GP school policy for supporting those with CSA fails

Introduction

HEE Y&H GP school has consistently out-performed its expected ranking in relation to CSA (and AKT and WPBA) areas which is a great achievement. Attribution of this is success to GP trainers or schemes or activities set up by the school is not possible; in other words it is not possible to know what the inputs that are currently offered achieve and in different situations different inputs may be more or less effective.

**Context**

There are a variety of inputs to those who are struggling (and inputs to their trainers too). The following is a brief summary, to put into context the question addressed in this paper of how to support those who fail CSA with 1 2 1 or small group expert inputs.

* All of those who fail an exam will have their eP reviewed by one of our Performance tutors who will develop a plan for inputs that may be appropriate often after consultation with the CS or ES as appropriate.
* Some will have a 1 2 1 interview (minuted) with one of the Performance tutors
* Where appropriate advice on dyslexia screening will be offered ( in line with HEE Y&H policies)
* Consideration will be given for relevant courses ( AKT retakers course, Gym and tonic linguistics course, Understanding GP course, CSA Preparation course etc)
* Support may be offered to the trainers too to enable them to support trainees more comfortably.
* And finally CSA support

All these courses will have costs and overheads but most of them cater to several trainees at a time and the quality of them and the feedback regarding them is consistently good and reviewed regularly.

The costs of these courses and of CSA support itself fades into insignificance compared to the cost of an extension to training, where the cost of Trainee salary, + trainers grant + normal on costs will mean that the cost of providing a session of 1 2 1 support is miniscule.

**CSA support**

The school has supported this either in 1 2 1 or small group settings.

The support has almost always been offered by a current or recently retired CSA examiner (occasionally by a different communication and consultation expert).

There has been a lack of clarity about how many sessions are to be offered to whom.

This paper sets out a proposal to make it easier for GP SMT to decide who is offered what.

For the purposes of clarity each session is assumed to be 3 hours

# Process

The following would normally be available , though subject to confirmation by SMT.

First CSA fail

The school will provide normally up to 3 sessions of 1 2 1 with an external expert

2nd Fail

2 sessions of 1 2 1

3rd fail

1 session

4th fail

1 session

5th fail

I session

Maximum possible input to one trainee 8 sessions

Each at £300 per session

If the work is done as a group then in line with costs to the GP school if there are 3 trainees with 1 expert then the session would count as 1/3 of a session for each of those trainees.

(but setting up group sessions at short notice is very hard and removes the possibility of work with the trainers present sometimes in the 1 2 1 sessions.

If after the first fail the trainee has not used all of the normally available 3 sessions of input then with permission it may be possible to roll remaining session into the second attempt

If more sessions are offered after the first or second fail then the trainee will be made aware that there is less likelihood of the GP school offering sessions after any possible subsequent fail. (I.e they have an allowance and can plead to use if differently but the maximum will not be exceeded)

# Notes

The gap between sessions of the CSA exam are very short which means that it often difficult to fit in sessions with our expert resources having other commitments etc.

This proposal does not take any note of how close to passing somebody is. There are arguments that those who are closer to the pass mark will need less input ( but the cost of an extension are considerably greater than the cost of the input so a risk of saving on cheaper things and then being stung for a big cost.

Similarly the chances of somebody passing in the next attempt are lower the further from the pass mark they are, and general experience would suggest that those with 10 marks away will almost never pass at the next attempt. So there is a challenge of this group being less likely to pass, but also most desperate and keenest and success with these is possibly part of what makes us have higher overall pass marks.

It would also be hard to stick to precise marks if we had a policy which was different depending on the distance from the pass mark I can see pressure to make exceptions so having one system for all is likely to be much easier to work.

Should there be different offers if people have failed several elements of MRCGP?

Whilst there is an appropriate concern for protecting taxpayers money there also needs to be a system which is not going to be blown out as soon as there is an appeal on the grounds that our approach was discriminatory. This paper therefore does not take account of whether the trainee has also passed AKT or WPBA elements.

The GP school would encourage those offering these session sand the trainees to involve their trainers whenever possible.

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