



CATALYST ADVANCED PRIMARY CARE PROGRAMME

Staff & Student Handbook

2023/2024

CATALYST BUILDING BLOCKS

The programme is built on five core principles:

1. Health as a Resource for Everyday Life.
2. Whole Person Medicine.
3. Generalist Medicine.
4. The Bananarama Principle it's not what you know; it is the way you use it.
5. Communities of Practice.

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SECTION 1

Introduction

Welcome to the Catalyst Programme. This is the first British course to teach the distinct advanced skills of whole-person practice – advanced generalist medicine (AGM).

CATALYST is a practical course focusing on the distinct knowledge work skills of whole-person care and how to safely and effectively work in complex situations where guidelines are insufficient to support practice. The course supports applying these skills to patient care, practice design and delivery and healthcare policy. The course is part of the national WiseGP initiative.

I. Our vision

- ❖ To provide a new vision of an extended professional GP role.
- ❖ To upskill new to-practice (NTP) GPs in the distinct knowledge work skills needed to deliver that role.
- ❖ To support NTP GPs to share best practice with peers, team and wider profession

II. Our Mission

"If General Practice fails, the NHS fails".

- ❖ Strong primary care delivers efficient, effective, equitable healthcare ([Kringos 2013](#))
- ❖ Strong primary care is based on the delivery of continuous, comprehensive, coordinated, accessible whole-person care ([WHO](#))
- ❖ Current professional training, practice design, and policy fails to enable/support whole-person care – recognised in repeated calls for culture shift ([Ridge](#), [Kings Fund](#), [Fuller](#), [Tinetti & Fried](#), [WHO](#))
- ❖ This course is the first to address this gap explicitly by fostering knowledge, skills and attitudes that enable practitioners to flourish in primary care whilst also developing their practices and local healthcare networks

III. Programme Outline

Learning Objectives

At the end of the course, students will

1. Understand the advanced clinical reasoning (knowledge work) of whole person, advanced generalist clinical practice.
 - I. its distinction from specialist care
 - II. and how/why both are necessary for modern healthcare.
2. Apply Knowledge Work principles to explore, explain, and evaluate the impact of care in the management of everyday front-line clinical scenarios.
3. Reflect/critically consider the implications for health service design and delivery.

IV. How the programme is delivered

The programme is delivered virtually - using tutor-facilitated online learning spaces, with teaching delivered in real-time to optimise your learning opportunities.

Teaching is on alternate Wednesdays, usually between the hours of 10 and 4. Using a mixture of large and small group working, with tutor support for all activities. Enabled by NHSE funded bursaries practices are expected to free CATALYST GPs for the full day of teaching to enable time for homework and additional reading. Bursaries cover CATALYST GPs for 2 full days a month out of usual clinical practice. Module details are included in this handbook. Course materials will be made available on a dedicated CATALYST website. We use formative assessment to support learning, with activities timetabled into the programme.

The programme facilitates students to critically re-examine common problems with the support of new theoretical perspectives on knowledge work for everyday practice
(*Transformational Learning theory – our pedagogical approach*)

Year 1 applies the principles of knowledge work to the management of common clinical (patient-level) and practice-level problems. The teaching consists of 6 modules, followed by the undertaking of an extended Quality Improvement project.

In Year 2, teaching focuses on the extended skills for lifelong advanced professional practice. There are 7 modules in year 2.

- Students will be introduced to the 4Es principles of advanced generalist knowledge work - Epistemology, Exploration, Explanation and Evaluation – that support the critical, creative generation and application of knowledge-in-context for person-centred care.
- Students will be enabled to apply these principles to critically re-examine existing and new concepts, including the delivery of *Goldilocks Medicine, tackling Multimorbidity and Long Term Conditions, Problematic Polypharmacy, supporting people living with Dementia & vulnerable groups, Mental Health*
- Students will be supported to use their learning time to develop and critically reflect on (evaluate) new clinical toolkits for their own everyday practice.
- Students will be supported to consider the impact and implications of the programme for their own professional identity, practice and motivation.

How to make best use of this handbook

- There is a lot of information in this handbook. It is intended to be used as a reference for students and tutors on the CATALYST programme. If you can't find what you need at first glance using the table of contents, try a keyword search. If something useful is missing, let us know.
- As well as sections on each module and the overall aims of the programme we have included references and links to a variety of resources to assist in self-directed learning. We encourage you to explore these.
- Make the resources in this handbook work for you! For example, UK doctors who look up resources relevant to practice may want to reflect on them in their appraisal e-portfolio as continuing professional development. Similarly, quality improvement projects and feedback related to this work could be entered as a quality improvement activity in your appraisal log.
- It is also a living document that we intend to update. Please tell us if any of the information or resources are outdated or anyif key information is lacking.

SECTION 2

YEAR 1

MODULE 1: Introduction to Catalyst and the Building Blocks

*In this module we will introduce each other and welcome you to your fellowship programme. Our first meeting will be a chance to explore what we're hoping to get from the year, your experiences of GP practice so far, and the opportunities that lie ahead. We'll introduce you to the 5 Building Blocks that underpin the CATALYST approach **Health as A Resource for Everyday Living (HAREL)**, needing **Whole Person Medicine (WPM)**, the **expertise of generalist practice (GP)**, built on the principles of clinician scholarship (**Bananarama**) and underpinned by **communities of practice (CoP)**. We'll explore together what these building blocks mean and how they relate to our current experiences of practice.*

Format – Online via Zoom. Four sessions split over two days, ~3 hours duration each with 1.5 hours 'homework' time

Pre-session reading: None

Learning Outcomes

By the end of this module, CATALYST GPs will be able to

- i. Recognise the current challenges faced by early career GPs.
- ii. Introduce the key principles running through CATALYST.
- iii. Discuss how building blocks may apply to clinical practice.
- iv. Summarise future learning plan and how BB influence this
- v. Discuss GP wellbeing and self-care in practice.

Further Reading:

Essential

- Catalyst Building Blocks PDF
- Catalyst Building Blocks video

Optional

- Self-care resources

Practitioner Health

<https://www.practitionerhealth.nhs.uk/>

BMA

<https://www.bma.org.uk/advice-and-support/your-wellbeing>

LMC

<https://www.humbersidelmc.org.uk/supportgps>

Mentorship Schemes

<https://www.humbersidelmc.org.uk/freementoring>

<https://www.rcgp.org.uk/your-career/gp-mentoring>

Health and Wellbeing

<https://www.leedsandyorkpft.nhs.uk/advice-support/covid-information-staff/health-and-wellbeing/>

MODULE 2: Goldilocks Medicine

"In this module, we will start to think about how we can deliver whole-person medicine in daily practice – and how this will help you manage the complexity and uncertainty of everyday practice. First, we introduce the idea of Goldilocks Medicine – how to deliver healthcare that is 'just right' – not too much and not too little. Next, we will explore how and why delivering Goldilocks Medicine means you need both expert specialist and generalist medicine skills. And so, think further about when and how generalist medicine is different from specialist medicine.

This module will help you understand how the principles of Whole Person Medicine can help you with the common challenges of daily practice. We will also help you feel confident in practising in this way by helping you understand how it fits within current practice and policy priorities."

Format – Online via Zoom. Four sessions split over two days, ~3 hours duration each with 1.5 hours 'homework' time

Pre-session activity/reading: Observation of own practice: one example of 'too much and one example of 'too little medicine

Building Blocks: WPM, HAREL, WPM, CoP

Learning Outcomes

By the end of this module, CATALYST GPs will

- i. Describe the principles of Goldilocks medicine, and how they relate to Whole Person Medicine (WPM) and OverDiagnosis
- ii. Critically compare generalist and specialist approaches to avoiding overdiagnosis, and reflect on your professional development needs for each approach
- iii. Describe the Generalist Gatekeeper role, how it is done; and its strengths and limitations in supporting WPM and daily practice
- iv. Outline the principles of the SAGE consultation model and consider its role in managing the uncertainty of WPM

Further Reading

Essential

Read and reflect on

Heath I, Divided we Fail, *Clinical Medicine* 2011, Vol 11, No 6: 576–86,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4952340/pdf/576.pdf>

➤ Overdiagnosis links from RCGP, BMJ:

- **Brdoderson et al. Overdiagnosis: what it is and what it isn't BMJ 2018; 21: 1-3**
<https://ebm.bmj.com/content/23/1/1>
- Woloshin & Kramer. Overdiagnosis, its official. BMJ 2021: 375 n2854
<https://www.bmj.com/content/375/bmj.n2854>

MODULE 3: Alternatives to medicalisation

"In this module, we will take a closer look at some of the evidence-informed practical tools that GPs can use to practice Goldilocks Medicine. We will consider if and how a number of tools, including the Flipped Consultation, the Bounceback Exhaustion cycle, and Behavioural Actional Therapy might help you think critically about how we use diagnosis and explanation with our patients. We aim to help you explore and develop the skills to safely construct robust, individually-tailored, whole-person explanations of illness experience; and so implement person-centred healthcare designed to enhance health-related capacity for daily living.

Format – Online via Zoom. Four sessions split over two days, ~3 hours each with 1.5 hours' homework' time.

Pre-session activity/reading: "Diagnosis unforthcoming" Prof Chris Burton.

Burton C. Diagnosis unforthcoming. *Medical and Dental Defence Union of Scotland*, 2017. Available at <https://www.mddus.com/resources/publications-library/insight/q4-2017/diagnosis-unforthcoming>. [Accessed 24 May 2023].

Building Blocks : GP, Bananarama

Learning outcomes

- I. Critically reflect on the presentation and usual management of 'persistent physical and functional symptoms'.¹
- II. Describe the Exhaustion cycle and critically consider if/how it can help explain commonly presented problems in primary care
- III. Describe the concept of creative capacity and consider if/how tools such as the Flipped Consultation Model and Behavioural Activation Therapy can unlock individual creative capacity
- IV. Critically consider the potential role and impact of replacing a clinical goal of 'diagnosis' with 'explanation' in managing persistent physical and functional symptoms, chronic complex illness and de-escalation of "too much medicine."

Further Reading

- ABC of Medically Unexplained Symptoms (optional)
 - Burton C. *ABC of medically unexplained symptoms*. Oxford: John Wiley & Sons; 2012.
- <https://www.nhs.uk/conditions/medically-unexplained-symptoms/>

- NHS. Medically unexplained symptoms. *NHS Health A to Z*, 2021. Available at: <https://www.nhs.uk/conditions/medically-unexplained-symptoms/> [Accessed 24 May 2023]
- <https://www.rcpsych.ac.uk/mental-health/problems-disorders/medically-unexplained-symptoms> Royal College of Psychiatrists (RCPsych). Medically unexplained symptoms, 2015. *RCPsych, Problems and disorders*. Available at: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/medically-unexplained-symptoms> [Accessed 24 May 2023]

MODULE 4: Tackling Problematic Polypharmacy

In this module, we will consider how we might go about reversing the effects of too much medicine. We will use a case study of tackling problematic polypharmacy (PP). PP arises when the use of medicines doesn't achieve the intended benefits, or harms outweigh the intended benefits. PP is a symptom of a failure to use WPM principles and AGM practice when making decisions about the use of medicines. There is a vast evidence base on medicines optimisation, and a growing but far smaller one on tailored use of medicines (optimising medicines use for the whole person – to support HFEDL). Tackling problematic polypharmacy is a great example of advanced generalist skills in practice. Whilst we are looking at medicines use, keep thinking if and how these ideas might apply to other aspects of our clinical work too.

Format – Online via Zoom. Four sessions split over two days, ~3 hours duration each with 1.5 hours 'homework' time

Pre-session activity /reading: <https://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation> (The KingFunds Polypharmacy and Medicine Optimisation

Building Blocks: HAREL, WPM, GP, Bananarama, CoP

Learning Outcome

By the end of this module, CATALYST GPs will be able to:

- I. Critically discuss the distinction between appropriate and problematic polypharmacy
- II. Critically reflect on current tools for managing medications and their utility for Whole Person Medicine
- III. Describe how they might implement the Scottish Polypharmacy Guidelines into the medication review process at their own practice.
- IV. Creating an idea bank: Engaging local GPs and practices – ways of sharing the learning from the Catalyst Programme widely

Further Reading

- Scottish Prescribing Guidelines (<https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2017/07/Polypharmacy-Quick-Reference-GuideV3.pdf>)
 - Scottish Government Polypharmacy Model of Care Group. *Polypharmacy Guidance Realistic Prescribing. Quick reference Guide*. 2018. Available at: <https://www.therapeutics.scot.nhs.uk/wp-content/uploads/2017/07/Polypharmacy-Quick-Reference-GuideV3.pdf> [Accessed 24 May 2023].
- TAILOR education resource on NIHR Learn, the NIHR Alert that is about to be published

MODULE 5: Quality Improvement

Format – Online via Zoom. Three sessions split over two days, 3 hours duration each.

In this module, we will consider how the principles of clinician scholarship that we have learned in the last few months can be applied to help us think about how to improve wider practice – the way we design and run general practice. This module will help you refine the skills and confidence you need to lead and change future practice – setting you up for the second phase of CATALYST when we will be working in teams on Quality Improvement projects.

Format : 2 days of virtual teaching with approx. 4x1 hour contact time per day (total 8hours)

Pre-session activity / reading: none

Building Blocks: Bananarama, CoP

Learning outcome:

By the end of this module, CATALYST GPs will be able to

- i. Discuss and critique the concept of quality in healthcare, how this relates to quality improvement and how it can be used to solve problems in daily practice.
- ii. Understand how to frame a question to address/answer an identified problem
- iii. Use the Model for Improvement to guide a practical approach to doing QI ; become familiar with theory of change and practical tools to design, implement and evaluate improvement strategies
- iv. Use the Model for Improvement to guide a practical approach to doing QI ; become familiar with theory of change and practical tools to design, implement and evaluate improvement strategies
- v. Discuss the spectrum of human factors and psychology of change that can impact QI in primary care, including the roles of teams/community of practice
- vi. Consider how skills/practice of QI support/enhance our skills and confidence in the knowledge work of everyday clinical practice and our professional identity

Further Reading

- ABC of Quality Improvement in Healthcare, Swanwick & Vaux
 - Swanwick T, Vaux E. *ABC of quality improvement in healthcare*. Oxford: John Wiley & Sons; 2020.

- NHS Institute for Innovation and Improvement: Theory and Practice in Healthcare
 - Boaden R, Harvey, G, Moxham C, Proudlove N. *Quality Improvement: theory and Practice in Healthcare*. Coventry: NHS Institute for Innovation and Improvement; 2008.
- NHS. PDSA Cycles and the Model for Improvement. Available online at <https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf>
 - NHS England. *Plan, Do, Study, Act (PDSA) cycles and the model for improvement*, n.d. Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf> [Accessed 24 May 2023].

MODULE 6: Wise GP

In this module, we will recap our learning to date to consider what are the core intellectual skills we have revealed within our practice, and how might we use and develop these further – to support our patients, our professional practice, and to develop future practice. The GMC recognises "every doctor a scholar" but what does that mean in practice? Do we all have to add 'doing a research study' to the ever longer list of hurdles we have to jump? Or does it mean something more practical and useful to our everyday practice? In this module we will reflect on why and how it is important to remember the scientific basis of our clinical practice – which is based not just on the scientific knowledge we know, but the scientific principles we use to implement what we know for the good of our patients. We will also explore how these create opportunities for developing our careers – extended, portfolio roles in practice. How do the scientific principles of whole person medicine, expert generalist practice help us to be better, and happier, GPs.

Format – Online via Zoom. Four sessions split over two days, ~3 hours duration each with 1.5 hours 'homework' time

Pre-session activity /reading: Homework to identify examples of

- Thinking differently: one (or more) example of something in practice that I see differently/thinking about differently as a result of our discussions over the last 6 months.
- Doing differently: one (or more) example of something I am doing differently as a result of my time on the CATALYST programme.

Building Blocks: GP, Bananarama, CoP

Learning Outcomes

By the end of this module, CATALYST GPs will be able to

- i. Describe the scientific principles behind the concept of generalist clinician scholarship and the WISE GP programme and the impact for clinical practice
- ii. Critically reflect on the similarities and differences between the clinical reasoning and use of knowledge in expert specialist and generalist clinical practice from a scientific perspective
- iii. Critique the use and utility of EBM in expert generalist practice and describe alternative models for judging knowledge work
- iv. Describe the implications for their own career development

Further Reading

- Kneebone. Expert: understanding the path to mastery
 - Kneebone R. *Expert: Understanding the path to mastery*. London: Penguin; 2020.
- Exploring WISE website
 - <http://wisegp.co.uk>

SECTION 3

YEAR 2

MODULE 1: Introduction Year 2, GP Wellbeing, Resilience and Self-care.

In year 2, we aim to help you to retain and build on the principles and core components of year 1 i.e. developing your understanding of advanced generalist practice, including the knowledge work of Expert General Practice; Enhancing your skills, confidence, and opportunities in applying these extended professional skills to everyday professional problems; and Building and maintaining a community of practice to support and sustain your professional role..

In this module we welcome you to year 2 catalyst programme. We will explore what we hope to get from the year, reflect on year 1, and the opportunities ahead.

Catalyst acknowledges GPs are under enormous pressure, which can affect their health and wellbeing in general practice. This module allows you to reflect on your wellbeing, create the space to connect with your colleagues and equip you with tools & resources to look after your health and wellbeing .

Format – Online via Zoom. Four sessions split over two days, ~3 hours face to face on day 1 then 'homework' time to complete pre-session work.

Pre-session reading: None

Learning Outcomes

By the end of this module, CATALYST GPs will be able to:

- I. Recognise the key principles running through CATALYST.
- II. Recognise how catalyst building blocks may apply to clinical practice.
- III. Discuss GP well-being and self-care in practice.
- IV. Recognise the importance of building and maintaining a community of practice

Further Reading: None

MODULE 2: Facing & Shaping the Future of primary care practice

In this module, you will use various reflection methods to critically examine the changes and existential threats which affect their practice as 'whole person' GPs. Specific areas will include: automation of practice, climate catastrophe, and workforce/workplace change. We will ask, 'What are do these changes mean to me, to practice or society at large and how should I respond to them as an individual, a member of a practice team or a leader?' Specific areas will include: automation of practice, climate catastrophe, and workforce/workplace change. The session will promote the idea that forewarned is forearmed and conclude with a homework task to address challenging changes to practice.

In this module, CATAPILLARS will also explore ways of communicating their vision and working with the wider community of practice outside of CATALYST.

Format – Online via Zoom. Four sessions split over two days, ~3 hours face to face on day 1, then 'homework' time to complete pre-session work

Pre-session activity/reading & Resources: Slide set – Year 2 Module 2 (Facing & shaping the Future)

Building Blocks: WPM, GM, CoP

Learning Outcomes

By the end of this module CATALYST GPs will:

- I. Have you used various reflective methods and critiqued different approaches for different contexts/problems?
- II. Have discussed practice-relevant aspects of climate change, automation and workforce/workplace development and the implications for their ongoing professional practice (to describe the action coming out of this?)
- III. Have considered whether and how future change can be best survived or influenced. And what is needed to enable that?
- IV. Able to produce a summary storyboard such as infographics for Year 1 QIP that can be shared with the wider community of practice.

Activity

- Develop a 'dangerous idea' for a better primary healthcare for a 3-minute elevator pitch or 700 word opinion piece with up to six references for a peer reviewed-blog such as www.bjgplife.com and for ideas about what a dangerous idea entails see: <https://sapc.ac.uk/article/sapc-dangerous-ideas-soapbox> .

Further Reading

- **General Medical Council workforce report.** The state of medical Education and practice in the UK. The workforce report, 2022. Available at: https://www.gmc-uk.org/-/media/documents/workforce-report-2022---full-report_pdf-94540077.pdf [Accessed 24 May 2023].
- <https://www.greenerpractice.co.uk> ·
- <https://sustainablehealthcare.org.uk/who-we-are> ·
- **The Future of the professions** ·
 - Susskind R, Susskind S. *The Future of the Professions: How Technology Will Transform the Work of Human Experts*. Oxford: Oxford University Press; 2015.
- **Doughnut economics**
 - Raworth K. *Doughnut economics. Seven Ways to Think Like a 21st-Century Economist*. White River Junction, VT: Chelsea Green Publishing ; 201

MODULE 3: Reclaiming General Practice: championing our expertise.

"Few people doubt that we need to modernise how General Practice works. Many criticise the 'top down' currently used to drive change. So how can we take (back) control of how we run general practice? Throughout CATALYST we have been exploring how you use your expert generalist skills to manage everyday complex problems. Yet many people still see GPs as a 'jack of all trades' – following the rule book on the easy bits, and passing on the hard stuff to others. If we are to reclaim control of modernising general practice, we need to change that perception. In this module, we will revisit our discussions of WiseGP from Year 1 and consider how these ways of working can help us reclaim general practice

Format – Online via Zoom. Four sessions split over two days, ~3 hours face to face on day 1 then 'homework' time to complete pre- and post- session work

Pre-session activity/reading & Resources: Video from Joanne – Advanced Generalist Medicine. Blog on John Gabbay's new book Resources: Slide set – Year 2 Module: RECLAIMING GENERAL PRACTICE

Building Blocks: WPM, GM, CoP

Learning Outcomes

By the end of this module, CATALYST GPs will:

- I. Describe and critically discuss the knowledge work of everyday professional practice – including the distinction between advanced specialist and generalist work.
- II. Apply the principles of advanced generalist knowledge work to collectively critically describe and discuss an aspect of beyond protocol professional practice
- III. Produce a written account of their advanced practice to share with external audiences k, using peer review to strengthen the work.

Further Reading

- WISE GP resources: Knowledge Work
- See the writings of Tim Senior at the BJGP for example Senior T, Invisible work, British Journal of General Practice 2023; 73 (730): 228. DOI: <https://doi.org/10.3399/bjgp23X732825>
- John Gabbay Andree le May Knowledge Transformation in Health and Social Care 2023
- Joanne Reeve Medical Generalism, Now. Reclaiming the knowledge work of modern practice 2023 <https://www.taylorfrancis.com/books/mono/10.1201/9781003297222/medical-generalism-joanne-reeve>
- WiseGP: video on home page www.wisegp.co.uk

MODULE 4: Generalist skills for everyday practice

"It is vital new to practice GPs develop the skills and confidence they need to thrive in the challenges of modern primary care professional practice. The range of skills GPs seek to meet the needs of modern primary care professional practice requires GPs to upskill to meet the patient-driven health needs of their community. Part of the Advance skills of general practitioners is to recognise their responsibilities better and to avoid future misunderstandings between primary and secondary care.

In this module, we aim to look at the advanced skills for everyday practice for general practitioners. We will look at some of the basic building blocks of learning and teaching, explore feelings around teaching and then examine our teaching styles. We relate this to our role as supervisors in the modern multidisciplinary Primary Care environment. We then look at Uncertainty as a part of normal medical practice, what it means and how we try and manage our own uncertainty with reference to Goldilocks Medicine from year 1 and the importance of Self-Care.

The Catalyst team are excited to welcome Dr John Launer and his team to deliver a bespoke learning session on narrative medicine (Conversation inviting Change) designed just for the Catalyst programme. Conversation inviting Change (CIC) is a narrative-based approach to encounters in health care that can enrich all professional work. CIC arises from the simple idea that everyone - whether as a patient, client, learner or colleague - can benefit from telling stories about their experiences and being skilfully questioned about these. CIC offers a skillset for questioning framework in order to promote their story-telling (see Good questions). CIC is effective in helping patient to move on when they feel stuck, and also ideal for challenging encounters. It is especially useful when professionals need to find a fine balance, e.g. paying attention to the client's story with considerations of safety, quality of care and best evidence

Format – Online via Zoom. Three sessions split over 3 days, ~3 hours face to face on each day.

Pre-session activity/reading : No pre-work for this session

Building Blocks: WPM, GM, CoP

Learning Outcomes

By the end of this module, CATALYST GPs will:

- I. Describe and critically discuss knowledge work in the context of advance skills for every professional practice.
- II. Appreciate the importance of different learning style , teaching and supervision as part of advance skills of everyday practice
- III. Consider uncertainty as a normal part of general practice and how we can manage our uncertainty

Further Reading

- Launer, John. Narrative-based practice in health and social care: conversations inviting change. Routledge, 2018
- Kneebone. Expert: understanding the path to mastery
 - Kneebone R. *Expert: Understanding the path to mastery*. London: Penguin; 2020.
- Exploring WISE website
 - <http://wisegp.co.uk>

MODULE 5: Applying CATALYST to complex clinical cases: generating mindlines.

In this module, we will revisit the tools and techniques you have encountered in the CATALYST programme (including CIC, ALS, flipped consultation., AGM) and use them to collectively and critically explore the clinical cases you are currently managing. We will critically consider if and how the new CATALYST tools help to address the issues and where gaps/problems still lie. We will produce collective summaries of the new/key principles for practice (including how they differ from guidelines we are collectively using to manage these problems and discuss how we might share/publish this work. We will encourage you to create your own CATALYST checklist/toolkit to draw on when facing complex cases under pressure - Creating knowledge/wisdom from practice

Format – Online via Zoom. Four sessions split over two days, ~3 hours face to face on day 1 then 'homework' time to complete pre-session work

Pre-session activity/reading : No pre-work for this session

Building Blocks: WPM, HAREL, GM, CoP

Learning Objectives

Through this module, Catalyst GP will

- I. Revisit and critically review the tools we have introduced for AGM as applied to real-world problems
- II. Generate collective mindlines – plans for action and understanding – for managing real work complex problems and share.
- III. Produce own tool kit and reflection for appraisal folder.

Further Reading

- WISE GP resources: Knowledge Work <https://www.wisegp.co.uk/knowledge-work>
 - WISE GP. *What is Knowledge Work?*, n.d. WISE-GP. Available at: <https://www.wisegp.co.uk/knowledge-work> [Accessed 24 May 2023].
- Wilson T, Holt T, Greenhalgh T. Complexity and clinical care *BMJ* 2001; 323 :685 <https://doi.org/10.1136/bmj.323.7314.685>
- Reeve J. Supporting expert generalist practice: the SAGE consultation model. *Br J Gen Pract.* 2015 Apr;65(633):207-8. doi: 10.3399/bjgp15X684613. PMID: 25824174; PMCID: PMC4377603. <https://bjgp.org/content/65/633/207.long>
- Gabbay J, le May A. Mindlines: making sense of evidence in practice. *British Journal of General Practice.* 2016 Aug 1;66(649):402-3.

Module 6: Medical Ethics and Professionalism 5th E

In this module, we will refresh and extend our capabilities in regard to ethics and professionalism in the context of primary healthcare in the UK. In module 3 or we described the 4Es of Advanced Generalist Medicine. In this module, we consider if and how medical ethics is our 5th E – the additional professional support we need to critically and safely work beyond simple care pathways. The first session is an opportunity to consolidate key principles. The second session will extend these in the domains of leadership, education, business and teamwork.

Format – Online via Zoom. 2 sessions split over two days, ~3 hours duration each with 3 hours' homework' time

Pre-session activity/reading:

- Reflect on how ethical and professional issues are recognised. What makes you think that there's an issue?
- Bring a case, issue, or topic of relevance to the learner that can be discussed in small groups.
- Listen and reflect (18 minutes): *Doctors' Notes* talk to the winners of the 2018 BMA writing competition. They recount their experiences and reflect on the moral complexities of what is doing the right thing?
<https://audioboom.com/posts/6586922-doing-the-right-thing>

Building Blocks: WPM, HAREL, GM, CoP

Learning Objectives

Through this module, students will

- I. Recognise situations that relate to ethics and professionalism in primary healthcare and how we recognise them.
- II. Consider theoretical and published resources which inform what is good and bad, professional and unprofessional in primary healthcare
- III. Develop strategies for seeking help with ethical and professional questions: through reading, discussion with colleagues and professional sources of advice
- IV. Learn about advanced topics beyond the immediate interpersonal aspects of ethics and professionalism including leadership, Education and teamwork
- V. Consider how advanced capabilities in ethics and professionalism could manifest in learner's own professional settings

Further Activities/ Reading

- A podcast on creative writing about medical ethics revising some of the same material and expanding on some areas (1 hour). Consider reflecting on some of the creative pieces **by pausing the video** <https://www.youtube.com/watch?v=r8s8LI5dOf8>
- Papanikitas A, Lunan C. Inside general practice ethics: guidelines 'and' 'of' or 'for' good clinical practice. London J Prim Care (Abingdon). 2018 Feb 20;10(2):34-38. doi: 10.1080/17571472.2018.1437028. PMID: 29686736; PMCID: PMC5901421. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5901421/> A reflection on guidelines by the RCGP Ethics committee
- <https://doi.org/10.3399/bjgp16X686497> How to avoid ethics!!!
 - Papanikitas A, Lewis G, McKenzie-Edwards E. Should GPs avoid making ethical judgements?. *The British Journal of General Practice*. 2016 Aug;66(649):441-442.
- <https://www.mddus.com/resources/publications/publications-library/insight/q2-2018/even-nurses-are-not-compassionate--anymore> A reflection on interprofessional practice
 - Papanikitas A. Ethics: "Even nurses are not compassionate anymore...". *Medical and Dental Defence Union of Scotland*, 2018. Available at <https://www.mddus.com/resources/publications/publications-library/insight/q2-2018/even-nurses-are-not-compassionate--anymore>. [Accessed 24 May 2023].

Module 7: Introduction to Leadership, Career Planning and the Business Side of general practice, focusing on Knowing Work (KW) perspectives.

In this module, we explore your management and leadership role; also build on year-one leadership skills and career planning. The GMC recognises a Good leadership isn't just for those in positions of responsibility. It involves whole teams working together to help deliver and improve patient care. The module will focus on what is expected of a GP as a leader and how to devise a leadership-focused personal development plan. In particular we will consider the KW elements and how advanced knowledge work practice supports us as professional leaders

Format – Online via Zoom. Four sessions split over two days, ~3 hours face to face on day 1 then 'homework' time to complete pre-session work.

Pre-session activity/reading: Leadership in primary care by Howe, Amanda InnovAiT, 11/2021, Volume 14, Issue 11 Journal article

Building Blocks: GM, CoP

Learning Objectives

Through this module, students will

- Understand what is meant by leadership and why it matters.
- Understand different leadership styles
- Appreciate your own leadership behaviour
- Able to create their personal development plan for leadership

Further Reading

- NHS Academy leadership
- Leadership in primary care by Howe, Amanda InnovAiT, 11/2021, Volume 14, Issue 11 Journal article
 - Howe A. Leadership in primary care. *InnovAiT*. 2021 Nov;14(11):696-700.

SECTION 4 - Further Reading and Resources

Introductory reading

These books are good introductions to the knowledge-work which underpins the programme and 'easy reads.' These books can be read cover to cover or dipped into a chapter at a time:

NEW FOR 2023 Reeve J, Medical Generalism, Now! Reclaiming the Knowledge Work of Modern Practice, 1st Edition, First Published 2023, eBook Published 13 October 2023, CRC Press, eBook ISBN 9781003297222 (*This is the closest book to being a companion volume to the programme*)

Launer J, Reflective practice in medicine and multi-professional healthcare, CRC press, 2022, ISBN 9780367714604, paperback £19.99 (Bite size chapters on many of the themes that thread through CATALYST) from mindlines and guidelines, to conversations inviting change).

An approach to seeking knowledge

The catalyst programme has been planned to be accessible for busy healthcare professionals, so the required reading has been kept to a minimum with self-directed learning to suit a variety of learning styles in the following sections.

There are a number of key journals which we draw on for scholarship, such as the British medical Journal and British Journal of General Practice, and we encourage students to explore the references in taught session and critically engage with them. Think about whether it is easier or more cost effective to seek information as an electronic article or book chapter or by buying or borrowing a recent etext book. Do also consider conducting your own literature searches, whether using entry level search engines such as google scholar and Pubmed, or other academic and higher education databases. **Consider what access you have or can obtain** to paywalled articles, as many clinicians have more access than they think, whether through NHS arrangements, union and society memberships or through a higher education or postgraduate library.

(See: Sayers, A. Tips and tricks in performing a systematic review, British Journal of General Practice 2007; 57 (538): 425. <https://bjgp.org/content/57/538/425.1> or <https://www.bmj.com/about-bmj/resources-readers/publications/how-read-paper>)

Some of the more widely influential books featured have also been developed as audiobooks. If you are the type of person (not everyone is) who prefers to listen rather than read, see if this is an option. For example, both 'The future of the professions' and 'Doughnut Economics' are available via sites such as audible, and are commented on in numerous online discussions and podcasts as well. **AGREE WE NEED TO PUT SOMMMETHING BACK IN HERE ABOUT LINK WITH LIBRARY ACCESS?SUPPORT AT HUTH – I WILL DIG OUT THE EMAIL**

Year 1

MODULE 2: Goldilocks Medicine

- Moynihan R, Glasziou P, Woloshin S, Schwartz L, Santa J, Godlee F et al. Winding back the harms of too much medicine *BMJ* 2013; 346 :f1271 doi:10.1136/bmj.f1271 <https://www.bmj.com/content/346/bmj.f1271.full> - Looks at the harm of overdiagnosis
- May C, Montori V M, Mair F S. We need minimally disruptive medicine *BMJ* 2009; 339 :b2803 doi:10.1136/bmj.b2803 <https://www.bmj.com/content/339/bmj.b2803?sso=> - encouraging the patient to buy in into your treatment plan
- Lloyd D. Hughes and others, Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity, *Age and Ageing*, Volume 42, Issue 1, January 2013, Pages 62–69, <https://doi.org/10.1093/ageing/afs100> – Contrasts theoretical patients with burden of treatment in real eople
- Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. The Future of the Public's Health in the 21st Century Washington (DC): [National Academies Press \(US\)](https://www.ncbi.nlm.nih.gov/books/NBK221240/); 2002. <https://www.ncbi.nlm.nih.gov/books/NBK221240/> - Dahlgren-Whitehead rainbow
- Reeve J, Cooper L. Rethinking how we understand individual healthcare needs for people living with long-term conditions: a qualitative study. *Health Soc Care Community*. 2016 Jan;24(1):27-38. Doi: 10.1111/hsc.12175. Epub 2014 Dec 3. PMID: 25470421. <https://pubmed.ncbi.nlm.nih.gov/25470421/> - rethinking individual healthcare needs
- Spencer-Bonilla G, Quiñones AR, Montori VM; International Minimally Disruptive Medicine Workgroup. Assessing the Burden of Treatment. *J Gen Intern Med*. 2017 Oct;32(10):1141-1145. Doi: 10.1007/s11606-017-4117-8. Epub 2017 Jul 11. PMID: 28699060; PMCID: PMC5602768. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5602768/> - Tools to measure treatment burden for research purposes.
- <https://www.rcgp.org.uk/about/committees/overdiagnosis#:~:text=There%20are%20no%20'rules'%20but,optimal%20diagnosis%20or%20under%20diagnosis>. LINK NO LONGER EXISTS HOW ABOUT <https://www.rcgp.org.uk/getmedia/a3244f94-c5e2-45a7-bf58-7e4bf388bba5/C72-Standing-Group-on-Over-diagnosis-revise-2.pdf> – RCGP overdiagnosis group
- Singh H, Dickinson JA, Thériault G, Grad R, Groulx S, Wilson BJ, Szafran O, Bell NR. Overdiagnosis: causes and consequences in primary health care. *Can Fam Physician*. 2018 Sep;64(9):654-659. PMID: 30209095; PMCID: PMC6135119. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6135119/> - overdiagnosis causes and consequences
- Reeve J, Dowrick CF, Freeman GK, Gunn J, Mair F, May C, Mercer S, Palmer V, Howe A, Irving G, Shiner A, Watson J. Examining the practice of generalist expertise: a qualitative study

identifying constraints and solutions. JRSM Short Rep. 2013 Nov 21;4(12):2042533313510155. Doi: 10.1177/2042533313510155. PMID: 24475347; PMCID: PMC3899736. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3899736/> - constraints and barriers to general expertise

- Reeve, J., Britten, N., Byng, R. *et al.* Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK. *BMC Fam Pract* **19**, 17 (2018). <https://doi.org/10.1186/s12875-017-0705-2> <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-017-0705-2> - barriers to tailored healthcar
- Wise GP/SAPC, **GETTING STARTED: A DANGEROUS IDEAS WORKSHEET**, https://03ee84c5-83c8-4625-ab9d-6a6a2c66d661.filesusr.com/ugd/3d469e_2e908a107c5043268ce44796048b8748.pdf
- Norbert Donner-Banzhoff & Ralph Hertwig (2014) Inductive foraging: Improving the diagnostic yield of primary care consultations, *European Journal of General Practice*, 20:1, 69-73, DOI: [10.3109/13814788.2013.805197](https://doi.org/10.3109/13814788.2013.805197), <https://www.tandfonline.com/doi/full/10.3109/13814788.2013.805197> - inductive foraging consultations
- Reeve J, Rethinking trust, the role of the Wise GP, *British Journal of General Practice* 2021; 71 (709): 360. DOI: <https://doi.org/10.3399/bjgp21X716621>
- Reeve J. Interpretive medicine: Supporting generalism in a changing primary care world. *Occas Pap R Coll Gen Pract*. 2010 Jan;(88):1-20, v. PMID: 21805819; PMCID: PMC3259801. <https://pubmed.ncbi.nlm.nih.gov/21805819/>
- Gabbay J, le May A. Evidence based guidelines or collectively constructed "mindlines?" *Ethnographic study of knowledge management in primary care. BMJ*. 2004 Oct 30;329(7473):1013. doi: 10.1136/bmj.329.7473.1013. PMID: 15514347; PMCID: PMC524553. <https://pubmed.ncbi.nlm.nih.gov/15514347/>
- Fisher RF, Croxson CH, Ashdown HF, Hobbs FR. GP views on strategies to cope with increasing workload: a qualitative interview study. *Br J Gen Pract*. 2017 Feb;67(655):e148-e156. doi: 10.3399/bjgp17X688861. Epub 2017 Jan 16. PMID: 28093421; PMCID: PMC5308121. <https://bjgp.org/content/bjgp/early/2017/01/16/bjgp17X688861.full.pdf>

MODULE 3: Alternatives to medicalisation

- Chew-Graham CA, Heyland S, Kingstone T, Shepherd T, Buszewicz M, Burroughs H, Sumathipala A. Medically unexplained symptoms: continuing challenges for primary care. *British Journal of General Practice*. 2017 Mar 1;67(656):106-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5325626/>
- olde Hartman TC, Rosendal M, Aamlund A, van der Horst HE, Rosmalen JG, Burton CD, Lucassen PL. What do guidelines and systematic reviews tell us about the management of medically unexplained symptoms in primary care?. *BJGP open*. 2017 Oct 1;1(3). <https://bigpopen.org/content/1/3/bigpopen17X101061>
GP and researcher in The Netherlands
- Atherton H, Briggs T, Chew-Graham C. Long COVID and the importance of the doctor–patient relationship. *British Journal of General Practice*. 2021 Feb 1;71(703):54-5. <https://bjgp.org/content/71/703/54>
- Johansen ML, Risor MB. What is the problem with medically unexplained symptoms for GPs? A meta-synthesis of qualitative studies. *Patient education and counseling*. 2017 Apr 1;100(4):647-54. <https://pubmed.ncbi.nlm.nih.gov/27894609/>
- Morton L, Elliott A, Cleland J, Deary V, Burton C. A taxonomy of explanations in a general practitioner clinic for patients with persistent "medically unexplained" physical symptoms. *Patient Education and Counseling*. 2017 Feb 1;100(2):224-30. <https://www.sciencedirect.com/science/article/pii/S0738399116303573?via%3Dihub>
- Bansal, A. and Burton, C., 2023. Medically unexplained symptoms: What's in a name?. *British Journal of General Practice*, Available from: <https://bjgp.org/content/medically-unexplained-symptoms-whats-name>, 2017. <https://bjgp.org/content/medically-unexplained-symptoms-whats-name>
- Kimberlee R. Developing a social prescribing approach for Bristol. Bristol CCG. 2013 Oct 1. Available at: <https://uwe-repository.worktribe.com/output/927254> [Accessed 24 May 2023]. <https://uwe-repository.worktribe.com/output/927254>
- Polley M, Seers H, Fixsen A. Evaluation report of the social prescribing demonstrator site in Shropshire–final report. London: The Social Prescribing Unit, University of Westminster. 2019 Jul. https://42b7de07-529d-4774-b3e1-225090d531bd.filesusr.com/ugd/14f499_131547f575344dcdbf4c8281f80ea18c.pdf
- Kanter RM. Three things that actually motivate employees. *Harvard Business Review Blog Network*. 2013. Available at: <https://hbr.org/2013/10/three-things-that-actually-motivate-employees> [Accessed 24 May 2023]. <https://hbr.org/2013/10/three-things-that-actually-motivate-employees>
- Wilkins C. Deep roots: place and trust with, 2022. Podcast. Available at: <https://www.kingsfund.org.uk/audio-video/podcast/deep-roots-place-trust-carolyn-wilkins> [Accessed 24 May 2023]. <https://www.kingsfund.org.uk/audio-video/podcast/deep-roots-place-trust-carolyn-wilkins>

MODULE 4: Tackling Problematic Polypharmacy

- Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity: <https://academic.oup.com/ageing/article/42/1/62/25375>
 - Hughes LD, McMurdo ME, Guthrie B. Guidelines for people not for diseases: the challenges of applying UK clinical guidelines to people with multimorbidity. *Age and ageing*. 2013 Jan 1;42(1):62-9.
- STOPP START Toolkit Supporting Medication Review (an updated version expected in fall 2023): <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=3035&inline=1>
 - NHS Cumbria Clinical Commissioning Group. STOPP START Toolkit Supporting Medication Review, 2016. Available at: <https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=3035&inline=1> [Accessed 24 May 2023].
- American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults: [American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults - PubMed \(nih.gov\)](#)
 - 2019 American Geriatrics Society Beers Criteria® Update Expert Panel, Fick, D.M., Semla, T.P., Steinman, M., Beizer, J., Brandt, N., Dombrowski, R., DuBeau, C.E., Pezzullo, L., Eplin, J.J. and Flanagan, N., 2019. American Geriatrics Society 2019 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), pp.674-694.
- Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK: <https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-017-0705-2> (may be in previous module)
 - Reeve J, Britten N, Byng R, Fleming J, Heaton J, Krska J. Identifying enablers and barriers to individually tailored prescribing: a survey of healthcare professionals in the UK. *BMC family practice*. 2018 Dec;19:1-3.
- Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis: [Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis - NCBI Bookshelf \(nih.gov\)](#)
 - Reeve J, Maden M, Hill R, Turk A, Mahtani K, Wong G, Lasserson D, Krska J, Mangin D, Byng R, Wallace E. Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis. *Health Technology Assessment (Winchester, England)*. 2022 Jul;26(32):1.

MODULE 5: Quality Improvement

- Shah A. Using data for improvement *BMJ* 2019; 364 :l189 doi:10.1136/bmj.l189

- Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organisational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
- NHS. PDSA Cycles and the Model for Improvement. Available online at <https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf>
 - NHS England. *Plan, Do, Study, Act (PDSA) cycles and the model for improvement*, n.d. Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/01/qsir-pdsa-cycles-model-for-improvement.pdf> [Accessed 24 May 2023].
 - NHS. (2019). *An introduction to quality improvement in General practice*. Available online at <https://www.england.nhs.uk/wp-content/uploads/2019/03/an-introduction-to-quality-improvement-in-general-practice.pdf> NHS England. *An introduction to quality improvement in General practice*, 2016. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/03/an-introduction-to-quality-improvement-in-general-practice.pdf> [Accessed 24 May 2023].



MODULE 6: Wise GP

- Wenzel .Medical Education in the era of Alternative Fact NEJW
 - Wenzel RP. Medical Education in the era of alternative facts. *N Engl J Med*. 2017 Aug 17;377(7):607-9.
- SECI Model of knowledge dimensions, Nonaka & Takeuchi
https://en.wikipedia.org/wiki/SECI_model_of_knowledge_dimensions (accessed 24/6.23)
- Gabby & Le May Practice Based Evidence for Healthcare
 - Gabbay J, Le May A. *Practice-based evidence for healthcare: clinical mindlines*. Routledge; 2010 Nov 19.
- [Mindlines: making sense of evidence in practice | British Journal of General Practice \(bjgp.org\)](http://www.bjgp.org)
 - Gabbay J, le May A. Mindlines: making sense of evidence in practice. *British Journal of General Practice*. 2016 Aug 1;66(649):402-3.
- [A Medical Science Educator's Guide to Selecting a Research Paradigm: Building a Basis for Better Research - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/) Brown and Duenas 2020.
 - Brown ME, Dueñas AN. A medical science educator's guide to selecting a research paradigm: building a basis for better research. *Medical Science Educator*. 2020 Mar;30(1):545-53.
- Seale C, Pattison S. *Medical Knowledge: doubt and certainty*. Open University Press 1994

- McConway: Studying Health and Disease. Open University Press 1994
 - McConway K. Investigating causes and evaluating treatments. Studying health and disease, revised edition. 1994:145-66.
- <https://bjgplife.com/2021/04/30/scientific-reasons-to-question-the-role-of-teleconsultations-in-expert-generalist-practice/>
 - [Reeve J. Scientific reasons to question the role of teleconsultations in expert generalist practice. BGJP Life. 2021.](#)
- [Rethinking trust: the role of the Wise GP | British Journal of General Practice \(bjgp.org\)](#)
 - Reeve J. Rethinking trust: the role of the Wise GP. British Journal of General Practice. 2021 Aug 1;71(709):360-.
- [The doctor of the Future is a generalist | Health Education England \(hee.nhs.uk\)](#)
 - [Health Education England. The doctor of the Future is a generalist. NHS HEE. Available at: https://www.hee.nhs.uk/news-blogs-events/news/doctor-future-generalist \[Accessed 24 May 2023\].](#)
- McConway Kevin (ed) Studying Health and Disease (OUP)
 - McConway K, Davey B. Studying Health and Disease. Open University Press/McGraw Hill Education; 2001 Mar 1.
- Advey B, Seale C. Experiencing and explaining disease (OUP)
 - Davey B, Seale C. *Experiencing And Explaining Disease (Health and Disease)*. Open University Press; 2002.

Year 2 Further Reading and Resources

MODULE 2: Facing & Shaping the Future of primary care practice.

- <https://www.greenerpractice.co.uk> ·
- <https://sustainablehealthcare.org.uk/who-we-are> ·
- Susskind and Suskind (2012) *The Future of the professions* ·
 - a. Susskind R, Susskind S. *The Future of the Professions: How Technology Will Transform the Work of Human Experts*. Oxford: Oxford University Press; 2015.
- Raworth K (2017) *Doughnut economics*
 - a. Raworth K. *Doughnut economics. Seven Ways to Think Like a 21st-Century Economist*. White River Junction, VT: Chelsea Green Publishing ; 2017.

MODULE 3: Making visible our everyday knowledge work.

- WISE GP resources: Knowledge Work
 - WISE GP. *What is Knowledge Work?*, n.d. WISE-GP. Available at: <https://www.wisegp.co.uk/knowledge-work> [Accessed 24 May 2023].

MODULE 4: Advance skills for everyday practice

- Kneebone. *Expert: understanding the path to mastery*
 - Kneebone R. *Expert: Understanding the path to mastery*. London: Penguin; 2020.
- Exploring WISE website
 - <http://wisegp.co.uk>

MODULE 5: An approach to managing complex clinical cases.

- Wilson T, Holt T, Greenhalgh T. Complexity and clinical care *BMJ* 2001; 323 :685 doi:10.1136/bmj.323.7314.685
- Loeb, D.F., Bayliss, E.A., Candrian, C. *et al.* Primary care providers' experiences caring for complex patients in primary care: a qualitative study. *BMC Fam Pract* **17**, 34 (2016). <https://doi.org/10.1186/s12875-016-0433-z>
- Reeve J. Supporting expert generalist practice: the SAGE consultation model. *Br J Gen Pract*. 2015 Apr;65(633):207-8. doi: 10.3399/bjgp15X684613. PMID: 25824174; PMCID: PMC4377603.

MODULE 6: Medical ethics and professionalism

- Papanikitas A, Chapter 9, Ethical and legal aspects of professionalism in ABC of Clinical Professionalism (Cooper et al), Wiley-Blackwell, 2018
- Clark, P., Cott, C., and Drinka, T. (2007) Theory and practice in interprofessional ethics a framework for understanding ethical issues in healthcare teams. *Journal of Interprofessional Care* 21(6) 591 – 603
- Morley G, Ives J, Bradbury-Jones C, Irvine F. What is 'moral distress'? A narrative synthesis of the literature. *Nursing Ethics*. 2019;26(3):646-662. doi:10.1177/0969733017724354
- Marketisation, Ethics and Healthcare: Policy, Practice and Moral Formation (Papanikitas, Feiler and Hordern), Routledge 2018
- Handbook of Primary Care Ethics (Co-editor and lead authors Papanikitas & Spicer), CRC Press, 2017 (on RCGP curriculum reading list, many of the advanced topics covered)

MODULE 7: Introduction to leadership, career planning & business side of general practice

- Medical Leadership Competency Framework Enhancing Engagement in Medical Leadership Third Edition, July 2010
 - The Royal Colleges. Medical Leadership Competency Framework Enhancing Engagement in Medical Leadership Third Edition, July 2010. Available at: <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf> [Accessed 24 May 2023].
- Leadership in health care – Jill Barr and Lesley Dowding 5th edition
 - Barr J, Dowding L. Leadership in health care. London: Sage; 2022.
- ABC of clinical leadership – Tim Swanwick and Judy McKimm
 - Swanwick T, McKimm J. ABC of clinical leadership. John Wiley & Sons; 2017.
- [Leadership in healthcare](#) by Kumar, Robin DC

- Kumar RD. Leadership in healthcare. *Anaesthesia & Intensive Care Medicine*. 2013 Jan 1;14(1):39-41.