



NOTTINGHAMSHIRE
ALLIANCE TRAINING HUB

Project: **BUILD** -
'Building Up
Insight, Learning
and Development'
to support primary
care colleagues in
Nottinghamshire

Project aims

The aims of this project are as follows:

- To develop an intervention which supports primary care colleagues (clinical and non-clinical) who may be experiencing difficulty at work or may be struggling to return to work. This includes Practice Managers, admin staff, Practice Nurses, any of the ARRS roles, Healthcare Assistants and GPs.
- To evaluate the impact of the intervention in terms of workforce retention and applicability.

Project Team

The project is funded by workforce retention funds from NHSE and is being delivered by Nottinghamshire Alliance Training Hub (NATH) in collaboration with the Phoenix Programme (PP). Laurence Quirk and Dr Gemma Wilkinson are organisation leads and Dr Rashbal Ghattaora (rashbal.ghattaora@nhs.net) is overall clinical lead for this project.

Eligibility Criteria

- Primary care colleagues (clinical and non-clinical) who either live or work in Nottingham or Nottinghamshire.
- Experiencing difficulties at work or currently off work, but wanting support with return.
- Agree to sign the NATH BUILD Project Client and Facilitator Agreement.
- Agree to support the evaluation of the project.

Details of the BUILD Project

For the purposes of this project, Primary care clinical colleagues enrolled onto the pilot will be referred to as clients and colleagues supporting them will be referred to as facilitators.

The project has finite resources and will endeavor to support all those that enroll but the clinical lead may prioritise colleagues based on need. The project has recruited five experienced facilitators with a background in education, appraisal, mentoring and coaching.

The role of the BUILD facilitators DOES NOT replace or duplicate the activities of an NHSE appointed clinical or educational supervisor.

Referral onto Pilot

- Primary Care clinical colleagues who meet the eligibility criteria can self-refer into the pilot by emailing ***alliance.hub1@nhs.net***.
- Initial assessment will involve completion of a self-assessment pro-forma followed by triage by a senior facilitator with opportunity to sign-post to local services.
- Following the initial triage, the client will be allocated to one of our experienced BUILD facilitators.

Intervention

- Intervention(s) will be delivered by a trained BUILD facilitator using a variety of tools including self-regulation educational theory and coaching skills. The aim is to involve the client in designing the intervention.
- As part of the intervention, clients who may be struggling financially can access a small bursary to undertake specific CPD activities agreed with the facilitator and linked with plans to return to work.
- The facilitator will offer a total of 8 hours support to the client, with flexibility on scheduling over a 12-month period.

An example of the content of the sessions (but this will be be-spoke to each client):

Session 1
<ul style="list-style-type: none"> • Developing rapport • Agreeing client-facilitator contract • Clarifying context and issues • Agreeing goal

Session 2
<ul style="list-style-type: none"> • Joint planning of intervention • Agreeing educational personal development plan • Identifying support and resources • Agreeing initial steps

Session 3
<ul style="list-style-type: none"> • Review of progress • Accessing further support including role plays • Identifying barriers and challenges • Identifying support and resources

Session 4
<ul style="list-style-type: none"> • Review of progress • Evaluation • Supporting transition to “return to work” programme in collaboration with Phoenix Programme.

Key principles underpinning Interventions to the BUILD pilot

- Creating a safe space but reaffirming confidentiality (within the same caveats as in appraisal). Reaffirming that this is not a summative assessment and that there will no formal reporting to anyone (although the facilitator may discuss issues with the clinical project lead for advice only). Acknowledging the motivation and dedication of colleagues. Showing empathy and positive regard.
- Contrasting the colleague’s perceptions of their good practice against performance data on their actual practice. A role player can be used, if required, to demonstrate the disparity. Although this may cause some professional dissonance, it can in turn lead to an acceptance to change.
- Providing specific feedback, and avoiding generalised judgements
- Being positive, affirming the colleague’s strengths and prior achievements. Breaking issues into manageable chunks and setting realistic goals.
- Maintaining the colleague’s professional identity and respecting their autonomy by involving them in the intervention.
- Supporting colleagues in identifying those aspects of performance that have caused problems. Including an exploration of any emotional triggers. Aiming to enhance self-efficacy, which in turn will provide motivation to change.
- Ensuring any agreed goals are realistic and achievable (i.e. SMART)
- Framing the intervention in a positive way to avoid stigmatisation, hence involving the

colleague in all the stages.

- Providing an opportunity for the colleague to practice new behaviours or skills either through simulation or in-situ if appropriate. Providing appropriate feedback and guided reflection.

Evaluation

- Clients who enroll onto this project, consent to take part in the evaluation process.

Appendix 1: Details of BUILD facilitators



Dr Catherine Worsey
catherine.worsey@nhs.net

I'm a Nottingham salaried GP with a portfolio career including being an advisor to Nottinghamshire Healthcare Trust and an appraiser. I've been a psychiatry specialty trainee, GP partner, locum and worked in Australia which gives me a good insight into the struggles we can face working in healthcare. I'm interested in medical education and have been a GP trainer. I've trained in mentoring and more recently in CBT coaching.



Dick Churchill
rdchurchill@doctors.org.uk

I was a 'late career' GP with extensive experience as a GP Principal and Partner in a large practice in the suburbs of Nottingham, and more recently as a salaried Clinical Lead GP in Nottingham City. For many years I worked at the University of Nottingham as Director of Clinical Skills, supporting undergraduate healthcare students.

Since 2017 I have been an NHS Appraiser and also currently run an HEE-commissioned programme, based on self-regulation learning principles, to support struggling GP trainees. Over the years I have had roles in the RCGP at both local and national level, and an academic interest in adolescent health has resulted in my involvement in some international projects. Away from my career I enjoy spending time with my family, reading, walking, travelling, and trying to play a saxophone!



Graham Todd
graham.todd@nhs.net

After qualifying from Sheffield University in 1994, I studied for a Postgraduate Certificate in Education whilst working as a junior doctor. After teaching in a sixth form college for 2 years I returned to full-time medicine, qualifying as a GP in 2003. I worked as a locum before becoming a salaried GP in Buxton and then in Bakewell. Due to my interest in supporting colleagues I became a GP tutor in 2009, working for HEE to provide educational events for local doctors. I also trained as a Mentor and was involved in the GP-Support mentoring programme at the beginning. In 2012 I became a Primary Care Educational Lead, teaching Quality Improvement Science both regionally and nationally.

Until December 2019 I was an assistant Programme Director helping to organise the local GP training scheme and in recent months I have worked as a Clinical Supervisor supporting a GP returning to work under NHSE restrictions after a period of difficulty. I continue to work as an Educational Supervisor for Peak & Dales Medical Partnership and in my free time help to run a local counselling charity. I remain interested in education and helping colleagues who need extra support. My unusual portfolio career has seen me in a wide range of different roles and I bring these varied experiences into my work as a BUILD facilitator.



Dr Rashbal Ghattaora
rashbal.ghattaora@nhs.net

I am overall clinical lead for the BUILD pilot. I have been a GP Partner for over 18 years. I have a portfolio career with a particular interest in education and assessment. I am GP trainer and GP Appraisal lead for Midlands team (Nottinghamshire), NHSE. I also work for NATH as a GP Educator and I am an examiner for the RCGP. I have also trained as a mentor for GP-Support. I enjoy martial arts but my passion lies in surfing, although I am not very good!

Appendix 2: BUILD pilot: Client and Facilitator Agreement

Client _____

Contact No. _____

Facilitator _____

Contact No. _____

Confidentiality

- All records are to be kept confidential by both parties in terms of written and verbal information captured for the purpose of mentoring. The Facilitator will not provide any reports to third parties as a result of the support provided.
- For the Facilitator's own support, he or she may discuss elements of the sessions with trainers/supervisors but in doing so will not reveal personal details of the Client.
- The Facilitator must adhere to the regulations and code of ethics set by their relevant code of ethics e.g. General Medical Council (GMC) even when the facilitator/client is no longer registered with the GMC. This states that the duties of a doctor include: 'to make the care of your patient your first concern' and also 'to protect and promote the health of patients and the public' (2009). Nothing discussed in the supportive process will be discussed elsewhere, unless it becomes obvious that the Facilitator perceives a risk to the Client, patients, the wider community or if a breach of the law has been disclosed.
- Any information collected from Clients as part of the evaluation of this pilot will be anonymised.
- The Facilitator and Client agree how to define themselves should they meet again in the outside world/public place unexpectedly.

Purpose and Remit of the Support

Both parties understand that the support provided by Professional Support Services is a process of reflective change facilitated by the Facilitator using various tools to design bespoke interventions. The primary purpose of the interventions is for the Client to feel confident and supported in returning to work.

Evaluation

The Client agrees to be contacted by a member of the NATH team, during the supportive process and agrees to participate in a structured interview.

Cancellation

The Facilitator and Client agree that either party will, wherever possible, give at least 48 hours' notice of need to cancel a session.

If at any point during the process the Facilitator or Client feel the relationship isn't positively working they should let the project lead, Dr Rashbal Ghattaora (rashbal.ghattaora@nhs.net) know as soon as possible. Clients can be allocated to another Facilitator in a discrete way.

Declaration

We agree to participate in this mentoring relationship

Client signature _____

Client name _____

Date _____

Facilitator signature _____

Facilitator name _____

Date _____