



Please find a list of professional development ideas you could consider implementing, which are drawn from our WISE GEMs library. Links to each GEM are included below, where further information can be found to support the research briefly presented here. For help with implementing these ideas, access our WISE Resources.

Research Theme	Title	Headline Message	Suggested WISE Actions
Service Issues	Making on-line triage work for your patients	Patients use online triage tools at the same times and for the same issues as for a face-to-face consultation. Higher levels of use are seen in young people and benefits for patients are context dependent. As a result, online triage tools are unlikely to revolutionise practice but instead provide another route into the practice for patients.	<ul style="list-style-type: none"> Consider discussing with your Patient Participation Group (PPG) how to ensure your practice online triage platforms meet the needs of all your practice population.
	What to do when QOF ends	Loss of financial incentives such as QOF is associated with a decline in recorded performance against quality measures.	<ul style="list-style-type: none"> If an indicator is lost from QOF, consider ways to monitor care to ensure quality and safety is maintained.

	Spotting your practice's vulnerable patients	Patients who miss more than two appointments per year tend to have multiple health conditions and are much more likely to die prematurely when compared to patients with similar health problems who do attend; so they need attention.	<ul style="list-style-type: none"> Consider having a proactive practice policy for managing repeated DNAs. Ensure DNAs are coded and consider auditing DNAs and your practice's planned follow-up of patients with high DNA rates; what actions work better for the range of patients at your practice?
	Designing (updating) your practice team	Implementing change in primary care requires flexibility and adaptability, resources and use of extended professional roles.	<ul style="list-style-type: none"> Review the expertise of members of your practice team and whether this is being utilized. Consider if further support is needed to develop those extended roles.
	The experience of implementing and delivering group consultations in UK general practice	Group consultations can be enjoyable for clinicians, and can reduce appointment burden on primary care, enhance multi-disciplinary working, and provide patient-centred care. Implementation required strong leadership and significant work is required to initiate and sustain the approach.	<ul style="list-style-type: none"> If you are considering adopting group consultations in your practice, take the time to design an implementation plan considering who might act as the group consultation 'champion', as well as what support you might need from others in the multi-disciplinary team. Incorporating a measurement of process outcomes and feedback will also ensure setting up this consultation approach is sustainable and beneficial for you and your patients.
Generalism	Approaches to tackle polypharmacy	To tackle problematic polypharmacy we must address both professional and practice barriers to tailored prescribing	<ul style="list-style-type: none"> Take a look at your practice medicines review policy – which barriers do you experience (see link below) and how can you tackle them to improve patient-centred prescribing? (https://bmcfampract.biomedcentral.com/track/pdf/10.1186/s12875-017-0705-2)
Medical Education	Increasing patient contact to encourage	More teaching for medical students in general practice with patient contact is significantly correlated	<ul style="list-style-type: none"> Review feedback from medical students who have had recent placements at your practice and consider

	students to pursue GP training	with an increase in graduates entering GP training programmes.	whether they are getting enough direct patient contact.
	Experiences to offer medical students to encourage them to become GPs	Highlighting the intellectual stimulation from problem-solving and managing uncertainty, in addition to academic careers in family medicine, could encourage medical students to become GPs.	<ul style="list-style-type: none"> • Consider a medical student tutorial about a complex case which involves managing uncertainty. • Signpost students with an interest in academic general practice to academic GPs within your Primary Care Network, or the WISE GP website.
	Considering factors that impact on medical student teaching in general practice	Undergraduate medical student teaching in general practice is impacted by practice workload, the availability of teaching space and remuneration issues.	<ul style="list-style-type: none"> • Consider establishing tutorials across your Primary Care Network, where students from several practices can regularly meet for dedicated teaching time within primary care.
	The reality of undergraduate GP teaching in UK medical curricula	The amount of undergraduate GP teaching is static or falling, despite being recognised as vital for recruitment of future GPs and teaching future doctors generalist skills. This teaching is also widely underfunded.	<ul style="list-style-type: none"> • Consider highlighting to local medical schools and primary care leaders the need for increased general practice experience for medical students, to ensure training in expert generalism and to improve recruitment and help with the workforce crisis, whilst highlighting the need for this to be supported by appropriate funding. • Review the feedback from medical students taught at your practice, identify areas for improvement and consider if they are getting enough patient contact. • Consider involving GP trainees, early career GPs and locums in medical student teaching at your practice.
	Candidate perceptions of the UK Recorded	The Recorded consultation assessment was broadly acceptable. Following feedback, consultation length has been increased to 12	<ul style="list-style-type: none"> • Consider checking if your GP registrar in practice feels they are getting enough experience and support to prepare them for their RCA.

	Consultation Assessment	minutes, whilst further time/ support will be offered to candidates seeing a high number of patients from more deprived socio-economic backgrounds or with language barriers.	
Mental Health	Supporting parents bereaved by suicide	Suicide bereavement is associated with a higher risk of mental health problems and suicide attempt in those bereaved. Therefore, the provision of care for this vulnerable group, (referred to as 'postvention') is a key component of suicide prevention strategies.	<ul style="list-style-type: none"> • Make sure your practice has a protocol which ensures any suicide is highlighted to the named/ usual GP. • Consider supporting a GP from your Primary Care Network (PCN) to attend suicide bereavement training and to share their learning with the team. • https://suicidebereavementuk.com/pabbs-training/
	Discussing self-harm with older adults	Self-harm is a risk factor for suicide. In older adults the increased risk is amongst those with mental and physical comorbidities.	<p>Primary care clinicians should always ask about risk of self-harm and suicide in older adults with mood disorders.</p> <ul style="list-style-type: none"> • Discuss self-harm and suicide risk assessment at a practice training session. Ensure clinicians are aware of the prevalence of self-harm in older adults and understand how to assess and support them.
	Reviewing prescriptions of mirtazapine with an SSRI or SNRI	GPs should think carefully about starting patients on mirtazapine if they are already on a Selective Serotonin Reuptake Inhibitor (SSRI) or Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) and not responding. The evidence simply isn't there.	<p>Avoid prescribing mirtazapine with an SSRI or SNRI.</p> <ul style="list-style-type: none"> • Consider inviting patients already on a combination of mirtazapine and an SSRI or SNRI for a medication review, to see if they are benefitting from it or are experiencing any adverse effects.

	<p>Recognising the burden of perinatal anxiety</p>	<p>Perinatal anxiety is a common condition which may occur without symptoms of depression. At their postnatal check women should be screened for anxiety using the GAD-2 and further questioning should occur if that suggests that women are experiencing anxiety. GPs should be aware of local health visitor and community services that support perinatal women. If women feel they would benefit from increased peer support GPs could consider referring to social prescribers.</p>	<p>Consider inviting a health visitor to present at a practice tutorial about the perinatal mental health support they offer and services they signpost women to. The practice social prescriber could also be asked to share peer support services.</p>
	<p>Young people's experiences of general practice care for self-harm</p>	<p>When you see young people who self-harm, attempt to listen, understand, and provide active follow-up which can help facilitate young people accessing general practice care for self-harm; and encourage a youth friendly practice approach.</p>	<ul style="list-style-type: none"> • Check with your social prescriber if there are any community groups to support young people who self-harm. • Consider auditing your mental health consultations. Do you actively follow-up young people who self-harm and regularly review their prescriptions?
	<p>Improving the healthcare response to domestic violence and abuse in UK primary care</p>	<p>Domestic violence and abuse (DVA) are common but often under-recognised. Don't overlook suspected DVA in consultations. Clinicians and people affected by DVA need the support of others, including commissioners and health system</p>	<ul style="list-style-type: none"> • Confirm what support is available in your local area for people who have experienced DVA. • Consider approaching commissioners to support training by DVA specialists on how to support patients presenting with these concerns.

		leaders to provide training and access to specialist DVA care.	
	Relapse rates after discontinuation of antidepressants	When symptom-free people receiving long-term antidepressants discontinued their treatment, 39% had a symptom relapse by 12 months.	<ul style="list-style-type: none"> Inform clinicians responsible for medication reviews, for instance practice pharmacists, about relapse rates to help inform shared decisions about discontinuation.
Professional Practice	Preparing medical students for out-of-hospital emergencies	Medical students report a lack of knowledge and confidence to assist with out of hospital medical emergencies.	<ul style="list-style-type: none"> Arrange a tutorial for your medical student, foundation doctor or GP registrar, during which you can discuss the management of primary care medical emergencies or reflect on personal experiences of assisting with out of hospital emergencies.
	Supervising Physician Associates in primary care	Physician Associates (PAs) need adequate support and supervision to ensure safe working. This can be facilitated by an induction period, assignment of 1-2 clinical supervisors, discussion of the PA role, support during clinics and post-clinic debriefs, reducing over time as required, formal supervisor meetings to review progression and responsibilities and pastoral support.	<ul style="list-style-type: none"> If you have a PA at your practice, ask them to record a short video or write a paragraph explaining their role, which can be shared on the practice website or social media to increase awareness of their role. Your Practice Participation Group could collaborate with the PA to ensure what they produce is understandable to patients.

	Use of Gut Feelings when Assessing Cancer Risk	GPs legitimise their gut feelings by gathering objective clinical evidence, careful examination of referral procedures, and consultation with colleagues.	<ul style="list-style-type: none"> • Mentorship programs should be set up pairing more and less experienced GPs to allow less experienced GPs to discuss and develop their gut-feelings. • Encourage the discussion of gut-feelings at practice meetings. • GPs should be encouraged to record when gut-feelings play a role in their clinical decision-making. • GPs should remain wary of making decisions not to investigate a patient further based solely or substantially on a gut feeling
Acute Illness	Using CRP point of care testing in COPD exacerbations	CRP point of care testing significantly reduces antibiotic prescribing for acute COPD exacerbations.	<ul style="list-style-type: none"> • If CRP point of care testing isn't available in your area, consider approaching your Clinical Commissioning Group (CCG) for funding. • Audit rescue antibiotic use for infective exacerbations of COPD on repeat prescriptions. Consider reviewing COPD management for those with high antibiotic use.
	First line medications for gout flares	Use naproxen ahead of colchicine in the absence of contraindications on the grounds of effectiveness, safety and cost.	<ul style="list-style-type: none"> • Review your practice protocol for acute gout management. • Consider an audit of prescribing in acute gout.
	Diagnostic performance of CA125 for detection of ovarian and non-ovarian cancers	CA125 is a useful test for ovarian cancer in primary care (especially in women >50), whilst an abnormal CA125 in an older woman without ovarian cancer could indicate another type of cancer (eg. Pancreatic, lung or gastrointestinal).	<ul style="list-style-type: none"> • Share updates at a practice educational meeting, highlighting the risk of other cancers in people with a high CA125. • Consider introducing safety netting advice for patients with a high CA125 referred on a cancer pathway, to seek review if ovarian cancer is ruled out, to ensure other potential cancers have been appropriately excluded.

	No association between breast pain and breast cancer	Women with breast pain should be reassured that they are at no greater risk of breast cancer than asymptomatic women.	<ul style="list-style-type: none"> Consider sharing this video about breast pain with your patients. https://www.youtube.com/watch?v=v0FkthTQggc Review practice 2WW referrals to Breast clinic which were for breast pain only, at the practice meeting.
	Delayed antibiotics for sore throats	If considering antibiotics, a delayed prescription yields similar symptomatic benefit compared with immediate antibiotics, whilst lowering re-consultation rates and overall antibiotic use, and not increasing the risk of complications.	<ul style="list-style-type: none"> Consider sharing with your practice team the following educational resource about delayed prescribing, then audit antibiotic prescribing for sore throats (would make a good QI project for a student). (https://antibioticoptimisation.co.uk/using-delayed-prescribing#/)
Chronic Illness	Promoting CBT for people with IBS	<p>IBS specific CBT undertaken by telephone or as a web-based self-management programme shows large improvements in IBS symptoms and impact on life for people with refractory IBS.</p> <p><i>IBS-specific CBT is now available via the NHS Improving access to psychological therapy (IAPT) service across much of England and the web-based programme has been approved by NICE and the FDA.</i></p>	<ul style="list-style-type: none"> Invite a representative from your local IAPT service to present at a practice meeting about the range of referrals they receive. Use this opportunity to discuss whether you and your colleagues consider CBT for IBS.
	Counselling patients commencing statins about liver cancer risk	Statin use halves risk of liver cancer. Informing patients of this further benefit may increase the proportion who consent to initiate statins when	<ul style="list-style-type: none"> Share this additional benefit of statins at a practice meeting your multidisciplinary team. Consider discussion prompts for the risks and benefits of statins within a practice template.

		recommended and improve treatment concordance.	
	Supporting people with multimorbidity to set individualised goals for care	An integrated, patient-centred chronic disease review, focusing on the problems that bother people most, provides care that meets peoples needs more effectively than reviews which simply focus on QOF targets.	<ul style="list-style-type: none"> Consider using a chronic disease review template that allows review of the 'whole patient' and consider strategies to promote continuity of care. Items included in the Quality Outcomes Framework are important, but not the only things that matter. Allow opportunities for patients to discuss the problems that bother them most. Reviewing multiple chronic conditions one at a time can be confusing for patients and potentially inefficient for practices.
	Reviewing prescriptions of emollient bath additives	Leave-on emollients are essential for eczema but emollient bath additives give no additional benefit.	<ul style="list-style-type: none"> Consider a PCN pharmacist-led audit of bath additive/ emollient prescribing.
Prevention	Supporting women with an increased cardiovascular disease risk following preterm delivery	Preterm delivery is associated with an increase in maternal risk for future incident cardiovascular events.	<ul style="list-style-type: none"> Consider a practice tutorial on postnatal checks. Highlight how GPs conducting postnatal checks with women following preterm delivery should inform women about their increased cardiovascular risk and give information and support lifestyle and behavioural changes to control their modifiable risk factors.
	Alcohol screening and advice following loss of QOF incentives	Following loss of financial incentives in 2015 there has been a statistically significant reduction in alcohol screening and delivery of brief advice in primary care.	<ul style="list-style-type: none"> Consider a practice tutorial on alcohol-use disorders, discussing important opportunities to discuss alcohol consumption, such as in people presenting with dyspepsia or depression.

	Fracture risk screening in older women to reduce hip fractures	A community-based screening programme of fracture risk in older women could effectively reduce hip fractures.	<ul style="list-style-type: none"> Consider utilizing PCN pharmacists in a quality improvement project to review fracture risk and bone protection in older women.
	Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus	A clinical risk model has been developed that predicts the risk of severe COVID, which could inform population stratification for shielding and vaccination prioritization in future.	<ul style="list-style-type: none"> Refer to a patients' risk of severe COVID-19 outcomes, calculated using the QCOVID algorithm, to make shared-decisions when they seek advice on future precautions to take regarding exposure to COVID-19.
	Effectiveness of weight loss interventions for adults delivered in primary care	Weight management interventions delivered in primary care are effective and can be utilized to help people better manage their weight.	<ul style="list-style-type: none"> Consider training opportunities to build your confidence in offering weight management advice (see original GEM for links).