EVALUATION SUMMARY
Cancer Research UK/RCGP Training Programme Directors (TPDs) and GP trainers
Education Conference Bromsgrove 9th November 2017

This report provides an evaluation of a CRUK RCGP supported education conference to TPDs and GP trainers held in Bromsgrove on the 9th November 2017 in partnership with Health Education West Midlands. The aims of this engagement and support was to:

- Understand and support how cancer is currently covered by TPDs and trainers in the delivery of the curriculum to GP trainees.
- Understand the cancer training needs for GP trainers and offer practical support for their GP training.
- Improve the knowledge and skills of GP trainers with regards to cancer control (especially prevention screening and early diagnosis) and understand the preferred methods and learning styles.
- Understand the impact of our support offer to TPDs and trainers, in order to form a view about whether this initiative should be rolled-out more widely or not.
- Produce an end-of-year report on our activities with recommendations on how to proceed.

The CRUK team consisted of Dr Richard Roope, Karen Llewellyn-Date, Emma Sleet (HPEF) and Leon Sewell (HPEF) and guest speakers Jen Yiarralous and Dr Alex Bobak.

The conference was attended by 89 attendees (TPDs, GP trainers, GP education leads). The pre and post workshop evaluation was completed by 24 attendees. All of the 89 attendees attended a plenary presentation by Dr Richard Rope and then had the choice of 3 separate 1 ½ hr workshops throughout the day (not all related to cancer control in primary care).

Plenary presentation Dr Richard Rope = 89/all attendees
Jen Yiarralous = 14 attendees/optional
Dr Alex Bobak = 20 attendees/optional
DR Richard Rope = 32 attendees/optional

The percentage of participants rating their knowledge and awareness of the expanding role of primary care in cancer control in their role as a GP trainer as very high or high increased from 16% pre workshop to 91% post workshop, and as a low or very low of 5% to a satisfactory of 9% post workshop.

- The percentage of participants rating their knowledge of awareness of cancer prevention interventions in primary care, and in their role as a GP trainer as high or very high was 91% post workshop.
- The importance and application of referral and recognition of suspected cancer was rated very high or high was 100% post workshop.
• 93% of participants rated the workshop as extremely or very relevant to their role, and 7% as somewhat.

• 90% of participants stated that what they learned at the workshop was very or extremely likely to improve their practice. 10% of participants stated that what they had learned was somewhat likely to improve their practice.

1. My level of knowledge, understanding and confidence in supporting cancer control in primary care in my role as GP trainer:

<table>
<thead>
<tr>
<th></th>
<th>Very high</th>
<th>High</th>
<th>Satisfactory</th>
<th>Low</th>
<th>Very low</th>
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</thead>
<tbody>
<tr>
<td>Before</td>
<td>–</td>
<td>16%</td>
<td>79%</td>
<td>5%</td>
<td>–</td>
</tr>
<tr>
<td>After</td>
<td>16%</td>
<td>75%</td>
<td>9%</td>
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2. My level of knowledge, understanding of the importance and confidence in application of cancer prevention interventions in my role as GP trainer:

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<th></th>
<th>Very high</th>
<th>High</th>
<th>Satisfactory</th>
<th>Low</th>
<th>Very low</th>
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<tbody>
<tr>
<td>Before</td>
<td>–</td>
<td>33%</td>
<td>67%</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>After</td>
<td>33%</td>
<td>58%</td>
<td>9%</td>
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3. My level of knowledge, understanding and confidence of applying and supporting NICE Guidelines (NG12) - Referral & Recognition of Suspected Cancer (2015) in my role of GP trainer:

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<th>Very high</th>
<th>High</th>
<th>Satisfactory</th>
<th>Low</th>
<th>Very low</th>
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<tr>
<td>Before</td>
<td>–</td>
<td>21%</td>
<td>67%</td>
<td>12%</td>
<td>–</td>
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<tr>
<td>After</td>
<td>25%</td>
<td>75%</td>
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4. Overall how helpful have the cancer sessions you attended been in being able to support GP trainee sessions in your role as a GP trainer?

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<th></th>
<th>Extremely</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not really</th>
<th>Not at all</th>
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<tr>
<td>After</td>
<td>49%</td>
<td>46%</td>
<td>5%</td>
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5. State briefly, how is cancer prevention and early diagnosis currently supported in your role as a GP trainer:

- It is not formally covered
- It’s not covered x 3
- never has bay other support
- Regular review and random case discussions, case reviews of new diagnosis in significant event meeting to review patient’s journeys learning points.
- discussing guidelines and management x3
- local guidelines and workshops
- case by case discussion
- through education, discussion with colleagues

6. Before the workshop today were you aware of the CRUK RCGP e cigarette position statement (please tick): YES / NO. If yes, how did you hear about this?

*1 noted BMJ/Pulse

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<tr>
<td>Yes</td>
<td>16%*</td>
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<tr>
<td>No</td>
<td>84%</td>
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7. Please state what mode of delivery for support would best suit your needs as a GP trainer?

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<tr>
<th></th>
<th>E-learning</th>
<th>Face to face</th>
<th>Toolkit</th>
<th>Practice visits</th>
<th>Newsletters</th>
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<tbody>
<tr>
<td><em>Some ticked more than one mode of delivery</em></td>
<td>14</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>1</td>
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8. What are the main challenges to supporting prevention and early diagnosis as a GP trainer?
- Time x6
- Resources x 3, including protected time for learning
- Accessing information and toolkits to use with GP trainees.
- (prevention) Lack of our influence compared to different lifestyle pressures. Early diagnosis of a proportion of our patients to prevent early.
- staying up to date
- knowing how poor our local secondary care provision for seeing 2 week wait referrals is at crisis point
- Local pathway forms and referrals tools not being updated, local acute trust under performance
- Constant concerns about referral statistic of the practice/GP
- Time to review cases, review guidelines and make organisational change

9. Has the CRUK RCGP sessions you attended supported your role as a GP trainer, YES/NO – if yes how has this supported your role as a GP trainer?

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<tr>
<td>Yes</td>
<td>100%</td>
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- Provided useful slides for discussion and structures for education.
- Good idea for a tutorial x 3.
- Really useful new information to inform cascading to trainees in VTS and tutorials.
- Enjoyed the smoking session topic to bring back to practice as learning.
- Yes but I need to consolidate the information given.
- Increased knowledge base particularly around information sources.
- Increased awareness of the latest guidelines/NG 12, more aware of the relevance of increased platelets.
- Feel more confident.
- Will feedback to our practice trainees.
- Good tutorial material.

10. What was the most useful part of today’s CRUK RCGP sessions?
- All X 3.
- Quick tips, discussions.
- Platelets and safety netting.
- Plenary emphasis on platelets, SEA emphasis on documentation and continuity, early diagnosis all helpful.
- Welcoming positivity of the speakers.
- Ideas to consider and develop.
- Increased awareness of latest guidelines more aware of the relevance of platelets x2
- Updating and information about safety netting.
- Style of presentations and information given was very engaging and skilfully done as lots of statistics that could have been quite dry.
- CRUK website and guidelines
- Expert discussions.
- Raising the level of suspicion again.

11. What was your least useful part of today’s CRUK RCGP sessions? What could have been improved?
- Format was good appropriate length – all very useful thanks
- None all very useful x2
- Font size on the slides was too small unable to read even though I was not at the back
- None x4
- Really good – extremely useful
- Excellent – thank you
- HEE update! Excellent. Thank you

12. Other feedback/comments
- Reduce prostate biopsies, watch and wait
- Make a box on the referral form to refer for CT scan
- Safety netting – documentation and detail
- Screening hub GP endorsement contact/template

13. Pledge summaries – within 3 months I will ......
- Follow up patients with raised platelets
- Take this back to the practice
- Be more vigilant and more of thrombocytosis > 400
- Improve management of MSU results, use Q cancer risk tool, and improve documentation for safety netting.
- Have tutorial with a GP registrar.
- Implement NG 12.
- Use Q cancer and cancer risk tools in those grey areas where I suspect cancer.
- Pass on some of these messages to local trainees. Do a practice search on those with raised platelets.
- Attend an update course to consolidate knowledge and changes in cancer guidelines.
- Read NG 12 and implement in practice.
- Develop in practice IT tool to improve recording of safety netting advice.
- Have a tutorial with my trainee, and feedback my learning to GP colleagues.
- Safety net better - will use the toolkits
- Advice both my practice colleagues of raised platelets over 40 years old, increased management and the CCG cancer leads. Also hopefully encourage the CCG cancer leads to open discussions with the acute trust re: 'phone a friend' and develop a vague cancer symptom pathway.
- Diagnose one patient with cancer through discovery of an unexplained raised platelet count.
- Investigate raised platelets in more detail.
- Have tutorial with my registrar, remember to look for cancer if platelets raised, cascade what I learnt today to colleagues.
- Take an action if platelet levels are raised.
- Do PSA audit of patients
- Train all trainees with the resource. Be aware of raised platelets.

Other discussion points:
- 3 CCGs (including Birmingham CCG) do not support GPs to prescribe smoking cessation to their patients wishing to stop smoking and there is an absence of smoking cessation services to refer patients to get support. GP trainees are not being taught smoking cessation advice because this is not deemed to be their role by the CCGs. Advice to send patients to the pharmacist to purchase over the counter NR.
- 2 week wait referral forms have not included NG 12 guidelines.
- There are no HPEFs in this areas and there was a lot of interest in seeking external resources.
- Agreed to circulate the template to support GP details on the screening hub letters (KLD).