Royal College of General Practitioners and Warwick Medical School Annual Education, Research and Innovation Symposium 18th May 2017 Abstract Submission Form

PRESENTER'S DETAILS	Session B. Workforce
Title	
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Department or organisation	
Health Sciences, Warwick Medical School	
Category Research	
PRESENTATION DETAILS	
Authors	Title of Study
Carol Bryce	Bridging the gap between primary and secondary
Rachel Russell	care: lessons from a post CCT fellowship in urgent
Jeremy Dale	and acute care.

What's the problem you are tackling?

With the needs of the growing elderly population, increasing numbers of patients with multi-morbidity and continuing health inequalities, the NHS requires doctors who are capable of providing generalist care across a range of settings. The Post–CCT Fellowship has been developed by Health Education West Midlands in response to this need, and provides early career GPs with additional skills training in Emergency and Acute Medicine, leadership and academic writing. The scheme has been piloted in Worcestershire and Warwickshire and the third phase is now underway in London. The evaluation from all three sites will be used to inform the future development and roll out of the scheme nationally.

How did/will you do it?

Using a qualitative methodology, the evaluation of the fellowship programme comprises: interviews with fellows, mentors and key stakeholders; observation data gathered in fellows' placements; and data on the types of patient treated by the fellows. Fellows in the West Midlands were interviewed on two occasions and followed up 6 months after the end of the programme. London fellows were recruited in 2 cohorts, the first cohort interviewed once and followed up after 6 months and the second cohort interviewed at 3 and 9 months into the fellowship. Observations were undertaken at all the West Midlands placements and in a selection of those in the London programme.

What did you find?

The fellowship was well received and balanced well the opportunities for skill development, academic advancement and confidence-building. It improved communication and supported integrated care between primary and secondary care settings, challenging some of the misconceptions about general practice and community-based care. Following the programme, participants were utilising the skills gained and were working in a variety of primary care / urgent care interface clinical and leadership roles.

Why does this matter?

Workforce planning reports highlight the need for clinicians with skills to lead, change and coordinate care across primary and secondary care sectors. Furthermore there is a need for ways to attract and retain GPs. The fellowship programme has the potential to equip clinicians with the skills necessary to take on these important roles.