

Collaboration, Creativity and Co-construction: The building of a new Dual CCT GP/Public Health Medical Training Programme

Authors: Cathy Johnman, Josie Murray, Corrine Coles, Anne Dickson, John Mann, Ashleigh McGovern & Monica Milne.

Introduction: Dual CCT GP/Public Health Training Programme will enable doctors to provide a service at the individual patient level and take a population health perspective to addressing health inequity. Two separate training programmes run in Scotland: a 3-year GP programme and a 5-year public health programme. While GMC approval has been given for this novel Dual CCT Programme, the design, implementation, and management has been devolved to Deaneries. A collaborative approach was required to ensure the two programmes can be combined into one indicative 7-year programme and be delivered in Scotland for an August 2025 start.

Methods: A short-life working group was set up with representation from GP, PH, Training Management, Medical Management, and Trainee Workforce Services. Expert support from Human Resources, and Training Programme Management was required. Ways to adapt, change, and learn from each other were implemented.

PUBLIC HEALTH Royal College of General Practitioners

FACULTY OF

Results: Information was sourced from 2024 pilot sites in England. A shared understanding of key curricula milestones was created. Training location sites were identified. A draft programme was designed. Several implementation and delivery challenges were identified, including: Political Economic, Social, Technological, Environmental, and Legal. The detailed programme outlines how time is spent, how key milestones are maintained, adapted timelines and implementation challenges met (figure below). The seven-year dual CCT programme has been designed with planned implementation in NHS Lanarkshire and NHS Grampian. Recruitment is underway, and the Dual GP/PH CCT Programme is set to start in August 2025.

	GP/PH ST 1	GP/PH ST 2	GP/PH ST3	GP/PH ST4	GP/PH ST5	GP/PH ST6	GP/PH ST7
Placements	6 months hospital or GP	PH Induction and academic/ knowledge acquisition	6 Months PH (including Health Protection 3 months) - GP ST2 equivalent (or ITP)	6 months PH	6 months GP	Primary and community PH is the focus	6 months PH (Includes final 3 months of Health Protection)
	6 months GP or hospital		6 months PH	6 months GP	6 months PH		6 months GP
Suggested exams		Academic exams and research dissertation	Diplomate FPH (sittings: Oct & March) RCGP AKT during GP hospital placement	3 rd sitting Diplomate FPH (if required)	Membership FPH (Move from Phase 1 to Phase 2 in PH Training terms). RCGP SCA during 2 nd 6 months GP	Key Area 10 formative assessment	Further attempt SCA
Proposed on-call commitment	OOH while in GP (as per existing GP Registrars)		Post Assessment in Health Protection	On-call in both PH and OOH GP -depends on where they are on placement at the time.			

Conclusions: Dual CCT programmes are possible, through collaboration, creativity and co-construction. Further work on the evaluation of the quality and outcomes of the new programme are planned. Should the programme be successful, we will see a future workforce with augmented skills to fight both population and patient health inequity.