculum.
 - GPs want full reimbursement for JSTI, some have a cap on reimbursement.
 - Some GPs are concerned about maintaining skills and refer patients to a GP performing JSTI.
 - Training Physiotherapists to do JSTI.
- I completed the 'needs assessment' in March 2023.
- I wrote **Planning a Joint Injection Simulation Training Programme** (Appendix 1). This document detailed the planning stages including design, outcome, assessment and evaluation using the *Healthcare Simulation Standard of Best Practice* Template.
- I contacted my local hospital Rheumatology department to enquire if I could borrow some joint models for the JIT programme. The Rheumatologist, Dr Ciaran Dunne offered some models and his support for the training programme.
- In April 2023, while attending the Wessex Educational Research Meeting, I met the Hampshire GP Training Leader and discussed the survey findings with the need for JIT for GP Trainees. He agreed to lend their joint models which were stored in the RCGP locality office.

Third Quarter

- The survey had shown the need for training, but the results were anonymous so I could not use the survey to invite those GPs wanting training. I asked the Dorset ICB to send out a flyer in their weekly newsletter with my contact details for the JIT programme.
- The Rheumatologist, Dr Ciaran Dunne offered to host the first training session in the Rheumatology Department with his models. When we had set a mutually convenient date for the training, I sent out invitations to 10 GPs with the pre-course 'homework' (the Primary Care Rheumatology Society (PCRS) guidelines and videos demonstrating the injections).

- The course participant evaluation was very positive. Free-text comments: -

Expert advice

Excellent to have in person teaching with models to practice on

Ability to practice on models. Discussion Tips and tricks

Thank you. Great to have it locally.

Models very helpful Power point useful Good number of participants so supervision and q&a

Really enjoyed the small group and individuality of feedback on technique. Very passionate and interesting training

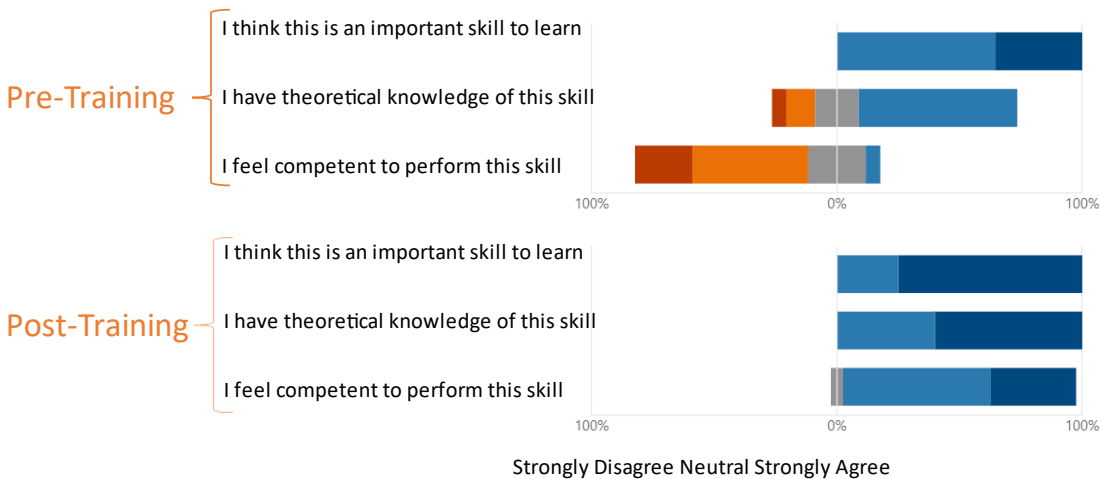
Great relaxed setting with perfect group size - time for questions

It was really useful.

The Likert Scores demonstrated the value of the training for Knowledge and Competence

Third Stage. The Joint Injection Simulation Training Programme

3. Likert scores on Motivation, Knowledge and Competence



- These responses encouraged me to submit an abstract to the ASPIH Annual Conference 2023 on the Joint and Soft Tissue Injection Simulation Training programme for a Workshop Presentation.
- I wondered if there would be any support for the joint injection training programme once my fellowship ended. I contacted NHS England who replied: -
'I am sorry I can't signpost you further as we in NHSE WTE do not hold funds for nor manage GP CPD post CCT'...' Training Hub support for wider workforce and associated projects sits with Dorset ICB'.
- I emailed Dorset ICB July 2023 but had no reply until I sent follow-up emails in September 2023.

Fourth Quarter

- I had a meeting with Dorset ICB in October 2023. The programme would need to be discussed with a higher level manager and would be dependent on their finances.

- I arranged three more joint injection training sessions in Dorset (Verwood Practice, Rosemary Practice in Poole and the Atrium Practice in Dorchester).
- I wrote up the training programme on iRIS the information sharing website www.irishealthsim.com
- I prepared my: -
 - end of Fellowship Report
 - end of Fellowship Presentation (10 minutes)
 - ASPIH Workshop Presentation (40 minutes).