Primary Care Fellowships
Fellowship Manual

- Urgent and Acute Care
- Cancer Survivorship
- Community Care of the Elderly [Frailty]

Cohort 3
June 2017
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Chapter 1: Executive Summary
Introduction

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 healthcare professionals who are prepared for a place in the joined-up workforce of the future.

‘The future of primary care: creating teams for tomorrow’ sets out the Primary Care Workforce Commission’s thinking which includes calling for greater collaboration across organisations and a broader range of staff involved in the delivery of healthcare. (Professor M Roland, Chair, Primary Care Workforce Commission, 2016, commissioned by HEE).

In addition, the Shape of Training Report ‘Securing the future of excellent patient care’ (Professor D Greenaway, 2013) stressed that “Patients and the public need more doctors who are capable of providing general care in broad specialties across a range of different settings,” while the 2013 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 and other healthcare professionals in primary care must be exposed to skills training which allows for management of a broad range of situations in both primary and secondary care environments, with complete confidence.

With the above in mind and as part of their commitment to developing people for health and healthcare, Health Education England, London & South East has created the Primary Care Fellowship programme. Through this programme, Health Education England, London & South East, in cooperation with regional providers, aims to develop a new class of GP and primary healthcare professional, capable of bridging the gap between primary and secondary care.

A. The Pilot.

Health Education England, London & South East are indebted to the work done by Health Education West Midlands, who established a pilot training programme for post CCT GPs in Urgent & Acute care (U&AC) in 2014. Health Education England, London & South East have built on their work and expanded this programme to develop a pilot framework open to a multi-professional workforce and to operate across all 4 LETBs in the local HEE geography. To follow best practice, a cross-organisational project team was formed, to test the concept, fully develop the curriculum, evaluate the practical / academic balance and manage both clinical and financial risk.

The first two cohorts of the London and South East U&AC Fellows are being fully evaluated by the University of Warwick. The evaluation report is due in Summer 2017. The West Midlands evaluation has proven that the Primary Care Fellowship concept is of great benefit to the primary care workforce in West Midlands. The West Midlands have expanded their Fellowship model to a number of additional specialties. This is being replicated in London and the South East and in 2017 three primary care Fellowships will be offered in:

- Urgent and Acute Care
- Cancer Survivorship
- Community Care of the Elderly [Frailty]

B. The Primary Care Fellowship… what is it?

During the twelve-month Fellowship, the Primary Care Fellow will undertake a programme of clinical and academic training, to gain experience across both generalist and specialist sectors in the clinical area of the fellowship, as well as seeing the full range of primary care conditions. The Fellowship programme
requires a weekly commitment of ten sessions to include 40% of time in primary care: 40% in a variety of settings relevant to the Fellowship parent specialty and 20% on an academic programme.

Host organisations for Fellowship placements may include local acute hospitals trusts, GP Training Practices, CCGs and the London and South East Coast Ambulance Services. Employment contracts will be held by a local agency: this could be the Acute Hospital Trust, a GP practice or Urgent Care Centre according to local arrangements. An agreement is held between HEE and the employing organisation to manage the expectations of each party and ensure appropriate programme delivery.

i) 4 sessions of specialty placements will provide opportunities to work in a variety of strategic and operational placements. The exact nature and duration of each placement will be determined locally by each local office and host organisations. The scheme is also tailored to meet local needs and funding arrangements.

ii) 4 sessions within a nominated GP practice or primary care setting. Here, the Fellow will work with their primary care placement mentor to develop ways of transferring skills, experience and innovative working (gained during each of their Fellowship phases) between primary and secondary care or specialist community based settings.

iii) 2 sessions during which the Fellow will complete a bespoke Post-Graduate Certificate (PGCert) in Health and Wellbeing, delivered by Canterbury Christ Church 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.

C. Expectations and Deliverables.

A key objective for the pilot is the joining up of the clinical phases of each type of fellowship with the PGCert in health and wellbeing.

As a result of the live pilots, the PGCert has been directly influenced by its contributor’s exposure to each of the key clinical phases. The programme is unique in this respect, as it has been designed and influenced by its practitioners, with the aim of blending clinical and academic learning.

With the future joined-up workforce model in mind, the PGCert modules were designed to be relevant to a multidisciplinary intake (e.g. Nursing / Pharmacists / Physician Associates) as well as GPs. Upon successful completion of the twelve-month programme, Fellows will be able to confidently undertake a range of activities, which are detailed under each individual fellowship.

The Fellows will, as part of the programme, acquire and contribute to a strategic view of the services of the clinical area of the fellowship in the area within which they work. It is likely that they will participate in project work to that end, and get involved in local planning in the field.

D. Support for Fellows in programme

Overview

- Fellows on the programme will be supported through their academic studies by staff at Canterbury Christchurch University, delivering two formally taught modules. In addition, there will be a named academic mentor from Canterbury Christchurch University who will support the third negotiated module.
- In addition, the Fellows will be supported by a lead academic clinical mentor who will cover the London and South East geography and provide mentorship for all Fellows irrespective of their clinical specialty.
Each Fellow will have a specific clinical fellowship mentor who oversees the programme in Acute and Urgent Care, Frailty or Cancer Survivorship accordingly.

There will be an action learning set convened by the Canterbury Christchurch University academic mentor and lead academic clinical mentor that will bring together all students to share the academic development of their projects.

The clinical aspects of the Fellowship will be supported through a series of clinical masterclasses.

Each Fellow will have a placement mentor (the GP placement mentor role will extend through the duration of the programme, other placement mentors will assume their role for the length of time the Fellow is attached to that placement).

Each Fellow will have access to clinical supervision in a placement which is commensurate with the Fellow’s experience level to maintain both patient and learner safety.

### Lead Mentors

- Appointed through Canterbury Christchurch University the **academic mentor**, Mrs Jane Arnott will meet with the Fellows at the start of the programme to help them appreciate how to achieve the academic learning outcomes for the PG certificate programme.
- The London and South East Fellowship programme also support a lead **academic clinical mentor**, Dr Duncan Brooke, who is also the Specific Clinical Fellowship Mentor for the Urgent Care Fellowship.
- The two lead mentors will run a regular peer action learning set to support the academic development of the Fellows and particularly support them during the Negotiated Module in the development of their academic quality improvement projects.

### Specific Clinical Fellowship Mentor

- The specific clinical fellowship mentors will support Fellows in the programme through the delivery of a number of subject specific masterclasses. They will help Fellows identify potential quality improvement projects and work with the University Academic Mentor to help support Fellows through the enactment of these projects.

The specific clinical fellowship mentors for each fellowship are:

- **Urgent and Acute Care Fellowship** - Dr Duncan Brooke
- **Cancer Survivorship Fellowship** - Dr Anthony Cunliffe, Macmillan GP Advisor and Sharon Cavanagh, Lead for the Macmillan Integrated Cancer Programme, Living with and Beyond Cancer and Allied Health Professionals
- **Community Care of the Elderly [Frailty] Fellowship** - Dr Michael Gill

### GP Placement Mentor

- The nominated mentor will meet with the Fellow at the start of the 12-month programme to assist the Fellow develop their overarching learning outcomes for the programme.
- The nominated mentor will assist the Fellow in developing their PDP for the programme.
- The nominated mentor will maintain regular contact with the Fellow.
- The nominated mentor will undertake a four monthly review meeting with the Fellow.

The nominated mentor will usually be but is not limited to being a GP, nor limited to working in the same GP practice as the Fellow.

### Specialty Placement Mentor

- The nominated mentor will meet with the Fellow at the start of the placement.
- The nominated mentor will assist the Fellow in developing a PDP specific to the placement.
- The nominated mentor will meet regularly (monthly) during the placement.
Clinical Supervision

- Post CCT Fellows who are GPs are independent practitioners on the NPL: as such there is no requirement for clinical supervision of their GMS practice
- Other professionals engaged in the Fellowship programme require a clinical supervisor in any primary care placement where engaged in any activities outside their usual scope of practice
- There will be a nominated clinical supervisor for placements in hospital / ambulance and other settings where the Fellow is engaged in any activities outside their usual scope of practice.
Chapter 2: The Clinical Placements

a) Urgent and Acute Care Fellowship

b) Cancer Survivorship Fellowship

c) Community Care of the Elderly [Frailty] Fellowship
a) Urgent and Acute Care Fellowship

A. Emergency Department

The main aims of the Emergency Department (ED) placements as part of the Fellowship are:

• To up-skill the Primary Care Fellow in modern emergency care, in a secondary care setting.

• To use their primary care skills and knowledge of community services to disseminate and share knowledge with the Emergency Department (ED) team and

• To reduce the number of avoidable admissions presenting at the Emergency Department.

Such an approach inevitably requires significant understanding and knowledge of community-based solutions, particularly for the frail and elderly population.

The Primary Care Fellow must also possess an ability to work within a team of doctors and other health care professionals, who carry varying levels of competence and skill mix.

The Fellow may also use their primary care skills to help educate junior doctors in Emergency Medicine, regarding the non-urgent conditions that inevitably arrive in the ED and of course help educate doctors in terms of what facilities may be available to avoid admissions through the ED.

If the Fellow has had previous experience working as a junior doctor in Emergency Medicine, then clearly there will be a period of relearning and reusing old skills; updating knowledge regarding the new elements of emergency care options that are currently at the disposal of ED clinicians.

The Fellowship programme will also allow the Primary Care Fellow to experience the type of case mix that comes through a modern ED, where there is an emphasis now on the sicker, frailer, elderly patients with multiple co-morbidities, who will very often find themselves in an MAU or acute inpatient setting.

Perhaps one of the great values of the placement is that the Fellow will be able to analyse this case mix and start to identify areas where interventions in the pre-hospital setting or during their attendance at ED will enable discharge and support through enhanced care teams, community-based services, social care and the utilisation of the patient’s own GPs and district nursing teams.

How the placement develops will vary depending upon the previous knowledge and experience of the Fellow and the role they play within the department.

The initial stages of the ED placement, may involve a period of familiarisation of the systems used in the ED and developing an understanding of the team structure and the case mix that is seen on a daily basis. This will inevitably vary between departments. It is useful for the Fellow to see undifferentiated patients both in the majors and minors setting, in order to experience the work streams that occur and are utilised in Emergency Medicine.

Once comfortably embedded in the department, the Fellow can then progress using their primary care skills and enhanced knowledge of other services, to try to identify those particular patients where they can have a greater input and perhaps influence the admission and discharge decision to a greater degree.

In the ED, the Fellow should be involved in teaching and education. Usually this takes the form of departmental teaching activities both at middle grade and junior doctor levels.

There will also be ample opportunity for the Fellow to teach and support junior members of the ED team on the shop floor. This is where a significant opportunity for sharing knowledge and shared learning is to be achieved.
In addition, the more formal teaching arrangements should be used as an opportunity by the Fellow to help educate the juniors about more specific issues relating to primary care and also learn more about Emergency Medicine from a junior doctor prospective.

Finally, urgent and emergency care should be viewed as a continuum. The ED attachment of the Fellowship Programme provides an excellent opportunity for the Fellows to experience modern emergency care being delivered in a secondary care setting, but with ample scope for primary care input and intervention within that environment. This will result in patients’ needs being addressed more appropriately in the right place, at the right time, in the future.

**B. Acute Medical Unit (AMU)**

The Primary Care Fellowship program is designed to enable colleagues trained in primary care to undertake training in acute medicine and ambulatory care, gaining competencies and experience by working alongside colleagues in secondary care and the ambulance trust.

It is hoped that such training will enable successful candidates to support initiatives such as primary care diagnostic units, integrated acute medical units and hospital admission avoidance schemes.

The AMU and ambulatory care placements provides an opportunity for highly motivated candidates to gain experience in the short-term management of common conditions, ambulatory care systems promoting outpatient and community care for appropriate conditions including e.g. cellulitis and DVT and also provides opportunities to develop innovative acute care schemes focused on the assessment and care of the frail and elderly.

Patients are referred to the AMU from the emergency department and primary care. They are assessed, have investigations and, where appropriate, the initiation of treatment. Many are discharged following senior review. Others remain on the unit for a limited time, undertaking senior review on a regular basis and are rapidly discharged to be reviewed in the community or in clinics led by the AMU team.

During the AMU placement, the *Urgent and Acute Care* Fellows should become familiar with the diagnosis and treatment of common medical conditions. The placement provides an opportunity to consolidate diagnostic skills, the interpretation of investigations, standard treatment protocols and discharge planning.

Aside from working alongside colleagues on the AMU, the Primary Care Fellows should also be given the opportunity to undertake attachments with specialist nursing teams. These specialist teams provide further learning opportunities, concentrating on specific diseases, and also work closely with clinical teams in the community, supporting early discharge planning and insight into the management of chronic diseases.

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<th>Practice Area</th>
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<td>Safe Discharge</td>
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In addition to experiencing these clinical skills, Fellows will have the opportunity to work in ambulatory care settings and other admissions avoidance settings and to reflect upon the management of patients referred to an AMU and contrast the patient experience with patients seen and managed in the community whilst working in primary care.
The acute medical experience, combined with insight from primary care, provides candidates with a unique oversight of healthcare and the ability to reflect upon patient pathways and the configuration of services.

Upon completion, the Primary Care Fellow should be familiar with the diagnosis and management of common medical conditions and the management of chronic medical conditions that often result in hospital admission.

C. Urgent Care Unit

Urgent care systems are designed to rapidly see and assess a full range of acute minor injuries and illness, across a wide spectrum of severity and across the age spectrum. The management and staffing of these departments is variable with some being attached to Emergency Departments, some managed and staffed by Primary care practitioners and some managed by the private sector.

Urgent Care Units are typically staffed by a combination of nursing and medical staff often from both primary and secondary care, including emergency nurse practitioners (ENPs) and autonomous physiotherapists.

Skills that can be developed in the Urgent care setting includes the appropriate indication for further assessment and investigations, X-ray and ECG interpretation, wound management and the nature and appropriate use of modern dressings.

D. Other attachments or placements

The fellowships may well include placements into other more locally derived functions. This could be Acute Elderly Care units, Joint Elderly Care Assessment centres or similar. There may be opportunities to work with the local ambulance services. As the transformation agenda for the NHS is implemented more of these innovative types of service delivery are expected to be developed.

F. Primary Care

The aim of the primary care component of the programme is to ensure that the Primary Care Fellow is able to maintain primary care focus and skills and to develop transferrable capabilities, informed by the other placements of the Fellowship Programme.

Each Fellow will be allocated a placement mentor who will support and facilitate learning across the project, with regular informal reviews and a formal appraisal / review meeting every 4 months.

The host practices have been chosen in discussion with the relevant local HEE team. Practices involved in the programme may include experience in out of hours’ cooperatives, walk in centres, management of community beds, admissions avoidance projects and step down care facilities.

It is expected that the Fellows will be proactive in seeking out opportunities for innovation and practice development; this may include leading or supporting work on:

- Risk stratification relating to unplanned admissions,
- Reducing A+E attendances,
- Improving care in nursing homes,
- Reviews of out of hours’ contacts and reviews of acute access.
- Care of the Frail and Elderly populations
- There should also be the opportunity to work with local Clinical Commissioning Groups (CCGs) on local projects and initiatives.

The exact formulation of the primary care placement will however vary depending on the scheme involved and the previous clinical experience of the Primary Care Fellow.
b) Cancer Survivorship Fellowship

The working week of the fellowship is made up of two days in primary care, two days in specialist services in cancer survivorship which may be community or secondary care based, and one day a week undertaking the academic programme.

The Fellows in this discipline will be supported by Subject Matter Experts, Dr Anthony Cunliffe, Macmillan GP Advisor and Sharon Cavanagh, Lead for the Macmillan Integrated Cancer Programme, Living with and Beyond Cancer and Allied Health Professionals.

A. Primary Care

During the 2 days a week in primary care, the Fellow will participate in the full usual range of primary care activities. In addition, it is envisaged that the Fellows will utilise and share within primary care some of the skills developed in the specialist placements. For example, development and organisation of services for patients of the practice or locality living with and beyond cancer (LWBC) e.g. links of the practice and patients with exercise rehabilitation programmes, voluntary programmes, psychological well-being services and innovations in patient engagement around service design.

B. Specialist Services

Depending on the geographical location of the fellowship, there are a range of hosts for the specialist based services in supporting individuals to live actively and well after a cancer diagnosis. They span secondary, primary and voluntary sectors. The following describes some of the range of placements and experiences that the fellow will encounter and some of the learning opportunities that would arise:

- Explore the role of primary care in delivering key London Living with and Beyond Cancer priorities to support individuals and their families/carers - with a particular focus on the Recovery Package and stratified follow-up.
- Cancer outpatient’s services and their multi-disciplinary team meetings, to gain experience on the team roles, range of treatments, and an understanding of the effects and experiences of patients during cancer treatment and follow-up.
- Urgent suspected cancer clinics (2 week wait) to appreciate the processes and impact on patients at the time of diagnosis, as well as gain an insight of factors affecting patient initial presentation and referral on from primary care.
- Understand and highlight the opportunities for shared decision making by patients and professionals.
- Follow through referred patients, as case studies, through the length of the cancer pathway
- Engage with hospice based care, outreach clinics and educational or patient engagement events around symptom control and living well after a cancer diagnosis.
- Understand patient treatment education/preparation programmes being delivered within the trust e.g. Upper GI at Imperial and Prostate at Guys.
- Experience specific services around late effects of cancer or cancer treatments e.g. Lymphoedema clinics and Royal Marsden Hospital Bowel Late Effects Clinic.
- Experience community or secondary care based living with and beyond cancer resources e.g. Health and Wellbeing Events, third sector support e.g. Maggie’s Centres or Haven.
• Participate and also help in the planning of Health and Well Being Events, including with the voluntary sector.

• To attend and engage with relevant psycho-oncology clinics.

• Link with Trust and STP stratified follow-up programmes for breast, colorectal and prostate cancers.

Aims include to:

• Understand the role of strategic organisations (i.e. Cancer Alliances/Vanguard, Transforming Cancer Service for London team, and Macmillan Cancer Support in driving implementation of LWBC initiatives

• Identify and understand the common regimes of surgery, radiotherapy and chemotherapy used and their known complications, as well as their completion rates and reasons for non-completion.

• Identify the key patient information/clinical knowledge points for primary care of each condition and patient experience at each stage of the cancer pathway.

• Develop an understanding of the physical, psychological, and holistic issues patients living with and beyond cancer and their families’ experience.

• Develop an understanding of the impact of pre-habilitation and pre-habilitation programmes on patient experience and outcomes

• Use of Holistic Needs Assessments by staff and how the identified needs and integrated care plans are communicated to primary care and the patient.

• Reflect on the impact of Cancer Care Reviews on patient experience, care co-ordination and the GP/patient relationship and explore the potential impact of the more holistic Cancer Care Reviews being trialled in some CCGs currently.

• Emphasis will include considering what quality care means to a wide range of professionals and patients/families.

• Reflection on observed communication styles and their impact.

• Reflection on the type and quality of support offered by the clinic teams.

• Share primary care insights into the effectiveness of the current communication approaches.

• Structured feedback to the clinic teams by the Fellow, after discussion at the learning set will be offered.

• Learn how to implement primary care guidance in living with and beyond cancer or relevant integrated care initiatives.

• Learn how to treat and share simple methods of —supporting individuals experiencing physical and/or psychological impacts of cancer/cancer treatment.

• Develop a teaching/learning module for GPs and practice nurses as an outcome, through their learning set.

• Reflect on the roles and the focus of the professional MDT team in primary and secondary care.
• Learn about methods to facilitate individuals in having the confidence and ability to self-manage their health.
• Appreciate the local community provision of cancer rehabilitation services and support clinics e.g. lymphoedema and exercise.
• Undertake a local Cancer Survivorship Training Needs Analysis, based on an established national format.
• Evaluate critically the provision of services across London and the South East, including an understanding of the local STP area needs.
• Develop an understanding of the physical, psychological, and holistic issues patients and their families living with and beyond cancer experience.
• Develop an understanding of when the survivorship journey begins i.e. pre-habilitation and pre-recovery programmes.
• Use of Holistic Needs Assessments by staff and how the needs and associated care plans are communicated to primary care.
• Emphasis will include considering what quality care means to a wide range of professionals and patients/families.
• Reflection on observed communication styles and their impact.
• Reflection on the type and quality of support offered by the clinic teams.
• Share primary care insights into the effectiveness of the current communication approaches.
• Structured feedback to the clinic teams by the Fellow, after discussion at the learning set will be offered.
• Learn how to implement primary care guidance in cancer survivorship.
• Learn how to treat and share simple methods of managing cancer survivorship - physical and psychological issues.
• Develop a teaching/learning module for GPs and practice nurses as an outcome, through their learning set.
• Reflect on the roles and the focus of the professional MDT team in primary and secondary care.
• Learn about patient education and self-management, along with learning for primary care referrers.
• Appreciate the local community provision of cancer rehabilitation services and support clinics e.g. lymphoedema and exercise.
• Undertake a local Cancer Survivorship Training Needs Analysis, based on an established national format.
• Evaluate critically the provision of services across London and the South East, including an understanding of the local STP area needs.
c) Community Care of the Elderly [Frailty] Fellowship

The Fellows in this discipline will be supported by a Subject Matter Expert in Elderly Care, Dr Michael Gill.

A. Primary Care

The two days spent in General Practice composes essentially of core GP/Primary care skills. It is envisaged that the Fellow would offer the practice benefit of the skill set being gained: this could take the form of care home work as a session, leading of learning events at the practice or other similar activity. If a GP, the Fellow would work as a ‘standard’ post CCT new GP in the designated practice. If an ANP, the Fellow would be attached to the designated practice working with the GPs and GPNs in the team in the usual manner.

B. Specialist Services

Two days in frailty related placements, orientated to local needs by Community Education Provider Network (CEPN) area. This could include placements in the following areas, though other possibilities will arise depending on local organisation and needs.

- **Palliative Care** (within a hospice - inpatient and community assessments)

This phase would be carried out within a community multi-professional team, caring for the elderly or those with complex comorbidity. It is anticipated that this placement would involve joint service assessment and would require the supervision of a community geriatrician and experienced community based GP. It would therefore be appropriate for the placement to be carried out within a community hospital or covering step down / rehabilitation beds.

- **Dementia care** (to include early diagnosis, dementia in reach teams and psychogeriatric clinics).

Enhancing skills within a psychiatric team for the elderly and considering outpatient and outreach teams, for the assessment and care of those with dementia and mental health problems.

- **Working with geriatricians**

In A&E assessments, outpatient experience, falls clinic, or other medical clinics; working under supervision of a nominated geriatrician, within a secondary care team, enhancing skills in:

  ➢ The assessment and care of those in an outpatient setting.
  ➢ Assessment and treatment of common conditions such as stroke care, Parkinson’s disease, diabetes and the frail elderly.
  ➢ Management of and treatment within Falls Clinics.
  ➢ Management of referrals from within the hospital and ED.
  ➢ Community outreach teams in frailty
  ➢ Acute elderly assessment units as part of a hospital acute service

**NOTE:** This placement should be carried out within an established hospital-based, elderly care team
Chapter 3: The PG Certificate in Health and Wellbeing
A. Academic Phase: Course Structure and Content.

Fellows will be supported to undertake a bespoke Postgraduate Certificate in Health and Wellbeing (M level 7, 60 credits) comprising three modules over the 12-month duration of the programme undertaken with Canterbury Christchurch University.

- Module 1: Enhancing Health and Wellbeing (M level 20 credits)
- Module 2: Leadership: Advancing Innovation and Transforming Healthcare (M level 20 credits)
- Module 3: Negotiated Module (M level 20 credits) based on a systematic, reflective inquiry into an of service development based on clinical specialist field of study (M level 20 credits)

These modules, whilst appropriate to extending the skills of GPs, are also designed to be relevant to a multi-disciplinary Advanced Clinical Practice pathway.

Through the programme Fellows will be assessed on their ability to:

- Critically examine how their practice and professional work context contributes to the enhancement of health and wellbeing outcomes, with reference to urgent & unscheduled care
- Critically reflect on developing and implementing a quality improvement project in the field of urgent & unscheduled care
- Critically reflect on their systems leadership skills

The academic programme is undertaken through a weekly programme which will include academically orientated learning sets, clinical Master Classes and personal study. The aim of this shared experience will be to improve skills in leadership, evidence based practice, education and enable additional learning as a group. Canterbury Christ Church University will lead these sessions in association with clinical specialist academic mentors.

B. Academic Programme Module Descriptors

Module 1

Module Title: Enhancing Health and Wellbeing
Level: 7
Credit Rating: 20 credits (10 ECTS credits)
Duration: 30 hours’ academic direction
170 hours practice learning & independent study

Academic Lead CCCU: Jeannette Head

Module Aims

This module introduces postgraduate studies in health and wellbeing. The module will support students to examine the current and anticipated challenges facing health and social care, evaluating how structures and processes within different systems can affect health and wellbeing outcomes. The module aims to enable students to respond to these challenges through continuing professional development.
Learning Outcomes

By the end of this module students should be able to:

1. Critically appraise the way in which their practice and professional work context specifically contributes to the enhancement of health and wellbeing of individuals, communities and populations.

2. Critically evaluate and interpret knowledge and evidence for the improvement of health and social care systems and practices in relation to their professional work context.

3. Critically reflect on their personal, educational and professional development needs, and plan actions to support their continuing professional development.

Indicative Module Content

The personalisation agenda and the move towards health promotion and illness prevention call for practice transformation in order to deliver integrated, high-quality, sustainable and person centred services. In order to address these agendas students will be prompted to reflect upon their role in service development and improvement, considering how they can be an agent for change within their professional work context. In support of these reflections, the broader determinants of health and wellbeing (with reference to biopsychosocial, economic and environmental indicators and risks) will be introduced and explored. The relationships and interactions between factors influencing practice will be evaluated, supporting students to review how structures, processes and procedures within their professional work context are potential enablers or barriers to health and wellbeing. The skills of finding and appraising information will be developed to allow students to critically engage with a range of evidence such as research studies, evidence based guidelines, epidemiological and demographic data. Within these enquiries students will be encouraged to draw on the values, knowledge and skills of their professional discipline.

The module will provide space for inter-professional discussion and debate to consider the contribution that health and social care systems and practices can have on the health and wellbeing of individuals, communities and populations. The module is underpinned by a commitment to the importance of sustainable health and wellbeing, and the values of respect, empowerment, empathy, trustworthiness, integrity and justice. Students will be encouraged to reflect on their actions and the actions of others; developing further insights into the factors affecting practice and the potential for transformation. Theories and models of learning will guide the students’ analysis of their personal, educational and professional development, enabling students to explore the rationale and plan for their postgraduate studies including the awards they wish to work towards. This introductory module is pivotal in supporting the student to analyse their existing knowledge and skills in order to plan actions to be undertaken to meet their personal and professional learning and development needs.

Learning and Teaching Strategies

This is the initial module for several postgraduate programmes: MSc Health and Wellbeing, MSc Medical Imaging, and MSc Mental Health. Module content will explore the expectations of Masters (level 7) studies, developing critical thinking and reflection in preparation for the students’ post graduate journeys. Students will be facilitated to enhance their knowledge and understanding through engagement with a range of learning activities that explore the philosophical, theoretical, ethical and legal perspectives that underpin their practice. The module will utilise blended learning through the use of face to face, online and work related learning activities. Students will be encouraged to take responsibility for their own learning and professional development by undertaking self-directed learning. The processes of enquiry adopted within the module will support students to advance their analytical skills, and research evaluation skills.
Face to face learning will occur through lectures, seminars and tutorials. Group activities will create space for the sharing of practices; utilising both the experiences of the student community and the module facilitation team. The diversity of students’ experiences will be used to promote inter-professional enquiry, discussion and debates to widen reflective perspectives. The module will also utilise the university’s virtual learning environment to promote academic skill development through critical reading, critical enquiry and reflective exercises. Students will be encouraged to store their written reflections, such as reflective learning logs or diaries, alongside self-assessments of their learning needs and postgraduate skills in an electronic portfolio. This electronic portfolio will also provide students with an opportunity for formative feedback from peers and tutors. Students will be supported to develop the presentation of their ideas through reference to theoretical, research and evidence-based concepts of health, wellbeing, learning and reflection. Students will receive tutor support to plan their future programme of study.

Assessment

Critically examine how their practice and professional work context contributes to the enhancement of health and wellbeing outcomes with reference to a range of supporting evidence appropriate to their professional work context. The assignment must include a personal critically reflection on educational and professional development needs (4000 words).

Indicative Resources

Bibliography


The King’s Fund (2013). ‘Broader Determinants of Health’. Available at: www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health (accessed 09.05.16)

Journals

British Journal of Occupational Therapy
British Journal of Social Work
British Medical Journal
Health Service Journal
International Practice Development Journal
Journal of Advanced Nursing
Journal of Evidence Based Practice
Journal of Health Visiting
Journal of Paramedic Practice
Journal of Interprofessional Care
Journal of Mental Health
Journal of Public Health
Journal of Operating Department Practitioners
Radiography

**Websites**

Care Quality Commission. Available at: [http://www.cqc.org.uk/](http://www.cqc.org.uk/) (accessed 09.05.16)

Health and Care Professional Council. Available at: [http://www.hpc-uk.org/](http://www.hpc-uk.org/) (accessed 09.05.16)

Health and Social Care Information Centre. Available at: [http://www.hscic.gov.uk/home](http://www.hscic.gov.uk/home) (accessed 09.05.16)

National Care Forum. Available at: [http://www.nationalcareforum.org.uk/index.asp](http://www.nationalcareforum.org.uk/index.asp) (accessed 09.05.16)

National Institute for Health and Care Excellence (NICE). Available at: [www.nice.org.uk](http://www.nice.org.uk) (accessed 09.05.16)

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Skills for Care. Available at: [www.skillsforcare.org.uk](http://www.skillsforcare.org.uk) (accessed 09.05.16)

Skills for Health. Available at: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) (accessed 09.05.16)

Social Care Institute of Excellence. Available at: [www.scie.org.uk](http://www.scie.org.uk) (accessed 09.05.16)

World Health Organisation. Available at: [http://www.who.int/en/](http://www.who.int/en/) (accessed 09.05.16)
Module 2

Module Title: Leadership: Advancing Innovation and Transforming Healthcare
Level: 7
Credit Rating: 20 credits (10 ECTS credits)
Duration: 30 hours’ academic direction
170 hours practice learning & independent study
Academic Lead CCCU: Mary Brown

Module Aims

The aim of the module is to enable students to understand the complexities of leadership processes within institutions that promote innovation and collaboration across complex organisations to transform Healthcare services and improve outcomes.

Learning Outcomes

By the end of this module students should be able to:

1. Analyse critically the complementary leadership approaches within organisations with a critical understanding of current challenges facing leaders within public services;
2. Evaluate critically approaches that promote strategic intelligence/thinking, and facilitate transformation and change across inter-professional boundaries at strategic, operational and practice levels;
3. Demonstrate a critical awareness and appreciation of whole systems where key stakeholders / service users involvement is essential to transformational change and service development;
4. Demonstrate an appreciation of the nature of effective teamwork for transformation with an application of how to develop one’s own potential and get the best out of others;
5. Synthesise theories and assumptions underpinning policies, leadership, and engagement, service transformation in order to develop and implement a comprehensive business case.

Indicative Module Content

The content will include an in-depth exploration of contemporary theories associated with leadership and transformation at strategic, operational and clinical level, team working, complexity; whole systems, person centred culture and human behaviour within organisations. Leadership development, will address three types of knowledge; technical, relational/ stakeholder coalition building and transformational/ self-knowledge that promote systems wide capacity building. It will focus on the leadership engagement with key stakeholders rather than selected individuals in its real context to bring about transformative change. It will address theories of change, motivation for creating the culture for transformation, service improvement and innovation.

Learning and Teaching Strategies

This module will be delivered in a way that actively engages students in their leadership journey to recognise the ability co- sense and co – create the future as it emerges. Students will be encouraged to use a range of activities that encourages reflexivity and to appreciate the nature of their everyday practice knowledge working within public /private organisations and within inter-professional/ integrated teams. A variety of approaches will be adopted such as lectures, critical dialogue and debate, small group work, and guest speakers. There will be the opportunity within class time to experience an opportunity for a formative 15-minute presentation of their business case to a panel of Leaders in a ‘DRAGONS DEN’ style format; they will receive feedback on this. A range of narrated PowerPoint slides will be developed to
facilitate the learning and self-directed study which will be a critical element in the students’ leadership development. They will be encouraged and facilitated to use the virtual learning environment.

Assessment

**Part 1:** Prepare a business case for example to a Trust Board/ Operational Management Group/ or Practice Team outlining a proposal for a quality improvement transformative innovation plan with clear outcomes of impact. Include an appendix that indicates timelines/ Gantt chart for implementation *(1500 words)*.

**Part 2:** Prepare a critical commentary of the implementation plan which draws on the relevant theories of leadership, change, motivation, and diffusion/dissemination and engagement of key stakeholders/users/carers to achieve the desired outcomes *(2500 words)*.

**Indicative Resources**

**Bibliography**


**Journals**

*Leadership in Health Services*

*Health Service Journal*

*International Journal of Nursing Studies*

*Human Resource Management Review*
Journal of Nursing Management

Journal of Clinical Management

The Leadership Quarterly

Websites

Centre for Creative Leadership. Available at: http://www.ccl.org/Leadership/ (accessed on 21.02.2014)

Institute of Leadership and Management. Available at: https://www.i-l-m.com/ (accessed 21.02.2014)


Module 3

Module Title: Negotiated Learning
Level: 7
Credit Rating: 20 credits (10 ECTS credits)
Duration: 12 hours’ academic direction
188 hours’ practice learning & independent study
Academic Lead CCCU: Sue Holmes / Claire Thurgate

Module Aims

The aim of this module is to take a constructivist approach to learning to enable students to refine the values and beliefs, knowledge, skills and competency relevant to their workplace culture and context and their own personal and professional development.

Learning Outcomes

By the end of this module students should be able to:

1. Critically reflect on their current role and justify their need for advanced personal and professional development;
2. Synthesize and critique contemporary theories, and sources of evidence informing their particular area of practice;
3. Utilise relevant concepts and frameworks to critically analyse their knowledge, and skill development;
4. Demonstrate personal responsibility for their own learning and professional development.

Indicative Module Content

There is no formal taught content to this module and the subject/focus of the module is chosen by the participant, in partnership with their employer and personal academic tutor. The University provides academic support, relevant guidance materials and access to resources.

Learning and Teaching Strategies

The structure of this module is sympathetic to the unique nature of work-based learning and enables the autonomous student to steer the direction of their advanced study. The first session will be facilitated by the module leader where students will be encouraged to present their ideas for personal and professional development. A learning agreement will be drawn up between the module leader and student in partnership with their employer and personal academic tutor. Thereafter, workshop sessions will be student-led to critically analyse their learning and development. Peer critique is a fundamental component of the module design and students will be encouraged to engage with group discussions to share work and practices to gain formative feedback. Students will also be expected to complete self-directed research, reflect in and on practice, utilise on-line materials and participate in tutorials.

Assessment

A 4000-word portfolio illustrating advanced personal and professional development related to a Quality Improvement Project (QUIP), a justification/rational for identified development needs to be included (100%).
Word Count: you are entitled to go 10% over or under your word count (excluding reference list). If you exceed 10% over the word count you will be subject to a 10% penalty of the eligible marks. If you exceed 10% below the word count it is likely that your work will lack the sufficient depth of content and you will be penalised accordingly.

Confidentiality/Anonymity Requirements
Please note that no identifying information for employers, patients, carers or colleague should be present in the assignment, or portfolio. This will lead to an automatic fail mark. If you are unsure, please ask.

Referencing in the body of your work and reference list.
You should use the Harvard Referencing system. Please see link CCCU Referencing. Or look at Blackboard ‘referencing’ tab at the top and open ‘Cite them right’

Formative Assessment Information
Individual feedback is available from your module facilitator either face to face, telephone or electronic. Feedback will be given on draft work provided that they are submitted 14 days before the hand in date.

Remember to submit a draft of your essay through Turnitin to check your originality report – please speak to your module lecturer if you have any questions or concerns regarding your originality.

Comments are guidance for the completion of your work and are not indicative of the grade awarded after marking. There is information on Blackboard to support your facilitator in their role which you may want to download for them.

Summative Assessment Information
All written work, for example, assignments and portfolios must be submitted electronically via Turnitin. Work MUST be submitted no later than 4pm on the assessment deadline.

Formal feedback will be obtained via Turnitin (grademark) 3 weeks following submission date.

Late Submission
Work submitted after the 4pm deadline on the day of submission will incur a late penalty. The work will be marked and then there will be a 5-mark reduction for every day late. A penalty will be assigned every day for 8 days (including weekends), thereafter it will be classed as a non-submission and will be awarded a Fail. It is possible that a late submission penalty may cause work to fail if the mark drops below 40%. For example: An essay awarded 60% that was received 4 days late will incur a 20-mark penalty, therefore with 20 marks deducted it will result in an overall mark of 40%.

The 4pm deadline is also important if using the drop-boxes, as a submission in these after 4pm will also be considered as a late submission and incur penalties.

Indicative Resources

Bibliography


**Journals**

*Adult Education*

*Educational Action Research Journal*

*International Practice Development Journal*

*Journal of Workplace Learning*

*Journal of Evidence Based Practice*

*Journal of Evaluation in Clinical Practice*

**Websites**

Centre for Creative Thinking: Available at: [http://ccthinking.com/](http://ccthinking.com/) (accessed 27.04.16)

Department of Health: Available at: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 27.04.16)

Higher Education Academy: Available at: [www.heacademy.ac.uk](http://www.heacademy.ac.uk) (accessed 27.04.16)


Patients Association. Available at: [www.patients-association.org.uk](http://www.patients-association.org.uk) (accessed 04.04.14)