

GP and Primary Care Update

NHS
Health Education England

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Developing people
for health and
healthcare

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Goodbye to....

Dr Roger Tisi

Dr Rob Houghton

Dr Katie Keller

Dr Alan Symington

Dr Indra Jayaweera

Fiona Holloway-Parks

Dr Alisdair Macnair

Dr Richard Darnton

Dr John Cannon

Dr Louise Cowan

Dr Tisha Patel

Welcome to...

Dr David Johnston TPD appointed in Great Yarmouth

Dr Peter Hadfield TPD appointed in Peterborough

Dr Kunal Kothari TPD appointed in Luton on a MAT leave cover post

HEE.....

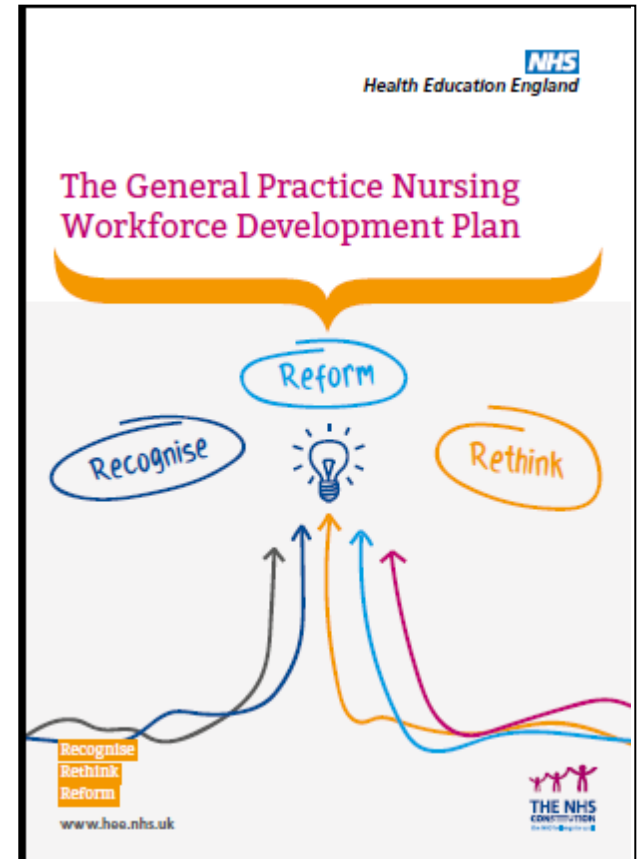
- Comprehensive spending review.....
- But.....no review of GP educators at the present time

Workforce

- M&E share of 5000 new doctors in primary care 1502
- New international recruitment scheme using I&R – M&E already has 254 approved international schemes (£9.1M)
- I&R – EoE c.350 new entrants – NB “observership” period
- PAs – EoE c320 total output to 2020 – 120 in primary care
- Clinical Pharmacists – EoE c170 output to 2020 NB new supervision arrangements for Wave 2
- GP Assistant role..... (Sarah Rann)

GP Nursing

- England - £3m this year
- 2017-18 £1m for GPN educational Leadership
- 2017-18 £1m to map mentors & Placements
- Support career framework, Preceptorships, returners etc
- Target increased placements by 15% 2017-18, 20% 2018-19



Fellowships and Preceptorships in EoE

- 19 GP post CCT Fellowships
- 14 PA preceptorships
- 34 GP nurse preceptorships

- £300,200 in total

- GP post CCT - $£4,200 + £1,800 = £6,000$
- PA preceptor - $£3,000 + £1,800 = £4,800$
- GP nurse preceptor - $£1,700 + £1,800 = £3,500$

Performers List

- Electronic version should be reliable from October 2017
- New single electronic application portal from next Spring
- We hope to remove the need for HEE trainees to be on the MPL from August 2018

International Recruitment



Health Education England

- Expansion of international recruitment to achieve 5000 target by 2020
- Aim to recruit 2000 GPs from overseas instead of 500
- Our share 350
- Recruitment agencies
- Regional hubs – training, placing candidates
- Health Education England – I&R scheme

Proposed model

- Single model for the country
- Based Essex pilot
- Funded preparatory phase 3-4 months in employing practice
- I&R assessments
- Supervised placement in employing practice using HEE “hub and spoke” model

Key messages

- Cultural induction, Language and communication skills and familiarity with NHS
- “Observerships” help to prepare for the I&R assessments
- I&R Clinical Supervisors need to be trained, premises should be approved
- Sign of by Educational Supervisor
- Need for ongoing support

Assessment

- Huge thank you to everybody who helped to make the summer ARCPs run so well this year
- Revised processes settling in – reduced number of queries
- ARCP development group
- Annual Form R to meet GMC and revalidation requirements – so slight ‘tweak’ when we are extending the final period

Summary of RCGP QA results

- Annual review – look at all our OCs 2, 3, 4 and 5 (excluding OC5s solely for lack of Form R) and 10% of our satisfactory outcomes
- latest report covering period 1/8/15 to 31/7/16
- Released to us in April 2017

- Reviewed quality ESRs and decisions made by ARCP
- 900 working hours.....

Summary of RCGP QA results

- 333 ARCPs reviewed in EOE
- 74% unsatisfactory outcome
- 72% satisfactory ESRs (67% in 2015)
- 94% sufficient evidence on TeP to justify ARCP decision ((96.5% in 2015)
- 89% acceptable CSRs (76% in 2015)
 - - 93.5% in general practice
 - - 86% in hospital

Common Reasons for Insufficient Evidence

- OC5 – 50%+ were being judged against higher standards than those nationally agreed eg learning logs, SEA entries
- So, an average of 2-3 log entries per week in order to demonstrate coverage of the curriculum
- AND quality beats quantity

Common Reasons for Insufficient Evidence

- OC6 – 50%+ involved a problem with CEPS eg insufficient evidence observed mandatory CEPS, use of a training model, inappropriate assessors
- So, observed CEPS +/- DOPS for breast, female genital, male genital, prostate, rectal
- And ST4 and above

Common Reasons for Insufficient Evidence

- OC2 and 3s – 33% judging against higher standards than nationally or the trainee had been on sick leave or maternity leave and so ARCP should have been deferred
- None of us are perfect.....!!

Thank you

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