**NHSE Fellowship year**

**Expansion of the GP Training Programme**

My fellowship year has been a profoundly rewarding experience, full of invaluable opportunities for both personal and professional development.

I started the year hoping to develop an idea I had whilst writing my essay for my Post Graduate Certificate in Medical Education. I was researching the concept of co-training and this led me to find many articles about less than full time doctors and women in particular being under represented in educational leadership roles. Having recently become a trainer myself whilst working as a retained GP, I felt I had a unique perspective to address this issue.

I discussed my idea for this project with my mentor who was keen for me to explore this. Subsequently, I discussed my idea with the local associate deans to gauge their perspectives on my proposed project. Disappointingly, the consensus seemed to suggest that the project might not be necessary, given the perceived diversity and adequacy of our local trainer pool.

Consequently, I set the project aside and shifted my attention towards a review of integrated training posts (ITP) in Wessex. I surveyed all trainees who completed their ITP in Feb 2023 and collated the results. I was then able to share my results with the associated deans who oversaw these posts. Please see the attached report for this project (Project 2).

During this time, I attended a Primary Care Board meeting where the discussion focused on trainer recruitment and the fact that we needed more trainers locally. This prompted me to re-embark on my original project idea, looking at barriers for salaried and retained GPs becoming trainers.

This fellowship has been immensely enjoyable, providing numerous opportunities for networking, participation in informative meetings, and collaborations with fascinating colleagues.

I have also had the opportunity to develop valuable practical skills during this fellowship, such as data collection with Microsoft Forms, creating informative materials with Canva, and I now possess a more comprehensive understanding of website management.

Prior to this fellowship I would never have had the confidence to submit an abstract to a national conference. This year has helped me to develop my abilities as an educator and leader but also my self-assurance in my ideas and contributions. I hope to continue supporting salaried and retained GPs in becoming trainers and offering them support if needed.

I've attached the full report for this project (Project 1), and I'll be presenting it at The Developing Excellence in Medical Education (DEMEC) in December.

I spent my CPD budget on completing the Transformational Coaching Diploma and attending DEMEC conference to present my project.

**NSHE Fellowship project 1**

**Barriers for salaried & retained GPs becoming Trainers**

**AIM:**

To identify barriers faced by salaried and retained GPs when considering the role of GP trainer, to enhance understanding and identify strategies to increase their participation in educational leadership roles.

**INTRODUCTION:**

The Royal College of General Practitioners (RCGP) has prioritised the expansion of training capacity in general practice, yet there is limited research focusing on barriers encountered by salaried and retained GPs in becoming trainers. This was driven by personal experience as a retained GP trainer.

**METHODS:**

A survey was disseminated via central email lists from PCN leads and newsletters sent out by Hampshire and IOW ICB and Primary care bulletin. The survey was circulated in spring 2023 to explore salaried and retained GPs' perspectives on becoming a GP trainer.

A second survey was conducted looking at demographic data of current GP trainers in Wessex in Summer 2023.

**RESULTS:**

**Salaried & Retained GP survey**

Out of the 75 responses received, a significant proportion were female (89%) and the majority (over 91%) worked 6 sessions or less. Notably, 28% of respondents were not aware that salaried and retained GPs could become trainers.

While 75% had considered becoming a trainer, only 35% possessed knowledge of the necessary steps to pursue this role.

Analysis of the data revealed the most significant barriers reported were the time commitment needed to complete the course (59%), the burden of being overwhelmed with the existing workload (57%), and the commitment associated with supervising a trainee (47%).

Encouragingly, 84% of respondents expressed a willingness to become trainers if provided with dedicated time for training and trainee supervision.

**Wessex Trainer Demographic Survey**

The 126 responses were evenly distributed from across Wessex: Dorset 31%, Southampton 30%, Mid Wessex 22%, Portsmouth/IOW 17%. Most Trainers who responded were male (59%). This is interesting when compared with national data, looking at the same geographical location, which shows that 61% of permanent GPs are female and only 37% male. Women are therefore

underrepresented in trainer roles. The data from our current trainers shows that 87% of trainers are partners with 75% working 6 sessions or more. This reflects our Wessex trainer day session information which showed 78% worked 6 sessions or more. It also shows 61% of trainers are male which is interesting when they only make up 39% of GPs in Hampshire IOW & Dorset.

**CONCLUSIONS:**

There is a substantial proportion of salaried and retained GPs who are considering becoming a trainer and increasing awareness around eligibility and the requirements to becoming a trainer should overcome early barriers. We have started to address this by updating the website and producing a flyer which summarises the process of becoming a trainer in Wessex.

With the provision of protected time to complete compulsory courses and to supervise a trainee we could see trainer numbers increase in this group of GPs. A greater understanding of these barriers may enhance recruitment across all areas of GP educational supervision and further exploration of enablers for this group is expected to yield positive implications for retention rates.

Analysis of our trainer demographic data in Wessex shows that women who work less than 6 sessions and are in a non-partner role are currently underrepresented locally. This suggests that we have an underutilised group of GPs with the potential to become trainers and with the planned expansion of the GP training programme and the changing demographic of the GP workforce we need to adapt our approach to recruitment and support for trainers.

**OUTCOMES & NEXT STEPS:**

The GP Educational Supervisor area on the Wessex deanery website has been updated with my new step by step guide on how to become a trainer. The format has been changed to make the information more accessible and videos have been added.

I have developed a flyer to summarise the process of becoming a trainer/ES in Wessex which will be distributed to all those who responded to my survey and were interested in becoming a trainer. This has also been sent out to all those who expressed an interest in developing their educational role at the New to Practice Fellowship Day.

A working group has been formed to look at the barriers in further detail and to develop a plan to address these in Wessex.

There is still a significant amount of work to be done to increase awareness at local level and ideas that have been explored include conferences and newly qualified GP events, through appraisal services or via the LMC website.

Focused feedback from salaried GP trainers has suggested that a support group specifically for salaried and retained GP Trainers would be beneficial.

**NHSE Fellowship – Expansion of GP training programme**

**Project 2:**

**Integrated Training Posts project overview**

**AIM:**

To evaluation of the effectiveness of Integrated Training Posts (ITPs) in Wessex to see whether they increase capacity to allow expansion of the GP training programme and whether they provide a positive educational experience which prepares trainees for a career in GP.

**RATIONALE:**

It was hoped that ITP posts would increase capacity, however after informal discussions with Associate Deans in Wessex this does not appear to be the case. With the recent changes to the GP training programme which requires trainees to spend more time in primary care more capacity is needed.

In Wessex, there are ITP posts available in Southampton and Portsmouth. There are currently 22 posts in Wessex which cover many specialities including ENT, Community Paediatrics, CMAHS, Ophthalmology and frailty.

**METHOD:**

In February 2022 a survey was sent out to all trainees completing an ITP post in Wessex and to their GP Educational supervisors. A separate survey was sent to the Patch associate deans (ADs) who held responsibility for post allocation for Southampton and Portsmouth.

**RESULTS:**

ADs:

Both associate deans responded to the survey. Neither felt that ITP posts have increased capacity. 'The hope was we could get two trainees to fill 'one' gap in practice'. This is largely down to the fact that even though GP registrars are only in the practice half the week the practices cannot supervise an additional trainee for the alternate part of the week due to the increased educational supervision required for this model. As 'Two trainees require twice the work for the ES'.

The main issue locally with ITP posts from the AD perspective is timetabling. This appears to be around communication with secondary care, difficulty ascertaining who is coordinating this component and the inappropriate allocation on calls and night shifts to ITP trainees.

The main benefits of ITP posts are that they seem to provide a good educational experience and allow 'exposure to unique opportunities that wouldn't work as a full-time post'.

One AD has commented that they wouldn't be able to meet the 24/12 training requirements without ITP posts. This conflicts with the opening comments about them not increasing capacity. It would be useful to discuss this further.

Trainers:

I had 5 responses from trainers of ITP posts trainees. There are 22 posts and therefore should be 22 trainers who were eligible to respond.

For 4 out of the 5 trainers who responded this was their first experience supervising a trainee in an ITP post. All agreed that the post provided relevant education experience for general practice and that they helped the trainees achieve their learning outcomes for the GP curriculum. They also all agreed that the ITP posts offered a broad-based, balanced experience of general practice which allowed them to gain the necessary competencies for general practice. However, 40% found that timetabling was not straightforward.

Trainers felt the main benefits of the ITP post included the opportunity to network, to familiarise themselves with the community teams and to experience what GPs refer into Medical assessment. One trainer commented that the ITP posts are 'really suitable for an independent adult learner ie high flying trainee'. There were comments about how it was beneficial as they spent more time in primary care, however in Wessex, ITP posts are in place of a regular GP placement rather than a secondary care post.

The main downsides of the ITP post focused on the challenge of continuity and the fact that posts often felt 'disjointed', 'bitty' and communication regarding timetabling was challenging. One trainer raised concerns that 'a less motivated trainee could just observe and probably 'hide' in these roles.

All trainers felt they understood the educational supervision requirements for this post but one commented that it would be helpful to have clarity on who is responsible for different aspects of the portfolio including commenting on log entries. They also felt it would be helpful to have the contact details of the ITP secondary care clinical supervisors so that timetabling could be organised in advance, as well as written guidance on how much time the trainee should be spending in practice vs hospital.

I specifically enquired as to whether having ITP trainees would increase capacity in the surgery to allow them to host an additional trainee. Two trainees felt it would not, one felt possibly it would and two felt this could be a possibility. However, of those who felt they might be able to they did comment that it did add a logistical challenge and double the Educational supervision requirements which would need to be appropriately funded.

One trainer commented that the ITPs may offer more educational value if they are personalised and allow the trainee to experience a speciality where they haven't previously had experience.

The trainers were made up of three male trainers, one female trainer and one who preferred not to disclose their gender. The average number of sessions worked by each trainer was 7.

I had a 45% response rate from the ITP post trainees, with 90% of trainees who responded were ST2 trainees. The trainees who responded completed a wide variety of posts including ENT, Ophthalmology, Psychiatry, Frailty, Paediatrics and CAMHS.

Trainees:

All trainees who are allocated an ITP work full-time. The average time spent in their GP placement each week was 4.7 sessions (range 4-6 sessions). The average time spent in secondary care each week was 4 sessions (4-5 sessions). 90% of trainees felt supported by their GP trainer, felt that the role provided relevant training opportunities and that the role provided relevant training and experience for GP. 90% felt they made a valid contribution to the practice team and found timetabling straightforward in GP. However, only 80% agreed that this was straightforward concerning the secondary care aspect. All trainees felt part of the practice team!

Concerning the secondary care aspect of their post, all trainees felt supported by the clinical supervisors. 90% of trainees felt that their secondary care placement offered relevant learning opportunities and offered relevant training and experience for GP.

All trainees felt they made a valid contribution to the secondary care team. 80% of trainees felt that the ITP post offered more educational value than a standard GP post and standard hospital post.

The main benefits the trainees identified included the opportunity to get extra exposure to hospital specialities and to have the opportunity for GP-focused learning in hospital posts by spending time in clinics. They also enjoyed the opportunity to 'learn frequently encountered cases in primary care from an outpatient perspective.'

One trainee commented that they enjoyed the opportunity to 'learn what referrals were appropriate and what was not and how is the patient managed after the referral'.

The main disadvantages included a lack of continuity, difficulty building rapport and that they sometimes felt like a locum, filling gaps. They often felt it was more difficult to follow up with patients in both rotations and many had difficulty organising a week where everyone is happy with the arrangements. Many felt that there was limited communication between various role-players to pre-arrange rotas.

Trainees felt that ITP posts should be included in GP training from the beginning as this would provide focused hospital training. They also highlighted the need for better communication before the placement starts. Interestingly this was also highlighted by the trainers.

Of the trainees that responded 40% were Female and 60% Male. Most trainees (80 %) were 25-34 years old.

A survey was also sent out to the other ST2 trainees who were not doing an ITP post to allow for comparison. 74 trainees completed this survey. 22% of responders were in a hospital post rather than a GP post at the time.

The results showed that a larger proportion of respondents were very satisfied (70%) with their non-ITP posts compared to 50% of ITP posts. However, the levels of dissatisfaction were more in line with 10% dissatisfied with their ITP post and 8% dissatisfied with their non-ITP post.

The main positive feedback from the non-ITP posts was that the staff were friendly, supportive, and encouraging. Trainees felt their GP surgery staff actively ensured they felt part of the team. One trainee commented, 'My trainer always made himself available to support me when needed but also encouraged me to work independently which helped to build my confidence.

However, some trainees found that their GP trainers were busy and had little time to support them. They found that it was overwhelming, to transition from hospital to GP surgery and that they had

very little guidance on how to use the IT systems. Trainees commented that the admin and visits were draining, and another felt that 'the practice was more after seeing patients and offsetting the patient load than actually training the trainees.'

**CONCLUSION:**

ITP posts are well established in many deaneries now. However, most other published papers reviewing ITP posts have looked at them as an alternative to hospital posts (Lake, 2007 & Lyon Maris & Scallen, 2007) rather than GP placements or as an optional extension to the GP training programme (Cope & Alberti, 2020).

Reviewing the survey findings suggests that ITP posts in Wessex have not increased capacity for GP training due to the complexity of timetabling and the time commitment required from the educational supervisors.

However, the trainees found the ITP posts a positive experience with most of them being satisfied with their post. They reported feeling well-supported and felt that these posts offered more educational value than both a standard GP post and a standard hospital post. They also felt that the ITP posts allowed them to explore the interface between primary and secondary care which has been identified as a positive by trainees in Kent, Surrey and Sussex deanery (Griffin et al, 2011). Both trainees and trainers felt these posts would be a more useful experience if the ITP was targeted to the trainee's learning needs. Griffin et al (2011) found that trainees reflected that the ITP posts offered the opportunity to fill gaps in their knowledge. Going forward it is worth considering whether these ITP posts should be available to certain trainees and whether the trainees should be able to request posts which fulfil a learning need.

The main issues highlighted by both trainees and trainers were concerns about continuity and the feeling the placement was disjointed. Timetabling was the major issue for all three groups of respondents. Improved communication around work commitments in the different roles, clarity over the different educational supervisor requirements and sharing relevant contact details would help to improve this.

## References


1. Lake, J. and Bell, J., 2007. How do educational supervisors view innovative training posts? An evaluation of the Portsmouth experience. *Education for Primary Care*, *18*(5), pp.588-592.

2. Lyon-Maris, J. and Scallan, S., 2007. Do integrated training programmes provide a different model of training for general practice compared to traditional vocational training schemes?. *Education for Primary Care*, *18*(6), pp.685-696.

3. Cope, S. and Alberti, H., 2020. Exploring educational integrated training posts in general practice: a phenomenological study of trainees' perspectives. *Education for Primary Care*, *31*(5), pp.297-304.

4. Griffin, R., Tavabie, A. and Mclean, I., 2011. An evaluation of the experience of integrated GP training placements in the Kent, Surrey and Sussex Deanery. *Education for Primary Care*, *22*(2), pp.74-82.