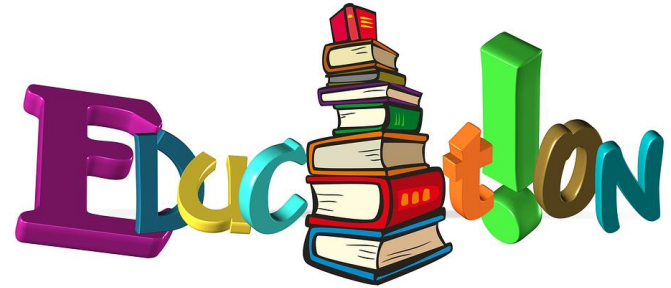


# First year of training TPD role.

## The PLP. Consulting and Thinking like a GP.



Jane Hill First year of training TPD SNEE

Associate Dean S.N.E.E.

With thanks to Abi Taylor and

Bec Cummins-Lagden

# Transition Project → Transition to GP

Enhanced Induction 2 days

8 x Training Days (4 in ST1, 4 in ST2)

1:1 Meeting and Personalised Learning Plan

Linguistics and communication skills

Neurodiversity Screening\*

Support structures and targeted resources – exams, post CCT, mentoring, area TPDs, PSW, Bridge/Digital

“To enable smooth transition for International Medical Graduates into GP training and into the GP workforce”

“To enable more trainees to complete training within the usual training time”



The Transition Project

Enabling you to reach your full potential

# First Year of Training TPDs

## Local (SNEE): Jane Hill

- Local contact for support and assistance during first year
- Contact all new ST1 IMGs to Arrange 1:1 meeting and Personalised Learning Plan
- Signpost to available support
- Support local schemes with induction, teaching etc.
- (IMG/DA fellow supervision)

## Central

- Lead/Facilitation of C&TLAGP
- Support regional induction



# First steps

- First year of training TPD contacts GPSA in local programme to obtain a list of IMG trainees and the Getting to Know you forms if used -June for Aug starters
- TPD then emails each trainee asking for time/date to book a PLP.
- Usually teams meeting.
- Timing of meeting varies according to area .Advantages and disadvantages for meetings before enhanced induction in September.

# Getting to know you form

**Name**

**Dob**

**Place of primary qualification**

**MSRA score (added by admin)-?above 480**

**Do you hold a valid driving license?**

**Do you have any special medical interests that you would like to share with the group in a teaching session?**

**What would you like to achieve from Wednesday afternoon teaching ?**

# GTNY form

**Any issues you would like to discuss with your TPD in confidence**

**Have you been on a GP training programme previously?**

**Are you planning to work LTFT**

**Please provide an email address**

**Consent to share info with other educators eg ES**

# 1:1 and Personalised Learning Plan

- Key intervention to overcome DA
- Aim for all IMGs to have 1:1 within first 3-4 months (some areas had completed by 1<sup>st</sup> month!)

## One-to-One Check-in Template



# So what happens in this 1:1?

Welcome!

Complete Microsoft form together

Background – esp. if new to NHS

•Family, housing, finances, support networks, DRIVING

Wellbeing

•How settling into post? Issues?

Previous medical experience

•Areas of strength, weakness, key learning areas

Previous communication/consultation training

Look at eportfolio-awareness of WPBA requirements for ST1 phase

Look at supercondensed RCGP curriculum guide –what do I need to know ?

Aim is to produce a plan of key steps for the first year of training → PLP output





# Resources

- PSW
- Lead employer
- Linguistics /Cultural communication workshops
- On line –Bridge/FF AKT package

# The PLP

- Not SMART!
- Bespoke to trainee BUT usually three main themes
- 1. Eportfolio – understanding mandatory and WPBA requirements for ST1 phase of training
- 2. Curriculum-signposting them to RCGP supercondensed curriculum topic guides. What they are expected to know.
- 3. Consulting and Thinking like a GP – Encouraged to book for TP workshops.

# Post PLP

- Email to trainee to summarise discussion and offer to speak again if any queries.
- Include links to resources –we all have our favourites!
- For example Bradford VTS .Doctors behind closed doors.
- Books –Symptom sorter/Consulting in a nutshell
- Educators note on FF –usually brief .
- Form is completed and sent to primary care school.

# Barriers to engagement

- Martin Benfield First year of training TPD:
- Almost all the trainees take up the offer of a PLP in the end - about 95%.
- Even the ones who feel confident finish the meeting feeling grateful they had it.
- The ones who are harder to reach are either those who feel it does not apply to them (some 'IMGs' were born in the UK just did medical school in Europe, but also some genuine IMGs who really need support think they don't need help)
- The other group are the ones who are really struggling, so ignore emails or can't find a date when they could meet because they feel too busy.
- I switch to individual emails and cc their programme TPD to make sure I get a reply.

# Encouraging engagement

- Most areas have 90-95% uptake across the region.
- Reality is that it usually involves multiple emails and some persistence by the TPD.
- No admin support for this.
- Educators note can be made for non responders.
- Involving programme TPDs and admin can also help.

# New starter case study 1

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Older. Previously worked as hospital locum. Not new to NHS. Lived 1hr commute away from programme.

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Positive neurodiversity screen-encouraged engagement with Genius within.

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Signposted to linguistics.

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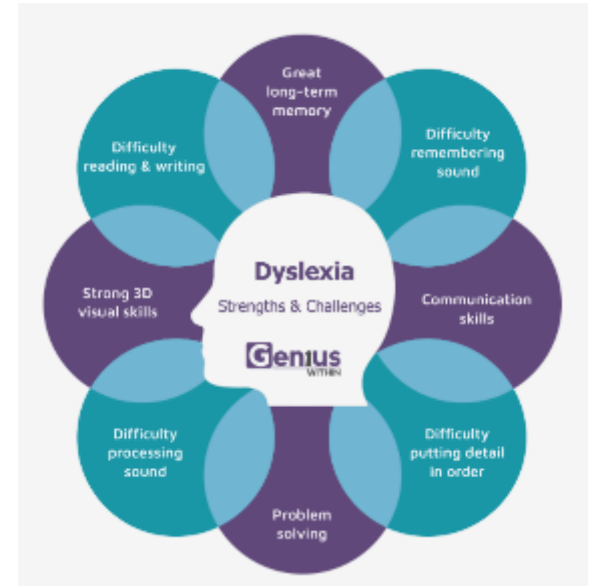
PSW referral /suggested onward referral to occ health.

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Emailed programme TPDs re support with eportfolio.

# A note on neurodiversity...

- Significant numbers of trainees each year are found to have unknown dyslexia both IMGs and UK trained.
- Estimates from HEE NE and N Cumbria suggest 70-80% of IMG trainees failing AKT>2x had dyslexia.
- Culturally it may be more difficult to accept a neurodiversity diagnosis, may view this as a stigma and a disability.
- We are trying to emphasise the positive aspects and encourage screening at the start of training (screener and time slot to complete this for all at Induction Aug 2023).
- Access to specific coaching, 25% extra time in AKT.



# Neurodiversity Screening

## Previously..

- PSW offer a neurodiversity ASSESSMENT if referred after 2 exam fails.
- This leads to many IMGs being diagnosed late in training after multiple exam fails & extensions

## Now

- Offer screening to **all** ST1s
- High risk are invited for a formal assessment (takes longer!)
  - Completion of specific eLearning modules

*However – screening doesn't always exclude...*



(\*soon)

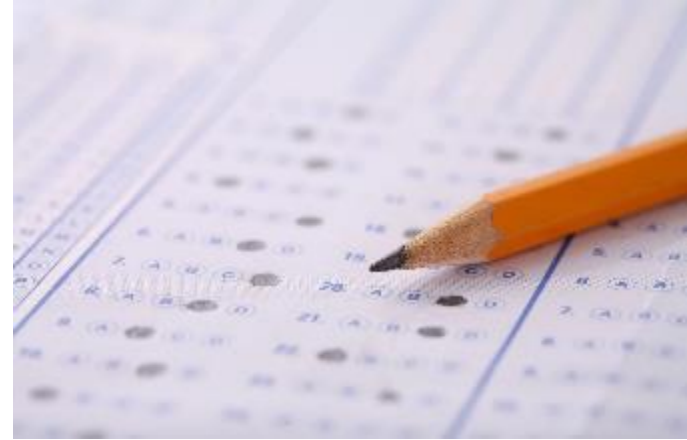


# Neurodiversity Screening cont.

Catch-up for trainees who started training prior to Aug 23:

-If fail one exam (either) x2- referred by ES/TPD or self-refer to PSW for screening

-If educator concerns prior to 2x unsuccessful attempts email Primary Care Team at [England.primarycare.eoe@nhs.net](mailto:England.primarycare.eoe@nhs.net)



(\*soon)

# On diagnosis

- Group coaching sessions
- ENCOURAGED to share diagnosis with
  - ES/CS and local TPD – **AND 1<sup>st</sup> year TPD.**
  - Lead Employer.
- +/- OH assessment +/- funded workplace adaptations via Access to Work Scheme
- Entitled to additional exam time (need to apply)



# New starter case study 2

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New to UK /New to NHS. Delayed employment checks .Late start.

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Misses hospital induction /misses programme induction.

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Arrives in UK -needs address to get a bank account and DBS check.

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Lives in Drs mess at hospital which is then given as his address.

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Supported by GPSA at the programme.

---

TPD liases with LE/PCS and HR at the trust to try and expedite his employment checks .

---

One very anxious trainee.

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Delayed starts due to delayed employment checks are not unusual.

# New starter case study 3

- Her GTNY form to the programme disclosed she would be 8 weeks postnatal when she started the training programme.
- Discussions with LE .Further discussion with trainee at PLP meeting about her wellbeing.

# New starter case study 4

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One month into GP training emergency at home so has 3/12 sick leave at the start of training.

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PSW/Occ health referrals on return .Supportive emails to trainee .PLP interview .

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Email from trainee...It was our last conversation that lit up a way forward for me...It gave me confidence ... After a long time, i felt, i have somebody to open up and talk to.

# Training Days

4 study days ST1 /ST2 of consulting and thinking days.  
In addition to Smart life sessions

- SMARTLIFE

- Soft skills previous trainees said they would find useful such as reflection, organisation and leadership skills)

- Consulting and Thinking Like a GP

- Consultation skills based on CSA sox
  - Structure a patient-centered consultation
  - Elicit ICE naturally
  - Develop and communicate a shared management plan
  - Show empathy
  - Have a solid base of consultation skills to start ST3



# Consulting and Thinking Days

**Day 1- Introduction and opening the consultation**

**Data gathering .Psychosocial and ICE**

**Day 2 Data gathering .Diagnostic sift and Ruling out disease**

**Undertaking examinations and investigations**

**Day 3 Making a working diagnosis**

**Patient centred management plans**

**Day 4 Patient centred management .Safety netting/Closing a consultation**

**Summary and final session**

# C and T Day timetable

AM

Intro session by lead facilitator introducing the theme of the session to all trainees.

Small group facilitators introduce themselves

Group is split in two

Group A Big Group session 60 mins

Group B Role players and facilitators in small groups.

Each case -30mins .One actor/one Dr

Feedback within the group .

Groups swop .



# Feedback

Helps me to learn so much not just about being a GP but life skills.

Glad to feel part of a supportive community of international trainees.

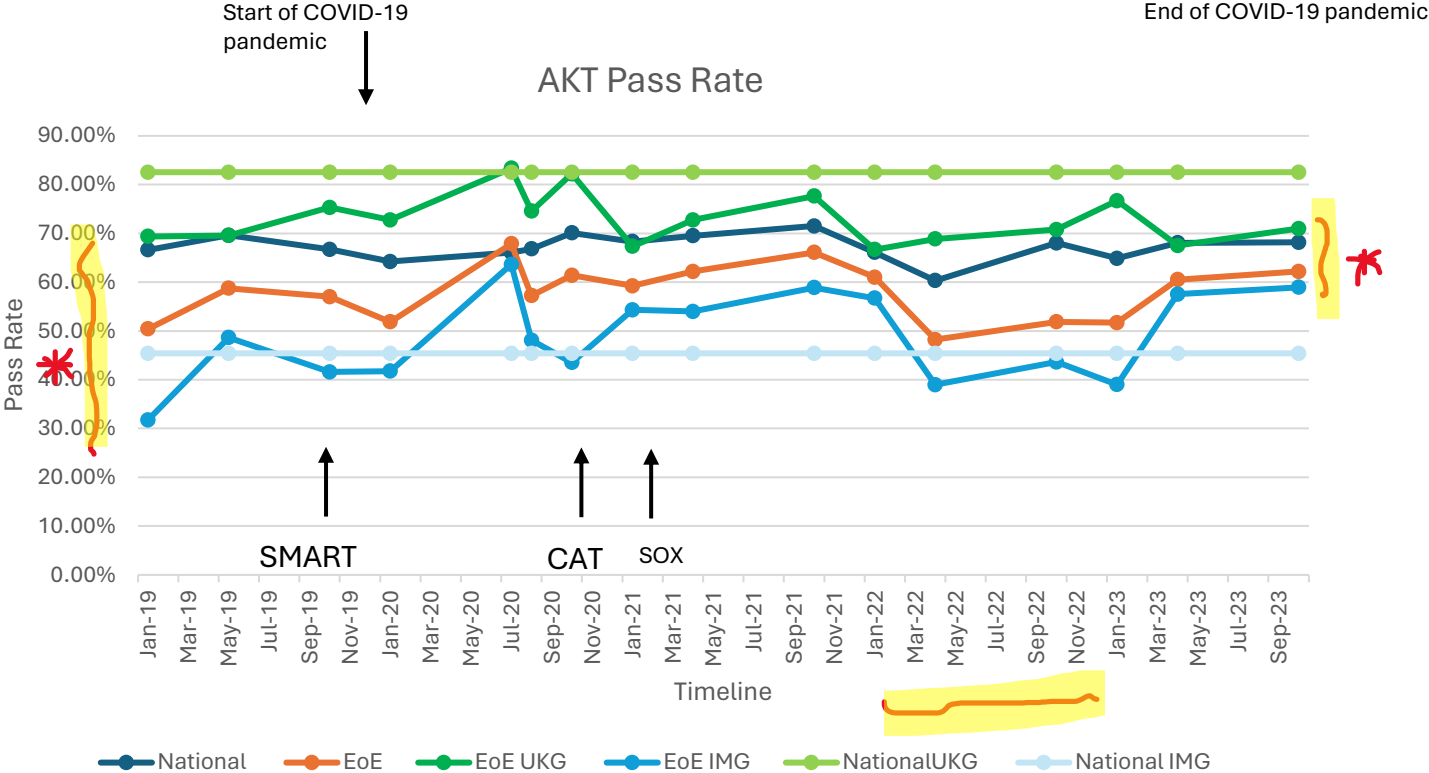
Helpful in understanding the culture, approach and terminology which is an intrinsic part of practice in the UK.

Helpful to explore cultural contexts that I may not be aware of.

It made me realise how different primary care consultations could be from secondary care consultations.

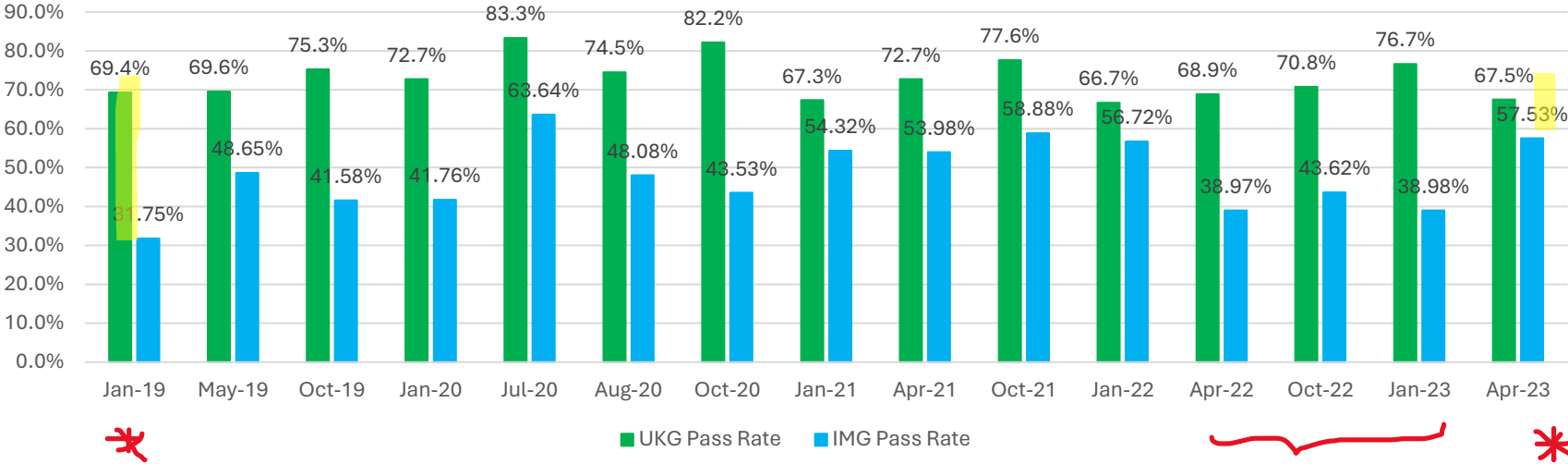
Thank you, it has been immensely helpful.

# EoE AKT Pass Rate (Jan 2019 – Sep 2023)



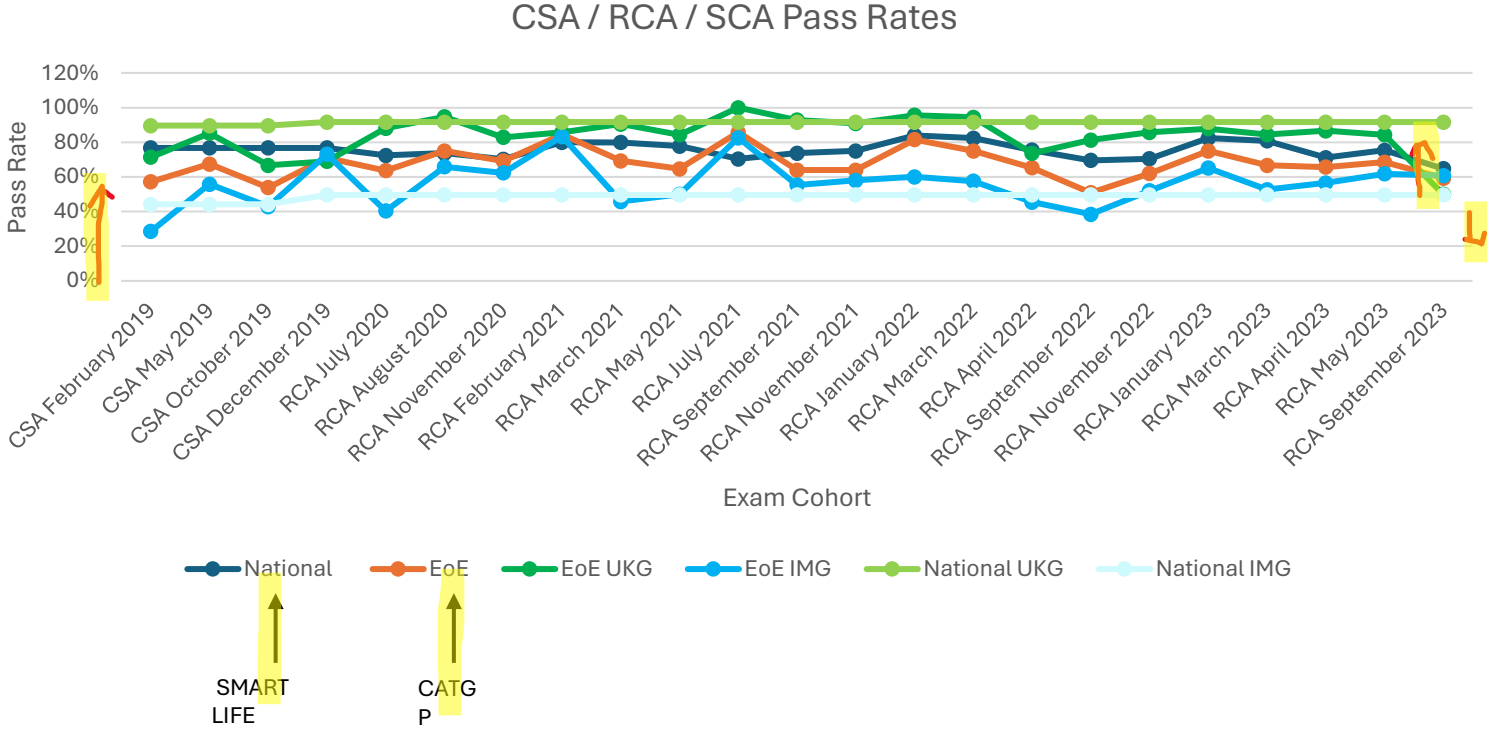
# EoE AKT Pass Rate (Jan 2019 – Apr 2023)

UKG vs IMG Pass Rate

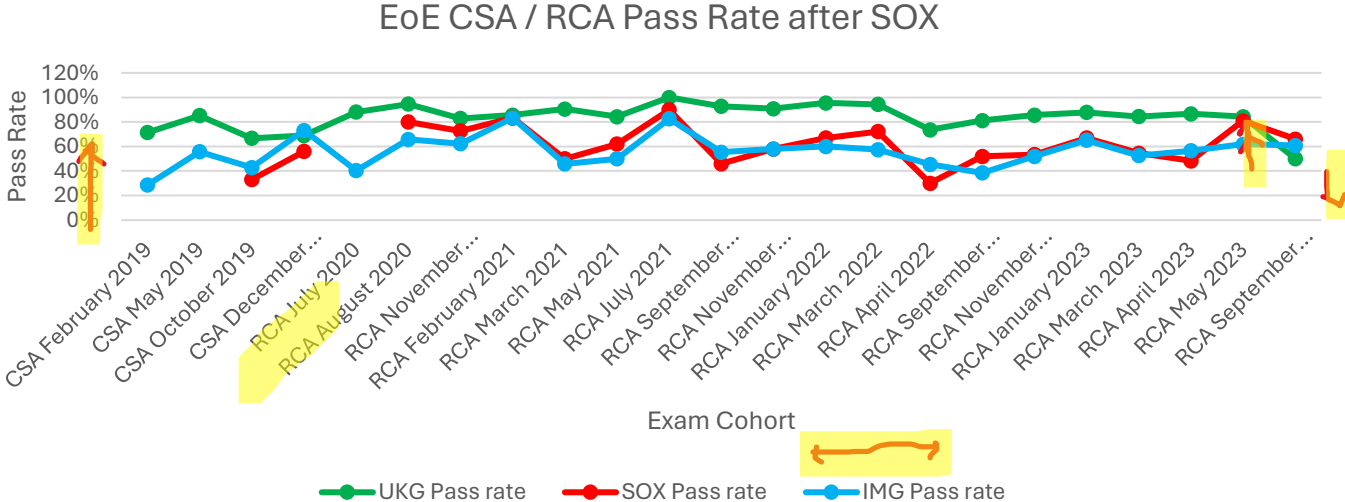


↑  
SOX

# EoE CSA / RCA Pass Rate (Feb 2019 – Sep 2023)



# EoE CSA / RCA Pass Rate (Jan 2019 – Sep 2023)



↑  
SMART  
LIFE

↑  
CATG  
P

**Thankyou!  
Questions?**

