




Somerset patch annual report 2012

Background	<ul style="list-style-type: none"> Recent changes in structure of Scheme or CPD Recent changes in team Names of GPEs, main responsibilities, number of sessions worked, length of time in post 		
Report	<p>Andrew Platt has replaced Keiron Bhargava as our GPE fellow. Phil MacMillan and Sonny Powar are our education scholars for this year. (With our previous Education scholar Sally Ash still on maternity leave). We were allowed to appoint 2 Education scholars as there were no applicants for a leadership scholar for Somerset.</p> <p>Ulrike Naumann has been appointed as Dementia Fellow for Somerset this year. Please see attached documents for details.</p>	 TPD Team List 2012.xls	 GPE Roles 2011 Update.xls
Progress on recommendations from last year	<ul style="list-style-type: none"> Action taken & progress on each of last year's Visiting Team's or Quality Team's recommendations 		
Report	<p>The involvement of ST3s in teaching has been improved by tasking a trio of trainees to deliver presentations, rather than individuals. The trio all come from the same small group and the group facilitators contribute more actively to the preparation of the presentations, encouraging the use of cases and a primary care approach, rather than knowledge-based work. Feedback to the presenting trainees is given in a more structured way.</p> <p>ST1/2 trainees are given the opportunity to steer teaching sessions, both at the beginning of the year in planning, at each session for the next topic, and also on the day by having a variety of resources available</p>		

	<p>and being flexible in what is delivered.</p> <p>We are actively seeking feedback on our teaching skills, in teaching sessions and SGPET days. This has been both from other team members and from the visiting team (Gloucester). Written and verbal feedback has been given, and found very constructive and helpful. We look forward to this happening again in the spring when the deanery team will be visiting and observing teaching. Specific feedback has been sought from trainees on group leaders' facilitation skills.</p> <p>The timing of the quality panel has been moved to July, to give the most up to date and timely feedback to the school board.</p> <p>QA visits to the secondary care posts will take place in the spring and we are maintaining continuity of TPD-consultant relationships, in order to build on the reports produced last year and ensure ongoing improvement. The relevant chapter(s) of the GP curriculum are shared with the departments.</p>
<i>Achievements over the past year</i>	<ul style="list-style-type: none"> • What other achievements would you like to tell us about?
Report	<p>Our trainees are obtaining a high percentage of passes in the AKT. (See attached table).</p> <div data-bbox="1778 922 2024 1075">  <p>Somerset Trainee AKT Results 2011-12.</p> </div> <p>ST1/2 teaching has been altered so that a number of AKT style questions are used at each session (in Taunton) to ensure familiarity with exam structure and technique, and as a starting point for teaching on current practice. These short didactic sessions are led by our scholars, and built on by the TPDs to add a "real world" view of the topic being discussed. The trainees express a high level of satisfaction with this teaching.</p>

	<p>ST2 s are specifically tasked to support ST1s in group sessions by sharing their experience (Yeovil).</p> <p>Despite financial constraints, we have managed to maintain one residential course a year, for ST3s. This focuses on preparing for their future careers, and includes interview skills, management, leadership and discussion about work-life balance. There is also an arts-based session, and this year we added some creative writing, inspired by Bill Foster's session at the GPE conference. During this course, we also held 1:1 discussions with the trainees, which were effective and valued, and will be continued.</p> <p>Close and effective relationships with the trainers' groups continue. These have been enhanced by a Somerset GP clinical and educational supervisors' day, with a session run by each workshop. Feedback has been excellent, and it is a good opportunity for the team to spend more time with trainers and maintain close and supportive links. In this way, informal discussion and sharing of ideas about trainees with early difficulty mean that we are picking up more issues before they become serious.</p> <p>Several TPDs and GPSTs have had articles and posters accepted for publication, including an evaluation of a teaching session using patients with sensory impairment, from TPD, trainee and patient viewpoints.</p> <p>The Somerset section of the deanery website has been developing well.</p> <p>We have replaced one of our previous residential courses with away days. These allow an escape from the limited accommodation of the Academy, and the opportunity to try some different methods of delivery. For the ST3 away day, we focused on consultation skills, watching videos of their consultations and ensuring that trainees had the opportunity to practice the things they identified as needing improvement in small, safe groups. The ST1/2 away days involve small group work, and include sessions about the portfolio, work-place based assessment, communication skills and significant events or personal challenges.</p> <p>Many of our trainees who have graduated from the scheme in the last three years are working locally, as partners, salaried GPs or sessional GPs, and are now beginning to contribute to GP education in the county through the GP education trust, or the practices they are working in. Several have been back to talk to trainees about the transition from training scheme to independent practice, which has been very well received. A previous leadership scholar is now running one of the First 5 groups, which are working well after a slow</p>
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	<p>start in some areas. Six ST3s also completed training to be OOH clinical supervisors.</p> <p>Whilst we acknowledge issues around the booking of OOH sessions by trainees, and continue to press for a better system, we have been able to increase the number of clinical supervisors. Twice-yearly OOH induction sessions are run so that each trainee moving into general practice has a timely opportunity to attend.</p> <p>Responsibility for leading on teaching sessions, residential courses, away days, TPD conferences and educational supervisors' events is being rotated in a planned way amongst the TPDs, with an identified lead and supporters for each event. This has resulted in more sharing of ideas, improved planning and some very good evaluations from participants, as well as an increased sense of teamwork.</p> <p>The TPDs are more actively involved in the F2 placements, and several F2 clinical supervisors are coming to the forthcoming Somerset trainers' day.</p> <p>Joint working with the Somerset GP education trust has become much more established, with the inclusion of three joint study days for GPs and trainees in the timetable. These have been highly valued both for the quality of delivery and the opportunity for networking. The SGPET leaders have also contributed regularly to GPST teaching, particularly in CSA preparation as two of them are examiners. This is highly valued by the trainees, and they have also helped the other TPDs to prepare high quality cases for practice. The GP update week at Yeovil in May is now established as an alternative to the over-subscribed Fresh Looks course in Taunton in November.</p>
Problems	<ul style="list-style-type: none"> • What have been your team's biggest problems over the past year, and how have you addressed them?
Report	<p>The biggest challenge for the team and trainees was the six trainees who failed the CSA in the spring diet. Some of these cases were a surprise for both trainees, educational supervisors and TPDs, and four were by a very small margin. The results came out the evening before the ST3 residential course, which resulted in both challenge and opportunity as we tried to support the individuals whilst maintaining the course delivery. The TPD team worked together, identifying the TPD who was best placed to support each trainee, linking with the educational supervisors and enlisting some very welcome offers of help from local examiners. One of the Somerset TPD team facilitated at the deanery remediation course, which all of the trainees attended. All six</p>

	<p>trainees passed at their second attempt, some with markedly improved scores. Whilst pleasing, this improvement also meant that we have had to reflect on why the trainees were not as well prepared the first time round. As a result, we are prioritising consultation skills in the ST3 course by reducing some of the more knowledge-based teaching. Use of the Consultation Navigation Tool, micro-skills, more skills practice, signposting of useful resources and encouragement of self-facilitated consultation skills groups are also being well-received by the trainees. We hope that these efforts will pay dividends this year. We are also increasing the amount of consultation skills teaching and practice in ST1/2.</p> <p>There are more trainees attending ST1/2 teaching at the Yeovil end of the patch, and the Taunton groups also remain larger than can be easily delivered than by one person, especially in the afternoon. This situation is likely to be exacerbated by the planned increase in numbers. We are using our scholars and fellow to support this teaching, and providing cross-cover between the two centres to ensure we maintain standards in both. The frequent use of mini-groups for discussion has helped maintain interaction and engagement. For the first time, the reduction in resources has had a noticeable impact on the scheme – we have had to prioritise certain sessions in which we bring in outside resources, and use the experience of the TPDs and indeed trainees, to fill some of the remaining sessions. Whilst we believe we have maintained the high quality at present, there are concerns about further cuts. Using away days instead of residential has been cheaper but remains a significant expense – however, we believe the investment is effective in increasing the engagement of, and our communication with, our trainees.</p>
<i>Ideas to help others</i>	<ul style="list-style-type: none"> • What are you particularly proud of in your individual roles in the GP Education team? • What makes you particularly proud of yourselves as a GP Education team? • What ideas, systems and methods would you like to share with other teams?
Report	<p>We remain impressed with the calibre of our trainees, their enthusiasm for general practice, their high standards of care and ethics, and the way they support each other through the training scheme.</p> <p>We have become a more cohesive team, and are sharing ideas, giving and receiving feedback, and taking on board ideas from the trainees to continue to develop the scheme. Increasingly, there is cross-cover and more</p>

	<p>communication about different roles which has enabled consistent messages from the TPD team.</p> <p>We work closely with the educational supervisors (three of the TPDs and the APD are also current educational supervisors) and have increasingly good informal and formal links which allow improved communication and a swifter response to any concerns about trainees. The patch tutorials, initially a response to geography, also encourage local peer support for trainees and give the trainers the opportunity to develop their skills at teaching and facilitating groups.</p> <p>There is a strong sense of a wider GP education community in Somerset, which includes our educational supervisors and now our qualified trainees who stay in the area. There is improved consistency of information and approach from the whole team which has helped reduce the number of niggles and issues to sort out.</p> <p>The residential course is strongly focused on preparing for independent practice, and we feel delivered in two days much of what other pilot schemes offer over several months (eg Wessex) much more cost-effectively.</p> <p>More integration between the GP training scheme and the GP education trust has been particularly effective in delivering high quality education and improving STs' links with the wider primary care community.</p> <p>We are slowly increasing the number of publications and posters accepted and hope to continue this.</p>
Development needs and plans for the next year	
<i>Teaching development</i>	<ul style="list-style-type: none"> • What are your plans for development of your ST scheme, Clinical and Educational Supervisors and their practices, release course and CPD over the next year?
Report	<p>We plan to continue with our current mix of away days in all three years and a residential course in ST3. We will need to ensure that there is not too much overlap between ST1 and ST2, whilst meeting the needs of both groups.</p>

	<p>We continue to look at the second half of ST3 and the need to prepare our trainees fully for independent work. This process starts in the spring residential course, and will continue through the summer term. We are also starting to talk to the educational supervisors about trying to reduce the “jump” from trainee to GP by ensuring that trainees are exposed to a realistic workload and gradual reduction in day-to-day support as they progress.</p> <p>Integration with SGPET is proving very effective and will continue, with further innovation especially in the First Five, and the addition of a discussion group for GPs who are well into their careers.</p> <p>There are plans to have a local meeting for F2 clinical supervisors, and also to encourage some of them to take ST1/2 trainees.</p> <p>We have spoken to the educational supervisors about the new QA system and will be developing ideas to support them as they undertake the new peer review visits.</p> <p>The expansion in numbers is a significant challenge, which will build on preparatory work and informal discussion with non-training and training practices that has been going on over the past two years. We plan to look at the feasibility of having more than one GPST attached to a trainer, particularly in larger practices where they already have multiple trainers.</p> <p>The needs of training practices are being considered – particularly as our routine contact with them will reduce with the new inspection system. MH is interested in the idea of developing a support and facilitation package to any trainers who are feeling isolated within their own practices and hoping to develop a learning culture that involves more of the primary healthcare team.</p> <p>MH continues to work with the OOH service to improve administration, prioritise GP training and to give targeted support to trainees who need additional input with telephone triage and other OOH skills.</p>
<i>Developmental needs</i>	<ul style="list-style-type: none"> • What do you see as your development needs as a GP Education team or as individuals, and how can you achieve them?

Report	<p><u>Individual needs:</u></p> <p>JW has expressed an interest in leadership courses, and would like more opportunities to link with other patches for teaching ideas.</p> <p>SN would like to develop more advanced group-work skills, and play an increased role in clinical and educational supervisor development.</p> <p>LH has signed up for the deanery coaching course, is attending an NCSA conference on managing performance, and continues to be involved with the I&R scheme via the advanced trainers' group.</p> <p>MH would like to improve our links with federations, community hospitals, commissioning groups, and other organisations to give our trainees and First Five GPs increased learning opportunities.</p> <p><u>Team needs:</u></p> <p>Whilst very pleased with the quality of our previous and current fellows, we would like to have the opportunity to work with more local candidates, which would also help in succession planning for the team.</p> <p>We talked about doing some video consultations work with the ST1/2s when they are in practice, but this has not yet happened – probably mainly due to issues of time and availability, but possibly because we did not establish leadership for this idea.</p> <p>We anticipate having to be increasingly austere in the coming years – and we are interested in being creative and cost-effective with our teaching. It is likely that this could be done most effectively by improving links within and outside Severn as it is a universal challenge.</p>
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Report from the patch's ST Representative(s) To be completed independently by one or more of the patch's ST reps

<p>Please give your views on the quality and quantity of your patch's educational provision, its highlights, and areas that need to be developed or addressed.</p>	<p>I personally find the the Somerset Patch educational programme/VTS sessions extremely useful. The VTS sessions are targeted to the curriculum, in order to help trainees cover the core competencies and key messages listed in the RCGP curriculum. The VTS sessions are facilitated by experienced, enthusiastic, and approachable GP educators, who are always more than happy to help trainees in any way they can. The day release sessions seem appropriate in quantity.</p> <p>Furthermore, the patch tutorials are a great way of learning & sharing information with other trainees in your area, and to see how different practices work.</p> <p>Highlights of the Somerset Patch educational sessions are that they are relevant, interactive, useful and facilitated by GP educators/trainers who are committed to the delivery of high quality teaching. An area which could perhaps be developed or improved, is to allow a little more time at the end of VTS sessions for closing questions and debriefing. Sometimes this is done as trainees fill in evaluation forms and can occasionally be rushed.</p> <p>Overall, I have found the Somerset patch educational sessions an interactive, educationally useful and enjoyable experience.</p> <p>The Somerset Patch provides a comprehensive educational programme for its Trainees. For ST1s and ST2s this runs monthly for one half day and for ST3s this is held mostly on alternate weeks for a full day. The programme is curriculum focussed, with each session covering a different curriculum area, thereby broadly covering all areas across 3 years.</p> <p>Teaching is of a high quality, offering a mixture of didactic knowledge-based teaching as well as interactive small and large group work, facilitated by Educators. Material is needs led and challenging. On occasion teaching in Yeovil has made use of expert guest speakers such as hospital Consultants – which on the whole has been helpful – although</p>
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	<p>variable depending on the speaker.</p> <p>ST3 teaching this year has appropriately been largely CSA focussed, on one occasion involving actors for exam role play practice – a very helpful and eye opening exercise and a real highlight. The first 90 minutes of each day release session involves a nominated group of Trainees delivering teaching to peers on a topic area – a good opportunity for Trainees to develop skills in team working, presentation skills and teaching technique.</p> <p>The quantity of teaching has been adequate, and probably equivalent to other Patches.</p> <p>Overall I have been very happy with the local educational programme in Somerset.</p>
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Date completed and submitted to Michael Harris: 10.12.12

Somerset patch annual report 2013: comments and feedback

Feedback from: Michael Harris

3rd April 2013

Highlights

- Excellent model for ST3 presentations (organised by a small-group, presented in pairs)
- 1:1 discussions with ST3s 2/3 way through the year: “enormous value”
- Good use of away-days as a replacement for some of the residential courses
- Use of AKT questions as triggers for teaching
- While the failure of 6 STs in last year’s CSA was a concern, the response by the team was comprehensive and effective
- “Patch tutorials” work well as a response to geographic challenges as well as a way of involving Trainers
- Good liaison with, and benchmarking of, Trainer groups; all have TPD members
- Steady stream of publications & posters

Areas that must be changed in the next year

- None

Recommendations

- Allocate time at the end of VTS sessions for questions and evaluation form completion
- Ask Scholar to observe TPDs’ teaching (including small-group work) and give feedback; this needs planning and training
- Share the innovative and useful 1:1 ST3 system with other patches at a TPD day; consider formally evaluating it and writing it up (perhaps a project for a Scholar or a Fellow?)

Summary

- An experienced Patch team that continues to demonstrate excellence, innovate and improve