The Big GP Consultation

Summary Report for Session 2:
How do we best prepare the next generation of GPs?

Session Date: Tuesday 22nd February 2022
No. of Participants: 70

Report Authors: Dr Rob Cullum and Dr Rammina Yassaie,
on behalf of The Big GP Consultation Team

This report represents the views of the participants of the consultation and not the authors themselves

The Big GP Consultation

Introduction

The Big GP Consultation is a platform for GP Trainees and Early Career GPs to collectively discuss their vision for the future of general practice, and how they can shape the future system that they will be working in. This programme consists of six sessions, each on a key theme relating to the future of general practice.

This programme is endorsed by Faculty of Medical Leadership and Management (FMLM). For more detail about the wider programme, please visit our website here.

Session 2 Findings

This report details the findings of **Session 2: How do we best prepare the next generation of GPs?** Both the report, and the infographic, collate insights gathered from a pre-session survey (n=41), a post-session survey (n=27), and the facilitated breakout room discussions, which 70 participants took part in.

The topics covered in the breakout rooms were as follows:

Breakout Room 1: Embedding non-clinical skills into training

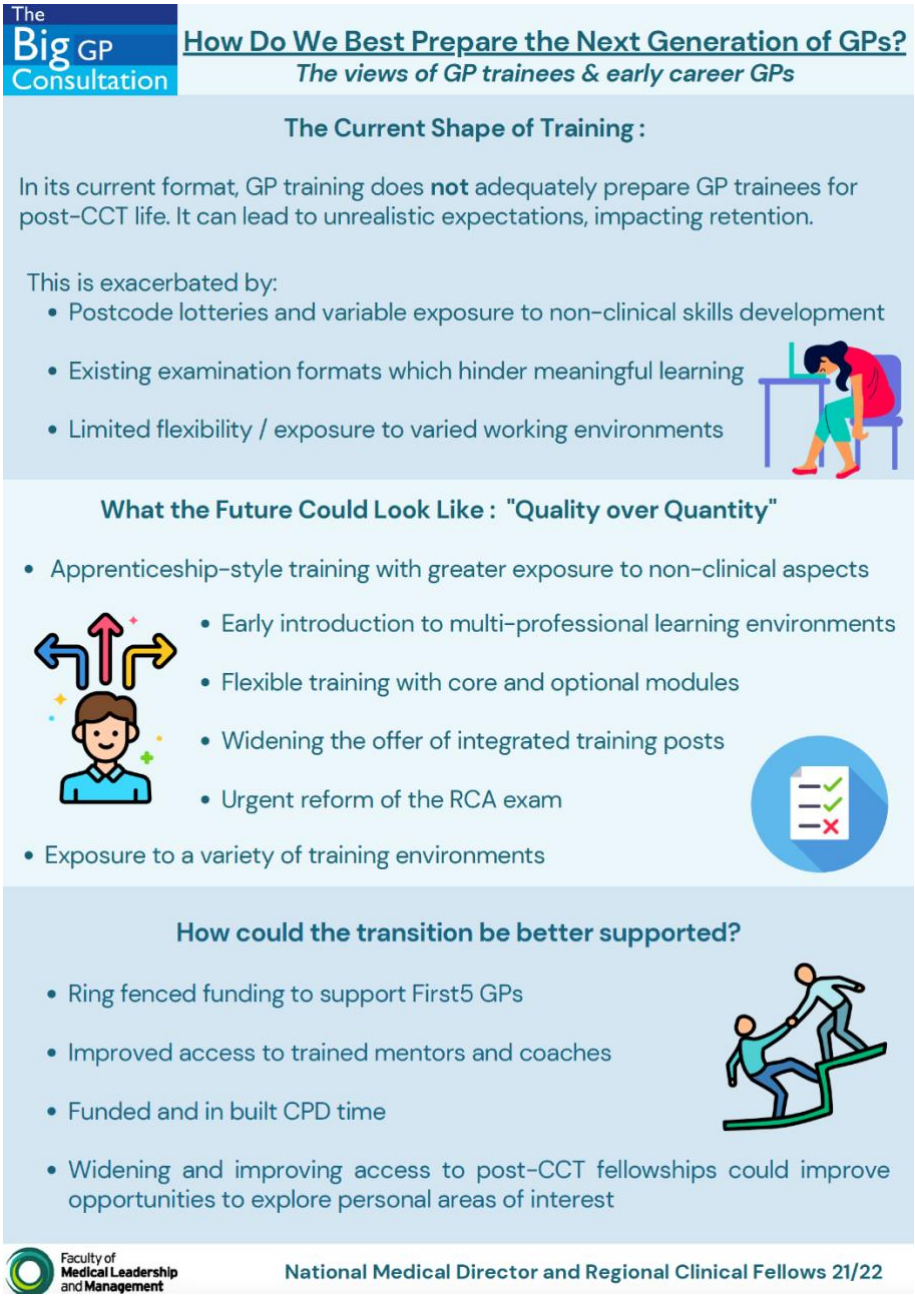
Breakout Room 2: Supporting the transition from VTS training to post-CCT life

Breakout Room 3: Modernising the curriculum

Breakout Room 4: Appraisals, revalidation and CPD

Key Themes

The key themes of the session are summarised in the infographic below.
A high-quality copy of the infographic is available to download from our website here.



Breakout Room 1: Embedding non-clinical skills into training

Non-clinical skills such as leadership and management are essential for modern-day general practice. However, GP training, in its current format, fails to adequately teach or assess these. This may be contributing to some of the challenges the profession faces.

Colleagues felt strongly that non-clinical skills should be clearly defined and embedded into training from an early stage, (as early as medical school), since these skills are fundamental to the role of a modern-day GP. Development opportunities for these skills are predominantly available post-CCT, which was considered far too late.

A range of important non-clinical skills for GPs were identified. This included:

- Understanding structures, contracts and regulations in which GPs operate;
- Effective leadership in the current Primary Care landscape;
- Supervision skills (particularly for supervising those in Additional Roles);
- Risk management, including those associated with leading a practice.

It was noted there was a significant "postcode lottery" of opportunities to develop non-clinical skills during GP Training.

It was reported that non-clinical skills training varied greatly between regions, VTS schemes, and practices, creating a "postcode lottery" of opportunities. There was agreement that this was inadequate and that a uniform and baseline level of non-clinical skill development was crucial to creating well-rounded GPs who could perform their jobs more effectively. A sense of competency and capability in all aspects of the job is an important part of workforce wellbeing. As such, developing these skills both earlier and more effectively was felt to likely have a positive impact upon retention of the workforce, as well as recruitment to partnership.

Inadequate training in these skills may be a contributing factor to the challenge of GP workforce retention and recruitment to partnership.

There was some debate as to whether extension to training was required to facilitate the development of these key skills. Some colleagues felt this would be beneficial, whilst others felt that replacing some existing curriculum content with non-clinical skills development would be a better option. A blended approach of clinical and non-clinical training was felt to likely

improve GP trainee retention when compare to the current, largely clinical, model of training. Improving awareness of and recruitment to post-CCT fellowships was also thought to be an alternative way to develop of these skills.

It was also noted that additional support may be required for International Medical Graduates (IMGs), for whom the way the UK health system works may be unfamiliar, when compared to UK-trained graduates.

Breakout Room 2: Supporting the transition from VTS training to post-CCT life

The current model of GP training leaves trainees unprepared for independent practice, which has been exacerbated since the introduction of the RCA. More time dedicated to preparing for working independently in the final year of training, as well as improved funding and support for the 'First 5' period were both identified as important to ease the transition to being a fully qualified GP. This gap might also be filled by the growing option of a post-CCT fellowship, provided they are well advertised.

There was a consensus that the current GP training programme does not adequately prepare GP trainees sufficiently for independent practice. A significant reason for this unpreparedness was felt to be due to the volume of time spent in the final year of training fulfilling ePortfolio requirements or preparing for examinations. It was strongly felt that the Recorded Consultation Assessment (RCA) has exacerbated this issue since this time-consuming examination was felt to detract from meaningful learning and development. This is in direct contrast to the previous assessment (Clinical Skills Assessment), which was thought to have been helpful in developing skills. In turn, it was suggested that the RCA examination warrants urgent reform in order to ensure it is not hindering the preparedness of newly qualified GPs.

Early-career GPs noted that their preparedness for practice appeared to correlate with familiarity i.e., that the transition to post-CCT life was much easier if their first appointment was either in the same practice or a similar practice to where they had completed their training. A number of factors which may be relevant to how prepared a trainee might feel post-qualification were suggested, including:

- The social demographics of the population;
- How rural or urban the practice was;
- Moving to a different ICS footprint.

Colleagues reported that this feeling of lack of preparedness caused significant anxiety for those leaving training; described by one colleague as being "dropped into the ocean" with the life vest of your trainer being suddenly taken away. Colleagues that had spent longer in training (including where training has been undertaken over a longer period of time due to maternity leave or less than fulltime training) felt more confident about the transition.

The current GP training programme leaves many trainees feeling as though they are being "dropped into the ocean" when they finish.

Many suggestions were offered as ways to better prepare the next generation of GPs. This included having the chance to experience a variety of practices which may help trainees adapt into a new one when qualifying and may also mitigate for some of the variability of training

experience in different practices. Concerns that hospital placements during GP training were often predominately focussed on service provision rather than meaningful development opportunities for GP trainees, such as outpatient clinics, was also noted. It was recommended that beginning GP training with a GP placement rather than a hospital placement was beneficial, since this helped guide learning in terms of what is relevant in the general practice setting.

Similar comments from Breakout Room 1 were noted in terms of the need for more meaningful non-clinical development (such as attending meetings and shadowing partners during their non-clinical work) in order to ease the transition to post-CCT life.

Trainees in their final year of training should have access to a wider range of learning opportunities which go beyond clinical work.

It was highlighted that there was a need for time to transition from the role of a GP trainee to that of an independent practitioner and that a window of at least six months following completion of exams might be appropriate to aid the transition. This might include trainees taking on their own patient list under supervision.

Post-CCT support was also identified as an important requirement for easing the transition. This should include access to mentoring or coaching and strong 'First 5' communities which were seen as beneficial. Considering access to more formalised peer support or learning set structures was also felt to be useful. It was felt that having dedicated time for newly qualified GPs to access support would be a sensible move to further ease transition, but this would require funding.

There is a need for more significant support for newly qualified GPs

There was some interesting debate around the role of post-CCT fellowships in easing the transition period, as an alternative to extending GP training. There was a general consensus that these could be better advertised and promoted to colleagues although there was also the concern that the growing need for these fellowships further strengthened the argument that the current training programme is not fit for purpose. It was suggested that these schemes should have appropriate exit pathways to ensure that those who wish to continue working in areas they have developed have the opportunity to do so. Finally, it was also highlighted that a similar scheme might be useful for mid-career GPs who are at risk of leaving the profession as a mechanism for retention.

Breakout Room 3: Modernising the curriculum

The current curriculum fails to meet the needs of newly qualified practitioners or their patients. Areas such as MDT working and management of complex cases need more attention. There is also scope to provide opportunities to develop specialist skills in areas including tackling health inequalities. Delivering the breadth and depth required to educate GPs needs all aspects of training to be high quality, and may need more innovative ways of working going forwards.

Colleagues identified that in many ways the current curriculum feels behind the times. It was also noted however, that future-proofing the curriculum, is very challenging in the current climate, with the role of GPs undergoing a period of rapid evolution.

Are we 'shooting at a moving target' in trying to develop a curriculum for modern day General Practice?

Colleagues highlighted that as general practice increasingly involves much more MDT working, this needs to be a core focus of training. It was felt to be essential that GP trainees develop the skills needed to manage and lead the MDT, including the ability to manage the clinical risk which goes along with this. Furthermore, in light of this MDT working model, GPs are more frequently dealing with complex caseloads so there is a greater urgency for newly qualified GPs to feel able to manage this complexity. Current assessments in training, including the RCA, do not adequately reflect this complexity, with some trainees reporting they actively avoided reviewing complex patients as they would not be ideal cases for the RCA. Colleagues also noted that the move to more MDT working poses challenges for training, with reduced exposure to some areas such as minor illness and musculoskeletal presentations. The impact of this on the skills of the future workforce needs to be considered carefully.

Several colleagues noted that there can be considerable variation in the quality of training and that there was a need to ensure the quality was improved to ensure that the three-year training scheme provides newly qualified GPs with an adequate breadth and depth of knowledge. There was a concern that lengthening GP training may negatively impact recruitment, with the short duration considered a positive factor in career decision making for many. Colleagues felt the move to increased time in GP placements as part of training was a positive step forwards, but that further work could be done to improve the educational experience within hospital posts. This, as mentioned in Breakout Room 2, included more time in clinic-based settings within secondary care and dedicated time spent with GPs with a relevant special interest in that area of practice.

It was also noted that GP training has yet to incorporate a number of evolving developments in the way that the NHS delivers healthcare in 2022. This includes providing enhanced training

on enabling digital access to care which is essential for modernised working. Furthermore, the curriculum has yet to catch up with the extent of system working, within integrated care systems, which has changed the health landscape. Similarly, as there continues to be renewed drive to address health inequalities, there needs to be an in depth understanding by GPs about the social determinants of health, including the newer considerations in this arena such as digital exclusion.

GP training needs to ensure it produces general practitioners with the skills needed to provide 21st Century healthcare.

There was a strong feeling that the curriculum needs to be tailored towards the core skills and knowledge needed for being a GP. There was debate around which curriculum topics could be considered core versus optional. Topics such as health inequalities, lifestyle medicine, digital health and population health management were all identified as fitting in this category, with the opportunity to have core and then specialist skills amongst the workforce. At present the main way to pursue these areas of interest would be in a post-CCT fellowship, but increasingly options are available during training.

Finally, there was a consensus that working as a fulltime GP is increasingly challenging and that portfolio working and/or specialist interests are important to ensure sustainability of the profession. Therefore, it was felt to be important that GP training reduces the risk of future burnout by arming GPs with the skills they need to develop other areas of interest.

Breakout Room 4: Appraisals, revalidation and CPD

Appraisal is extremely valuable for qualified GPs due to its role in facilitating a discussion with a mentor-like figure. However, it is unclear as to whether it meets the aim of maintaining a safe profession or truly facilitates GPs to understand their strengths, weaknesses, and areas for development. Further work is needed to build upon the process in order to ensure that it meets all of these aims.

This discussion highlighted that appraisal was a positive experience and a good opportunity to access mentoring and support from a senior doctor. It was also felt to provide an open space to discuss the challenges of working as a GP and reflect on past experiences.

However, colleagues were unclear whether the current system truly meets the aim of ensuring doctors remain safe, with appraisal relying largely on complaints and compliments rather than a review of competence and capabilities. This then leads into a process of revalidation which appears to happen with limited scrutiny. Whilst revalidation was felt to be a necessary measure to ensure accountability, it was felt that it would be beneficial to analyse and review the work performed by a doctor rather than the current (and perhaps biased) process of cherry-picking patients and colleagues to provide feedback.

It is unclear whether the current process of appraisal meets the aim of ensuring practising GPs are safe and effective.

There was a suggestion around the idea of 'internal appraisals' where a partner in a practice could provide more structured feedback on the GP's clinical practice, capabilities and areas for improvement, based on their observations of the work of the GP. This was felt to be more constructive than the standard appraisal process, with the acknowledgement that potential conflicts of interest or bias may limit its use.

An additional suggestion for improvement was to make use of digital health record data in order to provide some metrics on the performance of a doctor. This could be used formatively to promote reflection and guide areas for development. Metrics could include referral rates, the range of presentations seen and volume or type of investigation requested. There was debate as to whether this idea would be welcomed by the profession, but there was a feeling that the potential benefits of such metrics would provide each doctor with an idea of their performance, patterns and behaviours which would be incredibly useful for self-awareness and self-development.

There was also a suggestion that 'FAST goals' (Frequently discussed, Ambitious, Specific, and Transparent) may be more valuable than 'SMART' goals in the appraisal process, as more complex and ambitious goals are not easily measured or achievable in a 12-month timeframe.

The widespread use of SMART goals in PDPs may actually limit ongoing development of GPs.

Continuous professional development (CPD) opportunities were also discussed, with comparisons drawn with consultant job plans and their dedicated in-built CPD time. This was felt to be much needed in general practice as, although CPD is a key part of staying up to date as a clinician, there is rarely dedicated time built into job plans for this in general practice.

High Impact Actions

This session has identified that there is a need for a comprehensive review of the current GP training programme to ensure that it meets the needs of future GPs in the system. Whilst the session has identified some possible solutions, a full in-depth review by the various stakeholders involved in GP training would be welcome. A similar review into the most effective way to appraise GPs would also be welcome. The box below suggests areas of exploration which colleagues identified as being important in this session.

- A consideration for how **Leadership and Management** training is included in the curriculum, including consideration of how **supervision of colleagues** in the MDT and **risk management** is built into the latter part of GP training.
- **Urgent** review and reform of the **RCA examination.**
- Work to **standardise the quality** of GP training to ensure access to development of non-clinical skills is available to all trainees.
- A review of what is needed to **better support the transition** from trainee to 'First 5'.
- Consideration of developing a **Newly Qualified GP Year** with additional support, and how this might fit with the current post-CCT Fellowship options.
- Consideration of **how future curricula remain agile**, with the ability to meet the needs of future GPs in a **constantly evolving landscape**.
- Reviewing how best to make use of **hospital placements** for GP trainees.
- Consideration of options to **develop special interests** during training.
- A review of Appraisal in order to ensure it meets the **need to keep patients safe** as well as providing **a better framework for CPD** for GPs. This might include consideration of:
    - The need for a competency assessment in revalidation cycles
    - The use of 'internal' appraisals
    - The use of metrics such as data from digital health records
    - A move away from solely using SMART goals in PDP development
- Ensure there is **adequate time and funding for CPD** for GPs in line with our hospital consultant colleagues

Next Steps

The Big GP Consultation Team now aims to work with key stakeholders who have a responsibility for each of the areas on the previous page, in order to explore how these actions may be implemented.

The session outlined in this report is the second of a series of six sessions, with forthcoming sessions listed below. The Big GP Consultation Team will collate the insights shared in these future sessions and will continue to share them in the form of infographics and reports.

Session 4: GPs in The Big Picture Part I (Health inequalities, traditionally underserved populations, Equality, Diversity, Inclusion)
…with guest **Dr Bola Owolabi**
20th March 2022, 7.30pm

Session 5: GPs in The Big Picture Part II (Primary/secondary care interface, greener practice, holistic medicine)
…with guest **Professor Martin Marshall**
11th May 2022, 7.30pm

Session 6: Participant led session on Innovation in General Practice
June 2022, guest and date to be confirmed.

Session 3, How do we most effectively recruit and retain our workforce?, took place on 15th March 2022. The infographic and report will be circulated as soon as it is available.

More information on future sessions can be found on our website here.
Outputs from previous sessions can be found here.

If you are a GP Trainee or early career GP and would like to participate in the remainder of the programme, please do let us know via our website.