Health Education England

Learning Together in Psychiatry

London

Developing people for health and healthcare

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Introduction

The demographic of health in the UK has changed significantly. NHS England has recognised these challenges with the publication of the Five Year Forward View, setting out ambitious plans to transform the way we deliver care to our patients, focusing on integrated community care[1]. Similarly, the shape of training review has identified that medical training must have a focus on generalist training[2]. This has the potential to ensure that the future workforce can deliver the highest quality of care.

In today's healthcare system, there is an organisational separation from the hospital and primary care physician. Trainees are more used to working together in the hospital environment rather than the environment of a GP practice[3].

Health Education England (HEE) is therefore committed to transforming the way we train our future workforce, with an emphasis on creating opportunities for medical trainees to be more involved in integrated community care.

The *Learning Together* Model

An integrated learning model was created in 2012 and piloted across North London in 2013/14. The learning together in paediatrics programme was born. Paediatric and GP trainees were paired together and took on the responsibility of running paediatric clinics in a GP practice[3]. Senior supervision was provided by the GP trainer and Paediatric Consultants from the host trust which included debriefs and reflective workshops. Results of this innovative learning model has demonstrated that all trainees benefited from joint learning and enhanced the care delivered to our patients[3]. Furthermore, this learning model is of minimal training cost and has the potential to be cost effective[4].

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[1] NHS England (2014). *Five year Forward View .* London .

[2] Greenaway, D. (2013). *Securing the future of excellent patient care: final report of the independent review led by Professor David Greenaway. Shape of Training review.* London .

[3] Chloe Macaulay, et al (2017). Learning Together 1: an educational model for. *Education for Primary Care*.

[4]Katherine Cullen,et al (2017). Learning Together; part 2: training costs and health gain – a cost analysis. *Education for Primary Care*.

Learning Together in Psychiatry

The Learning Together training model is available across London. The three LETBs continue to organise a Psychiatry and General Practice educational initiative that encompasses elements of inter-speciality training days and paired learning between GP Registrars and higher trainees in Psychiatry. This initiative will be organised by the Departments of Primary Care for the three London LETBs in partnership with the School of Psychiatry.

Objectives

- For GP trainees: To improve knowledge in the diagnosis and management of mental health problems
- For Psychiatry trainees: To improve knowledge in the management of physical health problems, *to understand care of mental health issues in primary care, to appreciate organisation and management of primary care practices*
- To create better an understanding of care systems, services, patient journeys and assist in the vertical integration of care
- To generate cross-speciality networks that may continue post CCT

Participants

- GP ST3 trainees
- Higher trainees in Psychiatry (ST4-ST6)

Paired learning programme

- Based on the success of the Learning Together Programme in Paediatrics, the preferred mode of learning would be through joint clinics in the general practice setting.
- Clinics would ideally take place on a monthly basis enabling up to 4-6 clinics to take place during the time frame available. The GP registrar / practice would book in patients with mental health problems either known to the registrar or patients who are diagnostically challenging or have an unclear management plan with regards to onwards referral. *The clinics would not be appropriate for patients in crisis or those requiring urgent review and normal procedures should be followed in this case.*
- Appointments would be booked every 30 minutes and the trainees together decide who should lead each consultation.
- Clinical responsibility for the patients would be with the GP trainer, who should supervise the clinics as per a usual GP registrar clinic. The psychiatry registrar would debrief with their own clinical supervisor and obtain clinical advice where

necessary, which can be fed back to the surgery via the registrar pair. Even in this case, overall clinical responsibility will lie with the GP trainer.

- Trainees will have the opportunity to share their learning in their respective training schemes via training days through case presentations and discussions

Example of clinic set-up

The Basics

- Monthly morning clinics in the GP registrar's practice
- 30 minute appointments (allowing time for a short debrief)
- Patients all registered at the GP practice
- May be known to the GP registrar or another GP
- GP registrar responsible for booking in and "triaging" patients

Who to book in

- Patient's presenting management difficulties but not meeting criteria for CMHT review
- Patients who may be referred to the CMHT but where this is unclear. Such patients might otherwise be discussed with a member of the CMHT for advice, for example. Such patients are unlikely to need on-going input from the CMHT.
- Uncertain diagnosis
- Patients with mental and physical health problems
- Medically unexplained symptoms
- Patients who are not engaging with mental health services

You may also wish to book in two 15 minute appointments for patients without mental illness. These patients may have physical health conditions that the psychiatry trainees wish to learn about, or they may be booked at random to give the psychiatry trainee an experience of "unfiltered" general practice. Paired trainees should meet/speak before their first clinic to discuss the exact format.

Less appropriate cases

- Child and adolescent patients should not be booked into clinics
- Patients with a known diagnosis who require regular psychiatric follow up
- Patients requiring specialist services e.g. Neuropsychiatry, PTSD
- Patients who are high risk and need urgent review
- Patients who are likely to need medications requiring secondary care supervision e.g. antipsychotics

Example clinic

8.30am Pre-clinic discussion of patients to be seen
9am -12pm Six 30 minute booked slots (or five + two 15 minute "physical health" slots)
12-12.30pm Trainee debrief / Case based discussion
12.30-1pm Debrief/discussion with GP trainer/filling in learning log

1-1.30pm Practice meeting: Discussion of cases/learning points. GPs can bring other patients about whom they would like advice.

Supervision

- These are primary care patients and clinical responsibility for patients remains in primary care
- GP trainer to provide supervision during clinic as per usual
- Psychiatry trainee to discuss patients with their supervisor but not usually at the time of the clinic

Workshops

- Once all the clinics have been carried out, a workshop involving all the trainees/supervisors that took part is recommended in order to maximise learning
- The post workshop should be designed around reflective learning from the trainee's joint clinics. The structure of the workshop can include select case presentations from pairs as well as summarising key learning points from the joint clinics.
- The workshops should be organised by the trainees themselves, with their VTS and Psychiatry supervisors present to facilitate reflection and learning.