# HEEDs Equality, Diversity and Inclusion Committee Good Practice

## Local Office/ Deans Submission: Good Practice Form for the 2023 National Report 2022/23

|  |  |
| --- | --- |
| What was implemented and why? | *West Midland iTAP Light (In Training Assessment of Performance)* |
| Profession(s) it relates to | *Primary Care PGDiTs* |
| HEE domain(s),standard(s) and EDI themes it relates to | *Early identification and provision of support for PGDiTs who may benefit from additional input and support to successfully CCT.*  *The Lincoln University sgtudy of MRSA scores as a predictor of future performance is used as a starting point.*  *Using MSRA scores of 444 or below to initially identify PGDiTs who are likely to benefit from increased communication and consultation skills training as well as guidance on e-portfolio engagement and management.*  *Additional identification of suitable PGDiTs from TPD 1:1 conversations, education supervisors and clinical supervisors recommendations.* |
| Benefits or positive impact? | *Demonstrating to PGDiiTs that they are being positively supported in their training early on in their training.*  *Explanations of what the ARCP consists of and how to provide evidence to help the ARCP panel help the PGDiTs.*  *De-mystifying ARCP outcomes.*  *So far 96 PGDiTs have been invited to participate.*  *Use of educator facilitated simulated patient consultations with real time constructive feedback is also provided.*  *The WM educators (TPDs, ESs and APDs) who have participated in delivering the sessions have found it to be educationally rewarding and a very worthwhile programme.*  *The PGDiTs have valued the positive support they are receiving* |
| Lessons learned and difficulties encountered | *It is imperative that PGDiTs do not feel “picked upon” or “victimised” by being identified to take part in the WM iTAP programme. This was attempted to be addressed by carefully wording email correspondence to emphasise the reasons and purpose to be selected i.e. it is to help them be successful in completing their training and not that they are at risk of struggling. This is backed up by the sessions themselves emphasising positives in their own performance as well as constructive comments for further improvement.*  *The engagement from PGDiTs is very good with 80% of invitees taking up the offer of help and support from the programme.*  *Any PGDiT who does not take up the offer of a place has a factual educator note added to their e-portfolio that they declined and any non-attender has a similar EN added stating that they failed to attend. Such individuals are followed up by email asking either why they have declined an offer of help or why they failed to attend.*  *The e-portfolios are accessed after the day session to check that the PGDiTs have added a reflective learning log entry about their learning from the programme and the areas of consultation for them to work on based on feedback they have received.*  *This has the added benefit of encouraging e-portfolio engagement and that their ES has information to help them to work and provides a degree of triangulation.*  *The sessions are repeated after 2 months to monitor performance and progress*  *All educators require upskilling to provide consistency of support.*  *The main difficulty encountered was having appropriate admin support to ensure the programme was well organised and delivered. This has been addressed although it took about 1 year to get this properly in place to allow the programme to be started,* |
| Contact for further information (name, role, email, telephone number) | *Dr Anil Sood*  Associate Postgraduate Dean  Improving Outcomes and Equity in Medical Education  Health Education England, working across the West Midlands   Email: anil.sood@hee.nhs.uk  Mobile: 07702 034490  GMC no 3200535 |