

Membership statistics

Qualified Professionals

Total membership at the end of December 2020, was 2,589 in 402 active groups managed by the PBSGL Scotland programme. This is a 3% decrease in membership when compared to the same point a year ago (was 2,681 members), and a decrease of 2% in the number of groups (was 410 groups).

These numbers include:

- 1,773 GPs,
- 397 GP nurses and
- 370 pharmacists

In the past 18 months, pharmacy membership has increased by 1.5% and general practice nurses (GPN) by 1%. The decrease has occurred within the GP membership and is thought to be connected to the Covid-19 pandemic.

GP Trainees

There were 934 active GP Trainee members in 116 groups. This is a 26% increase in membership when compared to the same point a year ago (was 741 members), and an increase of 38% in the number of groups (was 84 groups). It is thought that the increase in GP Trainee participants in PBSGL is influenced by the Covid-19 pandemic. Many trainee day release programmes have moved to online hosting rather than meeting in person, and are using the PBSGL programme promoted during this time.

Total Membership

The total active membership of the programme is 3,523 (in 526 groups) which is a 3% increase compared to December 2019 (was 3,422).

Facilitators

There were 824 active facilitators at the end of December 2020.

Demographics

The following demonstrates the proportion of our membership identifying as:

- female (77.3%)
- male (22.4%)
- transgender (0.3%)

As a comparison, 60% of Scotland's GP workforce is female, with that figure being between 70 - 80% for pharmacists and 98% for GPNs.

Module Production

A total of 10 modules were published since February 2020:

1. Common Cancers – Diagnosis and Referral Pathways – Published February 2020 (Scottish Module)
2. Death Certification in Scotland – Published April 2020 (Scottish Module)
3. Sepsis – Published May 2020 (Scottish Module)
4. Atrial Fibrillation - Published August 2020 (Scottish Module)
5. Healthy Diets - Short Cases - Published August 2020 (Scottish Module)
6. Autism in Adults – Published September 2020 (Scottish Module)
7. Gastro-intestinal Short Cases - Published September 2020 (Scottish Module)
8. Men's Health: Testosterone Deficiency and Erectile Dysfunction – Published October 2020 (Tartanised Module)
9. Leadership: A Team Approach – Published October 2020 (Scottish Module)
10. Cervical screening: A Primary Care Concern – Published February 2021 (Scottish Module)

The following modules are in various stages of production (please note that some may be working titles):

1. Thyroid problems in adults
2. Tick-borne Diseases in the UK
3. Hormone Replacement Therapy
4. Chronic Kidney Disease
5. Pre-hospital care of acute emergencies
6. Managing abnormal haematology results
7. Vulnerable adults
8. Wellbeing

We have undertaken our annual survey of the wishes of our membership in relation to module production for 2020/21. The pandemic continues to create challenges to module production, including increased clinical commitments and the competing responsibilities of work and home-schooling. As such we will produce a core set of four new modules (listed below) with a reserve list that can be reviewed if capacity increases. The modules agreed for production in 2021/22 are:

1. Infant feeding problems (e.g. reflux and milk allergies)
2. Chronic Fatigue Syndrome and Myalgic Encephalomyelitis. These conditions have a significant effect on health, but there remains controversy about nomenclature, diagnosis and treatment, and the evidence base for these
3. Short cases in diet: including B12 deficiency, cow's milk allergy in children, Vitamin D, and management of pre-diabetes
4. Dizziness in adults

Facilitator Training

We held one face-to-face training day in January 2020 and then there was a pause due to the pandemic. The team spent a significant period of time during summer 2020 redesigning facilitator training processes to ensure that we meet the demand for training. The usual full day workshop was re-imagined, a new bespoke online training module was created, and prospective facilitators were accommodated at an online training session. There they had the opportunity to practice facilitation skills with a peer group and receive personalised feedback. Approximately 90 new facilitators have been trained during 2020 and most were trained online.

Research

We had one peer-reviewed publication in 2020. This relates to the use of PBSGL by mixed groups of GPs and hospital doctors in NHS Grampian. This health board in the north-east of Scotland had formed an organisation called Re-Connect to improve communication and working between primary care and secondary care doctors. The scheme included learning and socialisation elements and one learning resource was that of PBSGL. Two mixed groups were formed and participants were interviewed by us. The published paper is available at:

[Practice-based small group learning with mixed groups of general practitioners and secondary care doctors](#)

A further research manuscript has been submitted to *BMJ Open* and is awaiting their opinion on publication. It relates to the preferred learning methods and learning resources of recently qualified GPs in NHS Scotland. This group has been called First5s by the Royal College of General Practitioners. PBSGL featured considerably in this work and the Scottish programme was well received by recently-qualified GPs.

Our current research work is focusing on the extension of the primary health care team in NHS Scotland. In the last few years, other professions have been sited in GP practices partially in response to the GP recruitment and retention crisis. These include physiotherapists and community psychiatric nurses amongst others. In addition, teams have been strengthened by primary care pharmacists and community links workers. There are two main elements to our research:

- The use of PBSGL by first contact physiotherapists in NHS Highland
- The use of PBSGL by two large primary care teams in NHS Ayrshire and Arran

Both pilots have been running for 18 months – longer than our normal pilots because of the impact of the pandemic. We have started data collection in the first element.

Miscellaneous

The Scottish Government invested in both GPN development for three years to 31st March 2021, and in approaches to support GPs in the first five years of their career (First5s) on an annual and non-recurring basis. A significant portion of these funding streams was been used to support increased involvement in PBSGL for these professional groups.

We have worked with Welsh colleagues to support the introduction of PBSGL in the Principality, starting initially with the pharmacy profession. This has been rolled out more widely with an invitation extended to GPs and GPNs in Wales to take up places which are 50% funded by Health Education and Improvement Wales (HEIW).

PBSGL groups have adapted and responded to the challenges of isolation and social distancing by taking their groups online. Here they found connections with each other, compassionate ears who listened in solidarity (and raised a glass of wine!) whilst deepening their knowledge of the topic they had chosen to study. They shared practical solutions triggered by new ways of working and reflected on the positives as well as negatives of this. In recent times, more than ever, PBSGL has served as a vehicle for connectedness, peer support and professional socialisation and development. Feedback from our members testifies to these benefits. When asked what they liked about using PBSGL in this way, one member replied:

“Camaraderie, respect and support, openness and honesty in discussions. Shared/new ideas. Meeting with a wider network. Fun way to update/learn”.

Regarding their perceptions and experiences of meeting online one member stated:

“[We] Wanted to do some CPD to update our knowledge of non-COVID related things. Also relatively new group of multi-disciplinary clinicians (ANPs, GPs, paramedics) so good to share knowledge across the group.”

PBSGL online meetings became particularly positive in certain circumstances:

“We wanted to keep meeting and learn about something non covid related. One of our group is shielding so that made it even more important to meet up”

And:

“....they may normally opt out of this session but because they can be at home with their children, they were able to join in with the odd interruption which was fine and meant we could still continue and it was lovely just to see how they could incorporate this into life.”

We remain committed to a collaborative approach consistent with NES' values (Our Way) and to the history and practice of PBSGL in Scotland through David Cunningham's leadership and the recent appointment of our Associate Adviser with a responsibility for module production, Dr Elaine Taylor.

Report compiled by David Cunningham and Anna Alexander, February 2021