

North Cumbria School of Generalism, enhance

Part of NHS England NE

Delivered by NCIC

Delivery Model

The Generalist, enhance, Fellowship Program, blends self-directed learning and workshops for knowledge and skills acquisition supported by learning forums using the Action Learning Sets with additional support through Generalist Supervisors over the duration of the course.

Selection

The cohort will consist learners from a broad multi-professional background across North Cumbria healthcare providers. We expect full support from applicant line managers/supervisors based on their learning needs and commitment to their work in North Cumbria. Structured applications will be reviewed by a multi-professional selection panel and successful applicants will be invited to commence the 12 month program. Those candidates in performing-development phase will be prioritised, that is to say those colleagues that are not in the very early phase in their career e.g. newly qualified but beginning to hone their craft and moving into the next phase of skills acquisition e.g. Admin & Management, AFC, doctors in later stages of training as well as those not in training posts, and those in allied health care professions.

Syllabus

The learning is detailed in the Generalist Syllabus detailed below. This is based on fundamental general capabilities required for working in the reality of the modern NHS, a common NHS literacy and skill set meaning we can all work together more effectively with a common understanding. In North Cumbria this is specifically mapped against the current regulatory risk landscape and the recommendations to address these risks.

The approach to syllabus design and specification of capabilities is modelled using specific domain outcomes, each of which starts with a statement in relation to the generalist and then includes a series of components with questions that the learner addresses in their learning, which essentially describe the capabilities/competencies. The Generalist syllabus maps to that of NHS England enhance program.

Learning and teaching

The Generalist Fellows are adult learners and fundamentally each module follows the same structure. There will be a set amount of self-directed personal learning available through our on-line learning platform.



This will be supported by 1-2 thematic lectures and workshops and consolidated through a learning forum based on scenario based learning and action learning. Generalist fellows will be provided with a personal learning log to support and capture learning throughout the course. End of module Summary Reflections on learning will be completed by the learners as part of good learning practice and for review during tutor meetings.

Generalist Supervisor

Each Fellow will be allocated a Generalist Supervisor in support of their learning and development for the duration of the program. These will be of a multi-professional background, and typically have a background in learner developmental support e.g. a GMC approved trainer, a PEF, an NHS coach. Each Supervisor will undertake a minimum initial meeting, midpoint meeting and end of course review with other unstructured meetings as required and at the discretion of the Supervisor. All supervisor will have training provided for them to fulfil their roles.

Assessment

The Generalist - enhance program uses 2 forms of assessment. Each module will end in a structured reflection, deep reflection on the core learning and personal development achieved during that module. The Generalist fellows will produce a formative poster presentation capturing a theme of their learning in order to achieve their qualification, this will be assessed by a small panel led by the school. Please review separate document for assessment criteria.



North Cumbria School of Generalism Syllabus

The Generalist fellows will be drawn from clinical and non-clinical backgrounds and training, learning together to develop a common language and understanding of their shared skills and competencies enabling them to better understand, navigate and deliver the complex, comprehensive services required to provide care to our patients across North Cumbria. The content is based on an assessment of the needs of the North Cumbria system and is mapped against the emerging national generalist syllabus. A key part of the learning through the fellowship will be in reflective learning skills and an action learning sets approach used through the fellowship and woven through the modules.

Module 1: Relational Approach

The Generalist is self-aware and can work effectively with all individuals and personality types to promote understanding a greater effectiveness for the benefit of our patient and services

Critical Self Awareness and Emotional Intelligence

What is self-awareness and why does it matter?

How are behaviours constructive and destructive between colleagues?

Inter personal and intrapersonal emotional intelligence as models for understanding how we work with each other?

Personal psychometrics

How does a person's preferences and personality influence their effectiveness in terms of how they relate to and communicate with others?

Can extraverts work well with introverts?

How do people make their decisions and form opinions?

Values & Behaviours – stated and exhibited

How are collective values used to effectively work with others and improve team working and outcomes?

Wellbeing and Self-care

What is wellbeing and why is this important?

Is it important to practice self-care and if so how can this be achieved?



Module 2: Teaching, Training & Research

The Generalist understands how teaching and training is commissioned, paid for and managed for quality in order to support quality patient care and services.

Educational contracts

Understand how education and training in the NHS is essentially a service that is commissioned and paid for. Learn about the scale and scope of what this means in the contemporary NHS. How does this map with the concept of sustainable services and the needs of patients and service in the future?

Financial flows

How is education and training paid for? And why does this matter?

Integrated educational governance and Quality

What is the concept of quality in NHS education? How is this defined?

What are the processes that the NHS uses to manage quality of education and training?

Research

Good Practice Certificate in Research via R&D. What is good practice for research in the NHS? What is in place to ensure safeguards and patient safety?



Module 3: Principles of Patient Safety and role of Human Factors and systems based learning

The Generalist understands the safety of patients must be the first concern of the NHS whilst also appreciating that potential for tensions in the pursuit of excellence and the role of human factors in health care.

The principles of patient safety

What is the national context for patient safety?

How is patient safety defined?

What is the difference between safety I and safety II?

How is the safety of patients monitoring and assured?

What is the place of risk management?

How can patient safety be understood and improved through understanding systems rather than individual practice alone?

How does culture within a team/department/service impact and influence safety?

Human Factors in Health Care

What are we referring to when we describe something as a “human factor”?

How do human factors effect patient safety in the NHS?

What are the major human factors for patient safety that have been identified as most relevant for patient safety?

How can the NHS learn and improve to manage human factors and therefore patient safety?

What is a systems based approach to safety?



Module 4: Equality, Diversity, Inclusion and Social justice

The generalist has high levels of knowledge and awareness of difference and the value of diversity, how this adds value to the NHS and how the challenges of society are too easily missed yet so vital to good health and can be supported through mindful health services

Food insecurity

How secure is the availability of food and individuals access to it?

Who does this issue map to sustainability and command of resources? How does food insecurity map to slavery?

What is the scale of food insecurity in the UK and in North Cumbria? Who is at risk?

How can this risk be detected and addressed?

Tackling Health Inequalities

How does Health Equity arise from the social determinants of health?

What is the scale of Health Inequalities?

How can we act to address inequalities for individuals and for groups?

Modern Slavery

How is Modern Slavery defined and how has the law reflected this?

What are the types of Modern Slavery?

Is there a risk that we miss examples of Modern slavery?

What actions should be taken if Slavery is suspected?

Extension Question:

Maslow's Hierarchy of needs, How the hierarchy of the needs of a human as distinct person, as part of a family unit and as part of a social unit affects their behaviours and risk in response to predatory behaviours such as enslaving. Thus who is enslaved? Who has food insecurity? Why might it be considered 'better' to risk being enslaved than to stay where you are (in a regional context)?

EDI as a capability

How do we ensure fair treatment and opportunity for all?

How can the NHS eradicate prejudice and discrimination on the basis of an individual or group of individual's protected characteristics?

How do we integrate understanding of EDI, into our routine practice and within all our systems and processes?



Module 5: Complex multimorbidity

The generalist understands that patients with multiple comorbidities are particularly vulnerable to a 'silo' way of working. The generalist works across organisations to deliver and develop holistic and joined-up care for patients living with complex multimorbidity.

Causes and consequences of multimorbidity

How does socio-economic deprivation influence health and vice-versa? What is the inverse care law and how does it apply to multimorbidity?

How have demographic changes influenced the volume and complexity of our workload since the NHS was conceived?

Person-centred care

What do we mean by person-centred care? What is the bio-psycho-social model? Whose job is it to work holistically and how does this benefit both patients and the health service?

How are current NHS services set up to manage patients with multiple co-morbidities? Why is continuity of care particularly important for this group of patients? Why is it important to educate ourselves about other parts of the health service our patients pass through?

How can advance care planning benefit patients, families and NHS services as a whole?

Managing risk

What is the collusion of anonymity? How do we balance shared care with personal accountability?

In which situations is shared decision making useful, and when might it be problematic?

How do we empower patients to take responsibility for their own health and wellbeing? Why is this particularly important in multimorbidity? Which practices foster dependence on healthcare providers?

Preventing iatrogenesis

How can "doctors, drugs, diagnostics, hospitals, and other medical institutions act as pathogens or sickening agents"?

Why are healthcare professionals better at prescribing than they are at de-prescribing and how does this impact patients with multiple morbidities? How can over-investigation lead to harm?

Are there any risks associated with always following clinical guidelines, at the level of the individual patient, the health system and wider society?



Module 6: Sustainable Health Care and Digital Skills

The Generalist delivers and develops more sustainable services and models of health care where a healthier environment leads to healthier people. Digital solutions represent the next big step for health care and the generalist is ready and well placed to operate in the contemporary environment of the NHS

The Sustainable NHS

What is sustainability?

What are the aspects of sustainability for the NHS to consider in terms of delivering within resources over time as well as our impact on the environment and why this is relevant to health?

Digital technology and the NHS

What does this mean in practice?

How do digital solutions and smart data improve our health services?

What are the opportunities for Infrastructure, supply chains, understanding changing population needs and what are costs?

How can we ensure users have a voice in development?

How are risks of implementation considered?

What can digital offer our records, our care, our support of staff, how we connect with and support our patients?

What issues does the NHS face with data exchange and storage?



Module 7 (a): Leadership and Management

The Generalist is able to function as a capable line manager, delivering the fundamental tasks and when appropriate able to have more difficult conversations whilst remaining respectful and kind.

Line management

Do you see yourself as a line manager?

What are the fundamentals of being a line manager and what are the tasks?

Difficult conversations

What do we mean by appropriate challenge?

How should matters of performance and behaviors be addresses?

Teams

Is there a difference between leading a team and managing a team?

Module 7 (b): Contracts, commissioning and unintended consequences on care

The generalist understands how health care services are commissioned with respect to health needs of the population and then within providers how services are delivered and monitored against the standards set out by regulators.

Commissioning

What are the healthcare priorities for the North Cumbria system and population?

How does this allow the NHS to better prioritise work?

What is live and prospective business planning in the NHS?

How do the three commissioning bodies of health (NHS England, Local Authority and ICB) determine their priorities and execute their mandate to commission?

Regulation and measuring

What is a regulatory landscape and how are the key bodies?

How do regulatory standards get used to monitor the quality of care within services?

How has the NHS adopted the concepts of key metrics and performance indicators for service delivery?



How is risk assessed and registered?

What does a good action plan/quality improvement plan look like?

Commissioning

Whilst controls are necessary and add value, what are the unintended consequences of commissioning, prioritizing and how the NHS measures performance?

