



## **Deep End Pioneer Scheme**

**Day-release curriculum for Deep End  
Fellows**

## **Introduction**

The Deep End GP Pioneer scheme includes protected time for GP Fellows to develop professionally, involving group and individual learning, with outputs (including reports relevant to general practice in very deprived areas) to be decided among the group.

This protected time will be on Wednesdays and will alternate between attendance at day release sessions at the University Department of General Practice, and service development projects agreed with the GP lead at their respective practices.

The timetable for the day release sessions will be co-ordinated by the Academic Co-ordinator, with administrative support, and will include clinical learning (e.g. areas such as mental health, addictions) as well as broader learning in areas such as GP service development, preventing burnout, and academic writing.

A key output of the day-release programme will be documentation arising from the sessions, with the Deep End Fellows as joint authors, comprising significant learning in key areas, plus relevant reference materials from the scientific, grey and other literature. Fellows will have a quarter of their day release time (one session in alternate weeks) allocated to this task. The Academic co-ordinator will oversee and edit this output.

## **Day-release programme**

It is intended that part of the professional development time will include time for self-directed learning, peer group work, reflection and career planning.

The learning and professional development needs of the GP Fellows will vary, so there needs to be a degree of flexibility and choice inherent in the programme.

Sessions will include input from experts (including experienced GPs), group discussion following prior reading, practice-based small group learning (PBSGL), case reviews and reflection.

A collective task for the GP Fellows will be to share in the work of summarising the key learning from each session in order to produce an educational resource for general practitioners starting work in very deprived areas. This could include summaries of learning from existing service development projects, such as link workers and attached workers in mental health, addictions, financial inclusion, etc.

## **Intended attributes by end of the year:**

- Willingness to take responsibility
- Ability to work effectively within teams including multidisciplinary teams (MDTs)
- Being comfortable dealing with medical complexity (specifically the ability to move beyond a protocol driven approach to patient care when there are no guidelines)
- Commitment to quality improvement (through audit and/or quality improvement projects)
- Consistent demonstration of organisational skills including forward planning in both patient care and clinical systems
- Successful and appropriate Involvement in the training and education of others
- Ability to cope when under pressure

### **CORE VALUES OF THE DEEP END PIONEER SCHEME**

#### **Social Inclusion**

We actively promote a socially inclusive society where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. We do this through a service provision in areas of severe socio-economic disadvantage and through a commitment to professional and service development that supports marginalised groups.

#### **Advocacy**

We believe the evidence base that health is socially determined. To address the early death and illness burden in our patients those involved in this scheme will advocate with vigour on behalf of those patients affected by social inequality.

#### **Commitment to Excellence**

We recognise the importance of basing our clinical decisions about our patients on the best available current evidence. We value learning as a process that we engage with throughout our medical career. We have a holistic educational philosophy that promotes developing clinical skills and knowledge; effective communication skills; personal and professional development.

#### **Respect and Honesty**

We respect and esteem ourselves, our patients and our colleagues. This involves taking feelings, needs, thoughts, ideas, wishes and preferences into consideration. It means taking all of these seriously and giving them worth and value.

#### **Accountability and Responsibility**

We can be relied upon to do our utmost on behalf of our patients and to fulfil our promises. We are industrious and work hard on behalf of our patients. We fulfil our responsibilities fully to our patients, staff and colleagues.

**Table: Pioneer scheme day-release curriculum**

<b>Date</b>	<b>Session topic</b>	<b>Session lead (background)</b>
<b>23 Nov 2016</b>	Background to the Deep End project Plans for the year	Graham Watt (GP) David Blane (GP)
<b>7 Dec</b>	Multimorbidity / Quality after QOF Inverse care law / Julian Tudor Hart	Stewart Mercer (GP) Graham Watt (GP)
<b>21 Dec</b>	Practitioner health / preventing burnout Working in deprived areas	Petra Sambale (GP) DE Fellows group discussion
<b>4 Jan 2017</b>	<b><i>Christmas holidays</i></b>	
<b>18 Jan</b>	Learning from Govan SHIP project	John Montgomery (GP) Brian Milmore (GP)
<b>1 Feb</b>	Violence reduction Domestic violence	John Carnochan (Police) Katie Cosgrove (NHS Health Scotland)
<b>15 Feb</b>	Adults with Incapacity Learning from Financial inclusion project	DE Fellows group discussion Jamie Sinclair (Third Sector)
<b>1 March</b>	Learning from the Links Worker project	Peter Cawston (GP)
<b>15 March</b>	Managing difficult consultations Leadership	Elsbeth Traynor (Clin.psychol) DE Fellows group discussion
<b>29 March</b>	Multiple exclusion and complex consultations	Andrea Williamson (GP, Addictions)
<b>12 April</b>	<b><i>Easter holidays</i></b>	
<b>26 April</b>	Palliative care in the Deep End End of life prescribing	Euan Paterson (GP) DE Fellows group discussion
<b>10 May</b>	Asylum Health Bridging Team	Greg Higgins (CPN)
<b>24 May</b>	Chronic pain & narrative Trauma & shame	Dr Jonathan Tomlinson (Hackney GP)
<b>14 June</b>	Living in poverty	Fiona McHardy (Poverty Alliance)
<b>5 July</b>	Personality disorder Using mentalising in tricky GP consultations	Andrea Williams (Consultant psychiatrist and psychotherapist)
<b>19 July</b>	Working with interpreters (practical skills session)	Freedom from Torture team
<b>2 August</b>	Vulnerable families / child protection	Kerry Milligan (GPwSI)

<b>23 Aug</b>	Quality Improvement	David Craig and Claire Dawson (Clinical Improvement, NHS)
<b>13 Sept</b>	Adult Social work in the Deep End	Maggie Hart (Social work)
<b>27 Sept</b>	Addictions and Older Drug Users' health Hepatitis	Sarah Julyan (Addictions) Leon Wylie (Hepatitis Scotland)
<b>11 Oct</b>	Taking stock – CPD needs of Deep End GPs	David Blane (GP)
<b>25 Oct</b>	Social model of disability	Nicky Burns (Sociology)
<b>15 Nov</b>	LGBT+ health inequalities Adolescent Health	Thom O'Neill (Paeds) DE Fellows group discussion
<b>6 Dec</b>	Homelessness / Destitution network	Becky MacFarlane (GP)
<b>20 Dec</b>	Female Genital Mutilation	Anna Matthews (GP)
<b>3 Jan 2018</b>	<b><i>Christmas holidays</i></b>	
<b>17 Jan</b>	Prisoner health	Nora Cavanagh-Murray (GP)
<b>31 Jan</b>	Visits to Keppoch medical practice, Possilpark	DE Fellows
<b>14 Feb</b>	Working with others	Bridie Fitzpatrick and Graham Watt (GP research)
<b>7 March</b>	Obesity	David Blane (GP)
<b>21 March</b>	Educational psychology	Romy Dunbar and Maggie Banks (psychology)
<b>4 April</b>	<b><i>Easter holidays</i></b>	
<b>25 April</b>	Visit from Carey Lunan, RCGP Scotland Chair	Carey Lunan (GP)
<b>9 May</b>	Care of the Elderly in the Deep End	Jennifer Burns (Physician)
<b>23 May</b>	Common paediatric problems in the Deep End	Petra Sambale (GP)
<b>13 June</b>	Sexual health	Sam King (Sandyford East)
<b>4 July</b>	Chronic pain	Colin Rae (Pain clinic)