

TPD Clinics: a novel proactive approach to Internal Medical (Stage 1) trainee programme management

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Introduction & Aim

Training Programme Directors (TPDs) are responsible for managing specialty training, and oversee the delivery and quality of training. TPDs may be responsible for all trainees in a given specialty in NHS Scotland, or have regional responsibilities. Given the high numbers of Internal Medicine Training (IMT) trainees, there are 8 regional IMT TPDs in Scotland. In the West of Scotland, trainees change TPD year by year depending on site placement.

In the West (West Glasgow) region, a novel TPD Clinic has been set up with the aim of providing a proactive approach to trainee programme management. The TPD Clinic was designed as a response to the author's prior experience as a trainee. Training issues are usually dealt with by TPDs as issues arise. Some issues if dealt with proactively (rather than reactively) could contribute to a better trainee/trainer experience.

Logistics

How are they advertised?

Trainees are advised of clinic dates via email from the TPD and given an indication of issues or concerns that should be discussed at clinic. Trainees are also advised of what issues or concerns should be directed to their Educational Supervisor in the first instance.

How are they booked?

TPD Clinics are bookable by IMT West Glasgow trainees via email and are dedicated 30-minute time slots with their TPD. Appointments can be face to face, or via TEAMS.

How often are clinics held?

Clinics are arranged every 2-3 months, with 10 hours per clinic available over 3-4 dates to accommodate trainee shift patterns and LTFT trainees.

Clinic Attendance

Between August 2021-February 2024, there were 11 TPD clinics over 32 dates (66 clinic slots, F2F/TEAMS).

35% of all West Glasgow IMT trainees have attended clinic

44% of available appointments have been utilised

24% of trainees who attend clinic attend more than 1 clinic with ongoing issues

| | 2021-2022 | 2022-2023 | 2023-2024 |
|-------------------------------------|-----------|-----------|-----------|
| Total trainees under TPD | 14 | 6 | 51 |
| % who attended clinic | 57% | 83% | 24% |
| % of those attending who were IMT3s | 100% | 100% | 33% |

Trainee Engagement

4% of all trainees have been invited to attend clinic following an unsatisfactory interim review. Those who have engaged are on track for an Outcome 1. Those who did not engage had, or are likely to have, adverse ARCP outcomes.

1 trainee has DNA'd and went on to have an Outcome 4. Earlier engagement with clinic could have helped, but would not have prevented the end outcome unless the issue had been addressed in the training years prior by previous TPDs.

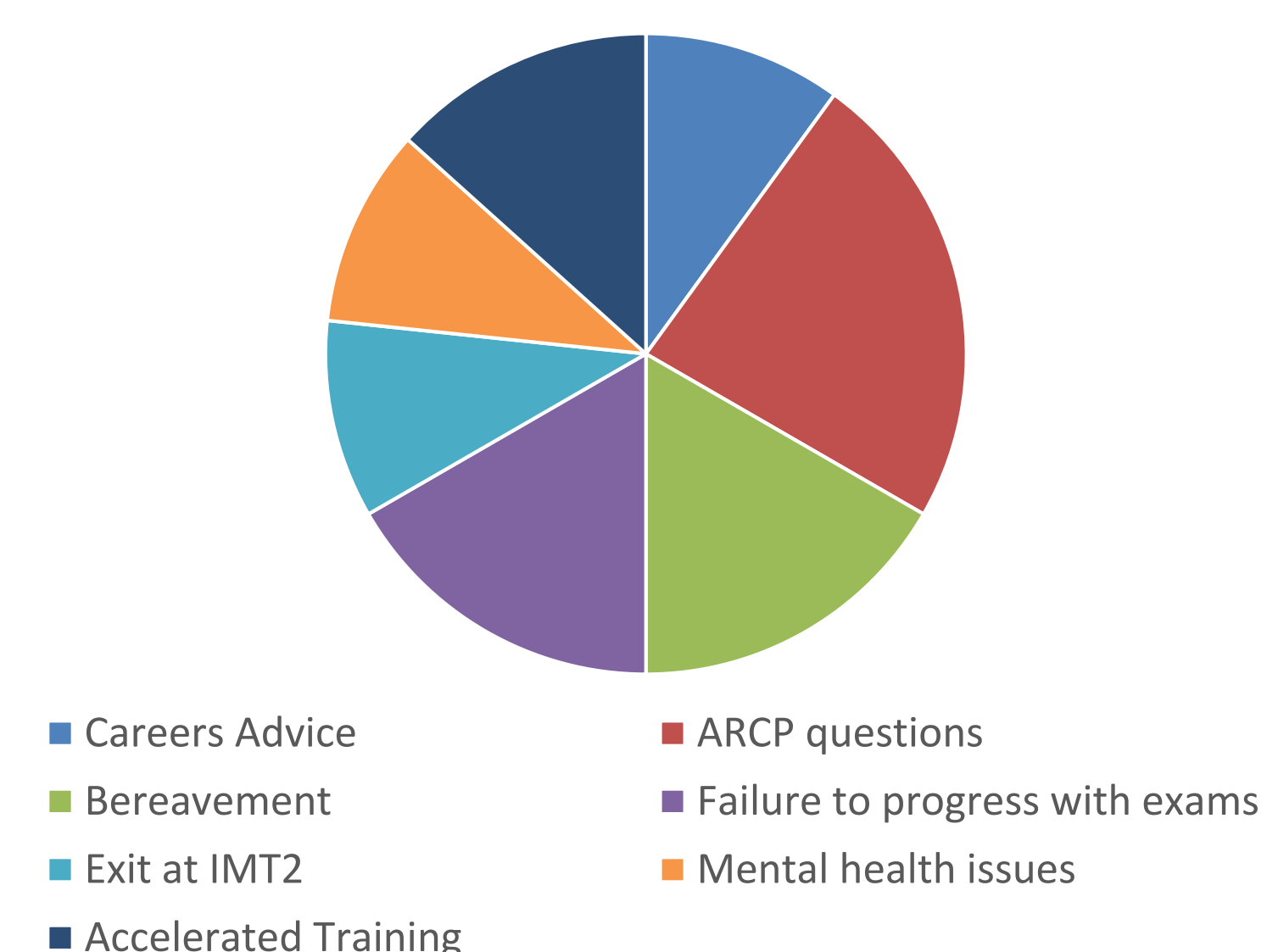
Alternative Solutions

The overwhelming majority of issues brought to clinic are appropriate to be dealt with by a TPD. Only 2 trainees have brought issues to clinic that were more appropriately dealt with by a trade union (contract checking) or their educational supervisor (how to work ePortfolio).

In 2023-2024, 5 trainees who requested an appointment did not need to meet but had issues that were easily dealt with via email contact.

Clinic Outcomes

Issues addressed at TPD Clinic



ARCP Outcome Management

14% of trainees who attended clinic have been identified in time to allow management strategies to be put in place to avoid an adverse ARCP outcome. 10% of trainees who attended unavoidably had, or are expected to have, an adverse outcome. Clinic attendance allowed for their expectations to be managed.

Ongoing support

21% of trainees attending clinic required the APGD to be aware of their issue. 34% of trainees attending clinic required ongoing TPD support.

Pros/Cons of the TPD Clinic

Pros:

Using TPD clinics allows for better time management for TPDs and offers a more personalised trainee experience. Having clinics staggered throughout the academic year reduces the number of potentially serious issues peri-ARCP and gives time to manage these in advance. This allows for early intervention and escalation, as well as the use of other support services (e.g. Trainee Wellbeing and Development Service). Clinics also provide an opportunity for both the trainee and TPD to meet the person behind the email address.

Cons:

Clinics are time intensive and flexibility is key due to trainee shift patterns and LTFT working. This could be challenging for some job plans to accommodate. Offering TPD clinics unfortunately does not prevent the pre-ARCP rush of enquires (but hopefully reduces the volume).

Conclusion

Uptake of the IMT TPD clinic has been high. Whilst time intensive, it gives some control to a TPD's time management. TPD Clinics allow for early escalation of training concerns, and allow trainee expectations to be supported and managed in advance. From the data collected, trainees who self-select to attend clinic have better opportunities to have serious training concerns identified and addressed early with better outcomes, compared with those who do not attend clinic. This results in a proactive rather than reactive approach to their training management.