

Introduction

This document provides advice and guidance to general practitioners working in primary care who have an interest or responsibilities in respiratory medicine and wish to reflect this in their appraisal documentation. Guidance is provided depending on the position of the GP in their organisation -

- GP registrars
- GPs working in practice or out-of-hours
- GP leads within the practice or Quality Outcome Framework leads
- GP leads in federations / CCGs / Local Health Boards

I am currently a GP registrar

If you have an interest in respiratory medicine during the GP Specialist Training programme then you do not really need formal appraisal documentation as your e-portfolio will act for this. Your <u>e-portfolio</u> will be reviewed by the responsible officer and you will be revalidated assuming you complete the MRCGP and satisfactory complete your <u>Annual Review of Competency Progression (ARCP)</u>.

If you have a respiratory interest and wish to progress this in the future you may want to consider some of the following activities:

- An audit of a respiratory topic in your training practice see PCRS-UK advice on audits (you are required to be engaged in audit activity to successfully complete training);
- b. You could then submit your audit results as a poster to the PCRS-UK <u>conference</u> or the RCGP <u>conference</u> if you make it of reasonable quality.
- c. Attend local, regional or even national meetings to keep your knowledge up to date (using study leave allocation if approved by your educational supervisor / associate postgraduate dean team) and consider attending some clinics (hospital / community) with specialist nurses / consultants to expand your knowledge.
- d. Find out about options for outpatient attendance & teaching opportunities at your local hospital

I am a GP working in practice / out of hours

If you are a general practitioner and need to know more about respiratory medicine there are a number of areas you might want to consider. Local groups, that are affiliated to PCRS-UK often exist which can be a good way of networking with your colleagues and keeping up to date. Click <u>HERE</u> to locate the affiliated group nearest to you. You can also keep up to date by:

- a. Reading PCRS-UK <u>opinion sheets</u> and <u>Quick Guides</u> to the diagnosis and management of common conditions such as asthma and COPD
- b. Assessing the respiratory care provided by the practice using PCRS-UK Practice Improvement Tools
- c. Reading <u>Primary Care Respiratory Journal</u> and <u>npj Primary Care Respiratory</u> <u>Medicine</u> articles including our case-based learning tools
- d. Consider undertaking an online learning programme with an educational organisation e.g. <u>RCGP</u>, <u>Doctors.net</u>, <u>Education for Health</u>, <u>Respiratory Education</u> <u>UK</u>
- e. Taking advantage of attending/participating in outpatient clinics and teaching opportunities
- f. Attending a local respiratory update day in your area
- g. Participating in or leading a practice meeting focusing on respiratory disease based around a significant event or clinical update.

GP lead in practice / Quality Outcome Framework lead

Within this role in practices, most GPs have a responsibility to update and maintain their own knowledge and also to support their colleagues and peers in keeping up to date and learning about new clinical guidance and issues affecting the management and service delivery of respiratory disease in the practice. You might find it useful to speak to a local PCRS champion or regional PCRS lead (<u>http://www.pcrs-uk.org/pcrs-uk-regional-leads</u>) – please contact info@pcrs-uk.org for more details

This can be achieved (often in collaboration with a lead practice nurse) by

- a. Online learning, for example <u>RCGP</u>, <u>Doctors.net</u>, <u>Education for Health</u>, <u>Respiratory Education UK</u>
- b. Reviewing and reading educational materials provided specifically for those working on primary care by PCRS-UK including <u>Quick Guides</u>, <u>Opinion sheets</u>, <u>Nurse tools</u> and other resources
- c. Reviewing the respiratory care provided by the practice using PCRS-UK improvement tools to help identify problem areas and introduce improvements
- d. Attending the <u>PCRS-UK national conference</u> and local regional events
- e. Leading Significant Event Audits to address PHCT deficiency
- f. Leading and participating in <u>clinical audits</u> and reflecting on clinical practice and how it can be improved
- g. Participating in or leading a practice meeting focusing on respiratory disease based around a significant event or clinical update.

GP lead in federation / CCG / Local Health Board

For those about to take on this role it is important to develop a professional portfolio of evidence that demonstrates that you have the skills and requisite knowledge to understand both the clinical issues concerned and the strategic management issues. This will include CPD, audits, and other evidence to demonstrate your abilities to lead at a federation level.

It is inherent if working at this level that you are comfortable with primary care respiratory medicine as well as the bigger picture.

This can be demonstrated by:

- a. Attending the <u>PCRS-UK Annual Conference</u> or <u>British Thoracic Society Meetings</u> (BTS) and <u>European Respiratory Society Congress</u> (ERS)
- b. Attending and participating in the PCRS- UK Respiratory Leaders Programme
- c. Using PCRS-UK improvement tools to drive up standards of respiratory care, reduce costs and help reduce variation in care.
- d. Considering using the <u>PCRS-UK Quality Award</u> to effect change in the locality using it as a benchmark and improvement tool
- e. Participating in continued study around leadership and population based approaches
- f. Gaining support from <u>regional leaders</u> or national respiratory groups including PCRS-UK, <u>British Thoracic Society</u> (BTS) and <u>Association of Respiratory Specialist</u> <u>Nurses</u> (ARNS)
- Reviewing and using resources to drive improvements in care and service delivery e.g. <u>IMPRESS</u> resources

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