Doctors in difficulty

I am sure all of you have come across doctors in difficulty, whether in vocational training scheme as general practice registrars or with qualified general practitioners working as independent practitioners within PCTs. Deaneries are involved in this challenging yet rewarding work in various ways. As a delegate at the recent UKCEA conference in Manchester I was struck by the variation in structures, resources and processes available but mindful that the group had a wealth of expertise.

The term doctors in difficulty covers a multitude of scenarios, so like all problems needs diagnosis and investigation before considering possible support options (treatment).

The diagnosis as always is the critical factor, so even at the outset separating the health, educational, performance or probity issues can be complicated as several if not all the factors are usually in play.

The doctors in GP training are clearly a deanery responsibility and there are a variety of systems operating on how deaneries deal with these situations working with trainers, clinical tutors, program directors and associate directors. The separation of contractual, human resources issues with employer responsibilities and the educational issues needs careful management to avoid problems of accountability.

The established principles are PCT responsibility with the medical directors taking the lead role and seeking help from deaneries to find an educational remedy if appropriate. Working with PCTs can be problematic with a variety of internal clinical governance systems and performance panels who have the responsibility of making the initial assessment. The National Clinical Advisory Service may be involved or contacted by medical directors seeking guidance who refer the matter back to the deanery for support.

The deaneries would collaborate with the GMC in cases that have been deemed sufficiently serious as to come to their attention. Trying to support a doctor who has been referred by the GMC with conditions poses special demands on the deaneries. I would like to explore how UKCEA could act as a facilitator to share best practice and systems and invite you to describe your local system for the benefit of other deaneries. Perhaps an email forum for doctors in difficulty leads could be a start?

Vish Kini
Chair of UKCEA
UKCEA bursary

The United Kingdom Conference of Postgraduate Educational Advisers in General Practice (UKCEA) supports and develops those working as educational advisers in deaneries across the UK. It encourages members to undertake innovative educational or managerial projects not supported through conventional grants by offering bursaries up to the value of £5000 each year.

UKCEA are interested in work that will enhance the role of the organisation and benefit its members. For 2010/2011 UKCEA are offering an open bursary and scoping bursaries as follows:

- an open bursary: topic of your own choosing which fits with the bursary criteria
- commissioner/provider split
- using the new technologies for education.

Applications should be submitted no later than 30 June 2010.

For more information on UKCEA bursaries and the bursary criteria visit the UKCEA website at www.ukcea.net

Mona Lindsay

NAPCE NEWS

Primary care educators have often felt undervalued, underappreciated and outside the mainstream planning of primary care. Experience actually suggests that when tutors and other educators are taken away there is an outcry so perhaps we are appreciated more than we think. However, now may be a time to look forward and to make sure that we are not just appreciated but are needed and are being sought out!

Primary care organisations are currently appointing responsible officers (ROs) and later this year these senior doctors will be taking on the huge responsibilities of leading the profession in their organisation and will be making recommendations to the GMC on doctors’ revalidation. These ROs will need, and will be looking for, support, guidance and local expertise.

In some areas, for example, a few doctors who are struggling to collect supporting information for their revalidation may need mentorship and guidance, whilst all doctors will be keen to ensure that they fulfil the requirements to collect 50 credits of learning each year.

We could appoint and train a new cadre of experts to provide this support and work closely with appraisers and ROs. Alternatively we could use educators who already have most, if not all, of the required skills and we could be looking to harness and develop those skills to support this new world. Go for it!

Nick Lyons

UKAPD NEWS

Double loops

Attending meetings can be a useful exercise! A while back I was at a national meeting when someone mentioned ‘double loop thinking’. This was a new concept for me, and it sounded interesting enough for me to research further. The concept was proposed in 1974 as a way of questioning and changing basic values and assumptions of action. It assumes that nothing is too sacred to be questioned, re-examined or discarded in the face of change. It challenges mental models of thought and action and compels us to develop and consider other options.

Double loop thinking is in line with one of Einstein’s dictums, ‘The significant problems we face cannot be solved at the same level of thinking we were at when we created them. You have to rise above to the next level’.

The roles of GP educators continues to evolve at a time of rapid change and expansion in medical education. Double loop thinking might for example, question whether deaneries, day release programmes, programme directors etc should continue to exist in their current roles and would prompt to consider alternatives.

I speculate what double loop thinking would lead to with respect to the future of general practice training and education and the roles of bodies such as UKAPD, UKCEA and NAPCE and our respective membership. What do you think?

Prit Chahal
Up-skilling the primary care workforce in obesity management. Reading University launches innovative obesity training course

September 2009 marked a key milestone in the management of obesity in Berkshire with the commencement of the first Certificate in Obesity Management course at the University of Reading. The course is the result of collaboration between general practice, dietetics, public health and education professionals and was initiated by Dr Andrew Brewster (GP) and Ros Crowder (primary care continuing professional development tutor).

The need for a practical, work-based education programme focused on managing obesity had become evident through Andrew’s work in his own practice and the lack of suitable courses nationally. A working group of local interested individuals worked with the university to develop and accredit the course and support was gained from the regional public health team and the strategic health authority.

The format of the course is a short programme of six study days preceded by an introductory evening and culminating in a final day during which the participants present their projects. The projects are a key component of the students’ portfolio, on which they are assessed, and must demonstrate change management leading to an improved weight management service in the student’s own work area. The aim, from the very beginning of the course development, has been to develop the practical skills of participants and enable them to initiate and develop weight management interventions.

This focus has formed the basis of the evaluation of the course. Ultimately the test of the effectiveness of the course will be whether the primary care staff who complete the course are successful in working with their patients and enabling them to change their lifestyles and lose weight. In order to try to demonstrate this, the evaluation will not focus solely on the students’ satisfaction with the course but will include a follow up six months after completion of the course to determine the progress made in establishing effective weight management services in their work area.

The first course is currently underway and has been well received and highly evaluated by the present cohort of 20 participants from a range of backgrounds including GPs, nurses, pharmacists and health promotion staff who are extending their knowledge base and developing their practical skills in weight management interventions.

Key messages which have become apparent since the initiation of this course are that:

- there is a knowledge gap in the primary care workforce with regard to managing the obese population
- there is a dearth of practically focused education programmes to develop the skills required for obesity management
- collaboration across multi-professional groups and across practice and education can work extremely successfully when focused on a specific objective such as this course
- a comprehensive evaluation is vital in determining how best to take the development forwards.

Ros Crowder
Primary Care Continuing Professional Development Tutor, Oxford Deanery and NHS Berkshire West

Dr Andrew Brewster
GP and Clinical Course Director, Certificate in Obesity Management, University of Reading

---

Mike Ravine

He sits at the helm of the ePortfolio (eP) and it seems he has always been there with his hand on the rudder. In fact he arrived just as we moved from implementation to development. In his unflappable way he ensured that the eP was in the shape we wanted almost within his first year.

He was and still is the calm clear voice on the end of the hotline phone. He is also the face of the eP out in the deaneries.

He is patient with our requests and our failure to understand what is so clear to him.

He has in place a programme of work that will ensure that the eP continues to respond and develop with experience. He has been working with the new eP for CPD/revalidation and the issues of inter-operability.

We wish him well as he travels back to New Zealand with his new wife. We will miss him at his work and as an individual who has helped the RCGP to be at the vanguard of medical ePs in the UK and supported many individual users both trainers and trainees.

Safe travelling and a bright future.

Arthur Hibble
Managing registrars in difficulty

The term registrars in difficulty covers a multitude of issues and concerns that range from minor performance problems impacting on progress through the training programme, managed by the Annual Review of Competence Progression (ARCP) process, to significant breaches of professional standards which could place a doctor’s General Medical Council (GMC) registration in jeopardy.

Managing doctors in difficulty at a deanery level can be both challenging and rewarding; there is satisfaction when a registrar gets ‘back on track’ and successfully completes their training. My role as performance lead for the East Midlands Deanery involves liaison with employers (GP trainer or secondary care trust), PCTs regarding Performers List status and sanctions, the GMC and occupational health colleagues.

Evidence from the National Clinical Assessment Service (NCAS)\(^1\) describes a range of causes that may impact on a doctor’s performance – health, misconduct, behavioural, personal circumstances and clinical. My own experience with registrars reflects the NCAS findings, in that many cases are multi-factorial requiring different aspects to be teased out and addressed.

Over the last two years we have had registrars erased from the Medical Register or suspended pending GMC Fitness to Practice hearings. The problems encountered have included a police caution for soliciting, charges of drink driving and allegations of domestic violence. I console myself with the fact that 95% of registrars never cross my radar!

Is there a role for a UKCEA group of associate directors who work with performance problems, who could meet to share their experience, act as a peer reference and provide mutual support in this challenging role?

Should you be interested in being part of such a group, please email me, kevin.h.hill@nottingham.ac.uk

Reference

Kevin Hill
East Midlands Deanery