Post-CCT GP Fellowship in Urgent and Acute Care

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**Background**

The role of the General Practitioner is changing and becoming ever more complex. The training of GPs is therefore evolving and it is becoming clear that in some cases there needs to be increased clinical experience and accredited learning to reflect the role of the generalist medical practitioner in urgent care. This innovative programme is pioneering the way that 21st century medical practice in the community is evolving. The Fellowship will act as a blueprint for other schemes, to integrate the role of the future primary care physician within 21st century community care.  

The NHS is faced with the need to adapt to rapidly-changing circumstances in a time of financial austerity. Such an adaptation must include changes in medical education, to produce doctors who are prepared for a place in the joined-up workforce of the future.  

"Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings."  

Hunt recommendations included the "improvement of joined-up care, spanning GPs, social care, and A&E departments - overseen by a named GP."  

To function as an effective part of the future workforce, the GP must be exposed to skills training which allows for management of acute situations in both primary and secondary care environments, with complete confidence.

**Objectives**

The Post-CCT GP Fellowship in Urgent and Acute Care was developed to allow GPs to gain enhanced skills in the provision of Urgent Care. The program will prepare a GP capable of practicing confidently in new roles in primary and community care, whilst continuing to use their skills in managing complex co-morbidities within the acute setting - in emergency department and medical admissions units.  

The Fellowship will enable the retention of generalist skills and the development of specific and enhanced skills to fill new settings of urgent care.  

**Fellowship Aims**  
• To enhance the function of the GP within the ED, Acute Medical Unit (AMU) and Ambulance Service.  
• To develop ways in which the GP can apply enhanced urgent and acute skills to support the identification, introduction and maintenance of community-based alternative care pathways.  
• To raise GP interest in Urgent and Acute / Emergency Medicine career paths.  
• To support and follow the national policy drive for improving "joined-up care, spanning GPs, social care, and A&E departments - overseen by a named GP."

**Intended Learning Outcomes**  
• To better understand the needs of patients, why they are attending ED and how the GP's role could be adapted to improve ED avoidance.  
• To develop innovative ideas / share best practice of meeting the emergency medicine specific in Primary care.

**Participants**

Sir Keith Pearson (Chair, Health Education England) pictured 8th from right, during a tour of the fellowship programme, August 2014

Participation was required from a range of stakeholders, to ensure that the Fellowship reflected the needs of primary and secondary care.

Multi-organisation project team included:

• Programme Director: Post-Graduate Dean, West Midlands (HEWEM)  
• Project Manager: HEWEM  
• Clinical Leads / Supervisors: AMU, ED, GP Practice and West Midlands Ambulance Service  
• Academic Lead: University of Worcester  
• Medical Director, West Midlands Ambulance Service  
• Head of Education, West Midlands Ambulance Service  

**Stakeholder Organisations:**  
Health Education West Midlands  
University of Warwick  
University of Worcester  
South Warwickshire NHS Foundation Trust  
University Hospitals Birmingham NHS Foundation Trust  
Warwickshire Acute Hospitals NHS Trust  
Birmingham CrossCity CCG  
South Warwickshire CCG  
West Midlands GP Practice (x 6)  
West Midlands Ambulance Service  
West Midlands Academic Health Science Network (AHSN)

**Results**

The interim evaluation report (commissioned through Warwick Medical School; February 2015) found that:

The Fellowship is being enthusiastically received by those who are involved in its delivery and successfully addressed the aims and expectations of its key stakeholders. Overall, the Fellowship has proven popular with participating GPs, whether as Fellows or through the practice teams in which the Fellows were placed.

Through a variety of mechanisms, the scheme is enhancing services provided within the ED, AMU and Ambulance Service, and successfully supported Fellows to develop a broad range of knowledge and skills related to urgent care.

The Fellows have become more adept at making best use of community-based alternative care pathways; supporting patients with acute care needs to remain outside hospital. Consequently, this was widely seen to be supporting improved joined-up care across GP, community and A&E settings. In addition, the pilot also revealed numerous factors that may be important to the future success of the scheme, whether in the West Midlands or nationally.

Participating in the scheme has extended the Fellows’ scope of practice and enhanced their self-confidence, academic and leadership skills.

Fellows described feeling better able to lead and educate their primary care and secondary care colleagues in how best to utilise community-based services and help patients avoid unnecessary hospital admissions.

The success of the pilot (to date) provides evidence that can inform future NITs strategy and policy.

The Fellowship has proven feasibility and provides a model for up-skilling GPs to work in an enhanced way across primary care, urgent care and emergency care settings, supporting admission avoidance and making greater use of community-based alternative care pathways.

The primary and secondary ambulance-service based placements within the programme have successfully challenged traditional barriers, barriers which may be contributing to patients receiving fragmented, inappropriate and costly care.

Complex challenges face the NHS, including an ageing patient population, presenting with multiple co-morbidities. Addressing such challenges requires a "cross fertilisation" of knowledge, practices and ideas. The Fellowship scheme has proven itself as being well-placed to catalyse this at local and potentially cross-LFT / national levels.

The Fellows have created new roles based on the training they received: displaying role adaptation to fit workforce needs.

In June 2015, Health Secretary Jeremy Hunt set out the first steps in a new deal for GPs. During his speech he made specific reference to the Health Education West Midlands Post-CCT GP Fellowship in Urgent and Acute Care, as an exemplar for developing specific skills in future GPs.

... "Building on the success of a Health Education England pilot in the West Midlands, we will incentivise a number of newly qualified GPs with an extra year of training and support to develop specific skills needed in areas such as paediatrics, mental health and emergency medicine..."

**Discussion**

Upon successful completion of the twelve month programme, Fellows will be able to confidently:

• Demonstrate the ability to diagnose and assess urgent presentations in long term illnesses.

• Formulate, implement and evaluate current pathways of care according to best evidence.

• Show understanding of frail and elderly complex co-morbidities and how such patients are appropriately managed.

• Demonstrate competence in the interpretation and evaluation of evidence and the application of appropriate treatment and assessment.

• Apply knowledge and skills to the management of urgent care.

• Critically interpret and evaluate the current evidence behind urgent care.

The success of the pilot provides evidence that can inform future NITs strategy and policy.  

Through this project, HEWEM and its partners aim to influence a change in cultural thinking and assist in the evolution of the future medical workforce.

**Methods**

During the twelve-month Fellowship, the GP Fellow will undertake a programme of clinical and academic training, to gain experience in the providing of care for step-down patients in the community.

The Fellowship programme is divided into three, four-month phases, requiring a weekly commitment of ten (10) Programme Activity (PA), which include:

4 PA Trust commitment:  
1st Phase: Spent within the Emergency Department of the nominated Trust  
2nd Phase: Spent within the Acute Medical Unit of the nominated Trust  
3rd Phase: Undertaking a range of strategic and operational placements within the West Midlands Ambulance Service  
4th PA within a nominated GP practice:  
• During the GP practice time, the Fellow will work with their GP mentor to develop ways of transferring skills, experience and innovative working (spaced during each of their Fellowship phases) between primary and secondary care settings.

2 PA, during which the Fellow will complete a bespoke Post-Graduate Certificate (PgCert) in Urgent and Acute Care, delivered by Worcester University.

The week was set out in this manner to encourage each Fellow to enhance their cross-practice strategic and operational thinking, while also allowing for maximum opportunity to innovate.

**References**

1: Post-CCT GP Fellowship in Urgent and Acute Care Manual, August 2014
