My experiences as an RCP Education fellow

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Royal College of Physicians

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Outline

- To enable you to think next steps for you as an educator
- Higher qualifications and membership of originations of excellence
- My experiences!

Background

- ST4/5 – Applied for an OOPE
- RCP Education fellow advertised through HEKSS
- Interview by Postgraduate Dean & RCP Director of Education (Winnie Wade)
- Spent 18 months OOPE with RCP/JRCPTB

Specialist Skills in AIM

Medical Education

Minimum level of attainment required according to AIM curriculum	Diploma from a UK institution
Other possible qualifications in this skill	Postgraduate Diploma (lesser) Masters/MD / PhD / EdD (all higher).
How to train in this skill	Short courses: Yes – often deanery led and free, useful as tasters in first registrar year Distance learning courses: Yes Part-time courses: Yes Full-time courses: Yes Fellowships/Other paid posts: Yes - numerous clinical teaching posts, can count three/six months towards training Organised training schemes: Yes Self-organised training: No
Likely financial cost of training in this skill	Diploma approximately £5000 MSc approximately £7500
General notes	You may be able to use your study budget to contribute towards costs. Alternatively a course may be funded as part of a fellowship.

Join an an excellence organisation

- AOME (Academy of Medical Educators)
- HEA (Higher Education Academy

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Further qualifications – where and how?

- Brighton-Sussex – MA, and EdD
- Bristol – MMedSci
- Belfast – blended learning MMEd
- Cardiff – MSc
- Dundee - distance learning MMEd, PhD
- Durham – MSc
- Glasgow –MSc (MedSci)
- Institute of Education - MA in Clinical Education or Higher and Professional Learning, EdD/PhD
- Keele – MA
- Newcastle - M Clin Ed
- Nottingham – MMedSci
- UCL - MSc (with Royal College of Physicians)
- Shefield – MMedSci
- Warwick – MMedEd
- **Kings – Pgcert/dip/Msc**

Capabilities in Practice
A novel assessment method for postgraduate physician training

David Black Medical Director JRCPTB
Winnie Wade, Executive Director of Education

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Introduction

- Development of the new Internal Medicine Curriculum
- Current curriculum based on ‘tick box’ approach to large number of individual competencies
- New method of assessment based on outcomes rather than competencies
- Outcomes have been described as Capabilities in Practice
- Ascribing a level to each CIP will allow progress to be measured and the level of supervision required

CiPs

“a unit of professional practice that may be trusted to a learner to execute unsupervised, once he or she has demonstrated the required competence”

In the literature called an Entrustable Professional Activity (EPA)

Olle ten Cate AMEE Guide 99 2015

Psychology of traditional workplace assessment

Please…mark me above average

He's nice and works hard. It won't hurt and will stimulate if I mark him above average

Psychology of CiPs-based workplace assessment

Please…mark me above average

He's nice and works hard, but it may hurt my patients if I mark him to be trusted for unsupervised practice

Competencies versus CiPs

Competencies	CiPs
Person-descriptors	**Work-descriptors**
Knowledge, skills, attitudes, values	**Essential tasks in professional practice**
• Content expertise • Health system knowledge • Communication ability • Management ability • Professional attitude • Scholarly skills	• Managing patients in an outpatient clinic • Managing a M.D.T including effective discharge • Delivering effective resuscitation & managing the acutely ill patient • Managing end of life & palliative care • Delivering effective quality improvements in patient care

CiPs *require* workers with competencies

Proof of Concept Study

To explore the feasibility and acceptability of using an outcomes - based model of assessment in a UK NHS setting

CiPs

1. Managing an acute medical take
2. Managing an acute specialty related take
3. Providing inpatient continuity of care
4. Managing patients in an outpatients
5. Managing medical problems in other specialties
6. Managing an MDT
7. Delivering effective resuscitation

8 . Managing end of life care
9. Competent in procedural skills.

10. Patient safety and quality improvement
11. Carrying out research
12. Acting as clinical teacher and supervisor
13. Dealing with ethical and legal issues
14. Ability to function successfully in the NHS

Proof of Concept Summary

- More of a holistic method of assessment
- Rationalizes workload
- Is more representative of the real world

- CiPs 9-14 difficult to gather evidence for and assess
- Levels of supervision not clear / overlap between levels / expectation for each level not clear

Grid for IM specialty CiPs

	Internal Medicine Stage 1				Selection	Internal Medicine Stage 2 + Specialty				CCT
Specialty CiP	IM1	IM2		IM3		ST4	ST5	ST6	ST7	
Managing an acute unselected take		3	CRITICAL PROGRESSION POINT	3	CRITICAL PROGRESSION POINT				4	CRITICAL PROGRESSION POINT
Managing an acute specialty-related take		2		2			3		4	
Providing continuity of care to medical in-patients		3		3					4	
Managing outpatients with long term conditions		2		3					4	
Managing medical problems in patients in other specialties and special cases		2		3					4	
Managing an MDT including discharge planning		2		3					4	
Delivering effective resuscitation and managing the deteriorating patient		3		4					4	
Managing end of life and palliative care skills		2		3					4	

References

Development of a new IM Curriculum

https://www.jrcptb.org.uk/new-internal-medicine-curriculum

Proof of Concept Study

https://www.jrcptb.org.uk/training-certification/shape-training-and-new-internal-medicine-curriculum/cip-proof-concept-study

Improving Patient Feedback for Doctors (13th April 2018)

https://www.rcplondon.ac.uk/projects/outputs/improving-patient-feedback-doctors

Background to the Project

- Started early 2017
- 5 years into Medical Revalidation
- Mixed response from doctors and patients
- Research from CAMERA /UMbRELLA
- *Taking Revalidation Forward*
  Sir Keith Pearson, January 2017

Current patient feedback

- Purpose not clear
- Too infrequent and slight
- Not currently tailored for context
- ‘Burdensome’ and clumsy
- Hard to use for professional development

(Triangulated with CAMERA / UMbRELLA work)

Our process

- Literature search
- Responsible Officer Survey
- Workshops (x6 incl. RCPCH / RCGP / Tech)
- Talking to ‘those that know’
    - CAMERA / UMbRELLA, PPI groups, ROs, appraisal leads, experts, innovators, Colleges
- Synthesis, write up and recommendations

Workshop content

RCP workshop 1 **3 May 2017**	Improving the use of patient feedback questionnaires Non-questionnaire methods of patient feedback Using patient feedback within appraisals
RCP workshop 2 **31 May 2017**	Mixed methods for obtaining patient feedback Role of patients in supporting feedback methods Overcoming cultural challenges to patient feedback
RCP workshop 3 **28 June 2017**	Engaging seldom-heard groups of patients Supporting doctors with limited or atypical patient contact Motivating patients to provide feedback Motivating doctors to collect, reflect on and use patient feedback

Workshop content

RCP workshop 4 ***27 July 2017***	IT solutions for collecting patient feedback Using IT to engage patients and doctors Collating, analysing and reporting patient feedback using IT
RCPCH workshop ***26 July 2017***	What is revalidation? Why give feedback on doctors? How do we want to give feedback? What do we want to happen after we have shared our feedback?
RCGP workshop ***31 July 2017***	Improving the patient voice in appraisal and revalidation Role of patients and carers in building GP resilience New ways of collecting patient feedback Increasing patient involvement and engaging hard-to-reach groups Expectations of the patient feedback process

RCP Recommendations

Improving patient feedback for doctors makes a number of key recommendations. These relate to the:

- purpose of feedback and engaging doctors and patients in the process
- frequency, amount and representativeness of patient feedback for doctors
- types of patient feedback – semi-quantitative and qualitative
- development of effective organisational infrastructures for patient feedback
- piloting and testing of improvement options set out in the report.

Pros of the RCP fellowship

- Commitment to education
- Development of softer skills (networking/time management/report writing/qualitative research/publications/chairing and presenting meetings)
- International presentations (OTTAWA-ICME)
- National Presentations (ASME/RCP/SAM/EBMA)

Pros of the RCP fellowship

- Peer reviewed publications / RCP reports
- Postgraduate qualifications - Accreditation (FHEA) /PGCert
- Flexible (9-5 day job)
- Networking with the movers and shakers of 21st century medical education
- Link into current chief registrar role

- **Free 3 course lunch daily!**

Cons of the RCP fellowship

- 12-18 months out of training (deskilling)
- Salary

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- James Hill- Wheatley, Head of Revalidation and CPD
- RCPL Education Department

Questions

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