**Summaries of Achievement for Ex ITP posts**

### August 20 – August 2021

**Trainee A - Education**

I have indeed enjoyed my ExITP this year.

Benefits of this post:

-Enrolled on the PG Cert of Medical Education (results pending)

-Opportunity to be involved in education based QIP/research - if the project is successfully the education department are supportive in this being submitted/presented at conferences.

-Support from senior educationalists within the department, and my GP supervisors about my own teaching/problems arising from teaching.

-Opportunity for peer and student feedback on teaching.

-Opportunity to be involved with faculty development.

-GP practice/Education Dept have both been flexible allowing days/times to be moved to accommodate teaching I wish to participate in or giving more time in GP around exam time.

-I have been given the opportunity to 'try out' education and see if this is something I would be interested in incorporating into a future career.

-I have also gained skills in managing two jobs, I've enjoyed the split week and feel I have enjoyed general practice more on the back of it.

-Teaching has also improved my understanding of various conditions and improved my patient explanations.

-I would thoroughly recommend this post to other trainees.

**Trainee B – Education**

I’m due to finish the PG certificate in medical education next months which I have been doing as part of the ITP. I have also had the opportunity to attend regional educational conferences and develop my teaching experience significantly over the year, both virtually and in person.

I’ve found the post to be a great opportunity to develop my skills as an educationalist and have opted to extend the ITP for a further year.

**Trainee C – Education**

* Significant clinical experience to paediatric rheumatology, a specialty that not many trainees get much, if any, exposure to. This has meant that I feel far more confident in assessing joint problems in children, and am far better at examining both joints and children in general. This has had impact on my work in general practice where these skills are used almost every day.
* Exposure to specific teaching opportunities, both medical students and allied health professionals, with time set aside for these sessions. Through doing these sessions alongside the certificate in medical education, I have been able to reflect on my teaching and look to implement some of the techniques from the course in real-life.
* I have had the opportunity to become involved in two educational projects, both around paediatric rheumatology (one for Versus Arthritis, one for Medicine) which will both hopefully be published later on in the year.

Overall I feel it has been an incredibly valuable experience, one that I would not hesitate to recommend to other trainees.

**Trainee A – Clinical Palliative Care**

I have really enjoyed my extended ITP

* Improved communication skills
* Improved assessment of palliative patients
* Improved knowledge of management of palliative patients
* Working towards Liverpool Uni post grad certificate in Palliative medicine
* Completed advanced communications skills course at Liverpool Uni

I would recommend it to trainees with an interest in palliative care

**Trainee A - Research**

The main project I was working from was with the new Deep End GP network. It has been accepted for presentation at two national conferences.

Society of Academic Primary Care (SAPC), June 30 2021 - oral presentation and workshop

Society of Social Medicine and Population Health, September 2021 - oral presentation and poster presentation

We are in the process of writing papers about this.

I have had a short opinion piece published in the May 2021 BJGP on asking about suicidal ideation:

[https://bjgp.org/content/71/706/217](https://protect-eu.mimecast.com/s/CvapC6B4ohyzljNcpWXk0?domain=bjgp.org)

A piece I wrote for InnovAiT was also published in Jan 2021 (although that had been mainly written prior to starting the ITP)

[https://journals.sagepub.com/doi/abs/10.1177/1755738020978681](https://protect-eu.mimecast.com/s/8KLSC7p28TZlj4gCWBSSo?domain=journals.sagepub.com)

I was part of a collaborative systematic review on Health Equity Audits with academics from Cambridge University which has been submitted to BMJ Open (pending peer review) and accepted for a poster presentation at the European Public Health Conference later this year.

I attended three modules through Newcastle University: two School of Humanities and Social Science modules on research methods and one on Sociology of Health and Illness.

**Trainee B - Research**

Public Policy, Health and Health Inequalities

This module focussed on the relationships between public policy and health, particularly when it comes to inequalities in health. The module began with a broad consideration of what health inequalities are and how data is gathered to identify them, with then looking at theories / evidence as to why health inequalities occur and persist. Many health inequalities have been shown to be socio-demographically patterned, with the worse health and outcomes for the most socio-economically deprived. These patterns also occur geographically (and this was discussed in relation to the differential infections and death rates from COVID which varied with SES and geographically. The historical roots of these geographical variations were discussed. Lectures followed about how the environment and life circumstances someone lives in can feed through to biological effects which impact on their health.

The aims and effects of public policy and the choices that are made in terms of funding that can impact on health and health inequalities, and the political backdrop to these choices were also discussed.  A series of lectures on particular at risk groups or communities which have health inequalities followed. These Included older age, disability, gender and sexuality, race and ethnicity and the Roma community as a case study. These provided important insights into health inequalities that are relevant to any clinician in the community and particularly to GPs.

I scored 67 (merit) on the assignment. The assignment I selected was about public health interventions aimed at preventing health inequalities in old age. Life-course theory predicts that inequalities from birth and early childhood can widen with age and therefore I studied a range of public policies aiming to reduce health inequality in old age through reducing financial inequalities but that aimed to act at different life stages

·         Early childhood e.g. child welfare payments or early years support / education provision

·         Adults e.g. adult education or a living wage

·         Older adults e.g. increasing pension payments or encouraging working to older ages

The results seemed to suggest most potential benefit from interventions early in life, but that changing political climates and austerity meant that these changes were often not sustained to be able to identify the long-term benefits.

Public health protection

This module was a broad introduction to Public Health Protection and the role of the local authority public health protection teams and the national public health services. The way risks (both static, emerging and emergencies) are identified, studied and assessed was examined, followed by the role of surveillance of both diseases and environmental threats. Finally the actions for protection of public heath were considered. This was followed by case studies of communicable disease control (vaccine preventable disease), GI infections, blood-borne viruses, sexually transmitted infections and respiratory infections (TB and Legionella). Case studies of toxicology and contaminate land relating to this were also covered. This was a useful background and explained the part that GPs can play when interacting with the wider public health team in surveillance and response to public health issues, such as the reporting of notifiable diseases.

I scored 78 (distinction) on the assignment, which was about the role of public health in dealing with an outbreak of menigococcal meningitis in a University. I learned about the importance of prevention through vaccination (the role of childhood, teenage and new University student booster) which has actually reduced infections, but also due to being effective has changed the pattern of subtypes causing infections in the UK. I also was able to describe the value of education in terms of symptoms and the role of surveillance in detecting possible outbreaks. The remainder of the essay described the public health investigation and response to a possible menigicoccal meningitis outbreak at a University, including identification and treatment / vaccination of close contacts and communication. I also learned about the importance of policies which named individuals involved which can be implemented at short notice under these circumstances.

MSc project

I selected an MSc project that I hoped was topical and relevant to my job as a GP. During the COVID-19 pandemic excess deaths due to COVID-19 and other causes have coincided with the necessity to reduce social contact to prevent the spread of disease.  It is predicted that the combination of the sudden and traumatic nature of deaths due to COVID-19 and the lack of usual social support and altered rituals such as funeral arrangements could combine to cause significant increases in adverse bereavement outcomes. My project therefore set out with the aim of gathering knowledge that would help identify those likely to be at risk of adverse bereavement outcomes in this context. This was through a systematic review of the literature around bereavement outcomes for people in the context of past and current epidemic and pandemics causing increased mortality rates. It is hoped that the findings would help target help and services at those most in need, and could be used by GPs to help identify those most likely to be at risk.

I completed a presentation of my project to peers and colleagues for feedback, it was well received and everyone was interested in the project and felt it had good potential. I have written my protocol for my project which again received positive feedback. I have since worked with my supervision team to develop a PROSPERO protocol for a systematic review looking for evidence of factors that might put people at higher risks of adverse outcomes following bereavement by COVID-19. Since then I have completed the searches and begun on data extraction and quality analysis of the extracted data.

This project is an opportunity to combine the skills and knowledge learned elsewhere in the course and apply them to a real world problem of relevance to my work as a GP and that is of importance and relevance more generally to society. I believe that this course will provide me with the skills, knowledge and contacts to begin a portfolio career with academic work alongside my work as a GP.

**Trainee A – Clinical Sexual Health**

During this extended year I have gained implant and coil competency, and I'm hoping to pass my diploma in sexual and reproductive health (assessment on 6th July 2021). I have been involved in quality improvement project in both general practice and sexual health clinic. I think the extended year has given me so much opportunity to gain further experience in my special interest and I have thoroughly enjoyed the year.