

Speciality General Practice Training Programme

New Model - New Opportunity

(Dr N Towson and Prof Kimmy Eldridge - March 07)

Background

A new training initiative, known as the Foundation Programme, was introduced in August 2005 as part of the measure to modernise medical careers. It is a two year curriculum, designed to provide a generic and broad-based education for all UK doctors, and replaces the previous unstructured experiential learning as House Officer and Senior House Officer. The RCGP, PMETB and COGPED have agreed that general practice speciality training will build on the Foundation Programme and will remain a minimum of three years duration. To this end the RCGP, through its committees, produced a Core Curriculum Statement *Being a General Practitioner*.

The Core Curriculum Statement is a comprehensive framework for GP training, reflecting the *European Definition of General Practice/Family Medicine* (WONCA 2002) and *Good Medical Practice* (GMC 2000). It incorporates the selection criteria and process and the detailed three year training described as a learning journey. Learning outcomes are expressed as competencies and are divided into the following six domains:

1. Primary care management
2. Person-centred care
3. Specific problem- solving skills
4. A comprehensive approach
5. Community orientation
6. Holistic approach

There are further learning outcomes listed under three key features:

1. Context
2. Attitudes
3. Science

These outcomes are concerned with the doctors' ability to apply the core competencies in the 'real life' work settings.

This paper summarises and translates the principles and processes defined in the Core Curriculum into an implementation plan. It is shaped by local service needs and work based learning capacity and, as a working document, will evolve and develop as course organisers, trainers, clinical supervisors and trainees work together to deliver this new model of specialist training for general practice.

Aim

The aim of the Speciality General Practice Training Programme is to meet the requirements of the RCGP curriculum and assessment and develop GPs for contemporary health care practice.

Educational Imperatives

- Early contact with General Practice
- Broad based clinical experience
- Dedicated time to learn and study days within all years (seminar programme)
- Progressive integrated learning programme (novice to expert)
- Mentor trainer allocated from year 1
- Guided personal learning (web facilitated)

Three approaches are suggested:-

1. Experiential learning (work based in primary/community and secondary care domains)
2. Group learning (seminars, study days, tutorials)
3. Web based learning (RCGP, Scheme defined WebCT)

Structure

1. Experience

“Experience should be relevant, broad based and needs centred...”

The three year programme consists currently of **2 years experience in secondary care** and one years experience in general practice. The former is necessary to provide **a wider based training experience** so that the doctors in training develop the competencies to manage patients with unselected problems across a full range of health conditions. It is also obligatory to ensure that hospitals have the capacity to provide a secondary care service to the public. The latter is primarily a workforce and financial consideration. **In line with national and deanery policy, the 12 month primary care based experience is to be increased by six months. This will give greater flexibility to commission periods of needs focused learning and will create a better opportunity for the trainees to demonstrate they have obtained the competencies necessary for their CCT.**

2. Group learning

“Each trainee will have one GP nominated as a mentor...”

Nonetheless, **the three year programme is an integrated whole** designed to develop the stated GP focused competencies. To this end, **it is essential that work-based learning is supported by regular seminars**; once a month the trainees should attend a **half day group seminar and once a month spend a half day in a general practice**. The group session **can be year specific**; for example, all Year 1 trainees attend every first Wednesday of the month; Year 2 every second Wednesday of the month and Year 3 every third Wednesday of the month, **or incorporate peer assisted learning** with

Year 1 and 2. **This represents a significant reduction from the ‘old VTS’ to assist with service delivery constraints but should be considered a MINIMUM standard.**

The attendance at a general practice and **meeting with the trainees Mentor/Trainer** can be negotiated on a flexible basis. This approach is designed to maximise the hospitals’ capacity to release the trainees.

The three year seminar programme facilitates the integration of learning, helping to contextualise the acquisition of clinical skills into the primary care context by redirecting the focus onto patient centred care to incorporate a holistic approach. **The seminar programme reflects the requirements of the RCGP Core Curriculum** and is crucial in ensuring the GP focused **competencies are achieved in a realistic time scale across the three years.**

2. Web based learning

Throughout the three years, WebCT software can be utilised to provide structured e-learning. Problem based material is designed to promote understanding and testing the performance in the six domains of competences. In addition, Year 1 and 2 trainees are expected to identify and discuss the learning attained at each attendance at General Practice and make connections between their secondary care and general practice experience.

WebCT is thus the means by which attendance and personal learning at General Practice is monitored and evaluated. It is an important feature of the programme because of its capacity to deliver learning material, track students’ access and monitor students’ performance.

This will also fit well with the e-portfolio that each GP StR will be keeping as their record of learning and progress.

Example of a Programme for Year 1 & 2 (Colchester)

Aug-Nov 07	Dec-Mar 08	Apr-Jul 08	Aug-Nov 08	Dec –Mar 09	Apr-Jul 09
COTE	Resp Med	Oncology	A&E	O&G	Paeds
<p>Fortnightly Speciality seminars to be negotiated;</p> <ul style="list-style-type: none"> • one fixed half day on the first or second Wednesday of each month • one practice based half day <p>totalling one day equivalent per month.</p> <p>In addition, all trainees are expected to access WebCT for additional learning.</p>					

Y3 GP speciality training programme

Aug 07- Jul 08
General practice experience
Once or Twice a month half day study programme and e-learning via WebCT

Programme Content

The half day study programme and e-learning to include the following:

Year 1- Understanding general practice

- The practice of medicine as a GP - the characteristics of general practice and the role of the general practitioner, demographics and disease prevalence.
- The context of practice - health care systems and the function of primary care within the wider NHS, primary care clinical governance arrangements
- The organisation of NHS primary care - the process of referrals into secondary care and other care pathways; the role of other professionals involved in the delivery of health and social care
- Person-centred care - the concepts of holism and problem-solving with patients, the bio-psycho-social being.
- The practice community - the health needs of the practice population and the impact of the local community on the practice and patient care

Year 2- Identifying with general practice

- Primary care management - the preventative activities required in the practice of primary care and an organisational approach to the management of chronic conditions
- Patient centred care - family, community, social and cultural dimensions in a person's attitudes, values and beliefs and the consultation process
- Community orientation- practice and community based information and quality assurance of a GP practice

Year 3- becoming a GP

- Patient centred care - patient centred consultation model; helping patients to reflect on their own beliefs and finding common ground for decision making
- Specific problem solving skills - knowing when to wait and reassure, when to initiate diagnostic and therapeutic action, and when to refer
- Law and ethics - the legal dimension of general practice and the ethical tensions between the needs of the individual and the community
- Community orientation - GPs role in the commissioning of health care

The Educator Team:

The role of the Course Organiser

The Course Organiser assumes **the role of programme director**, responsible for designing and maintaining fit-for-purpose educational experience for trainees throughout the three years. This responsibility is discharged through close liaison with the Professional Adviser General Practice, clinical supervisors, mentors and trainers;

The Programme Director also **monitors overall progress**, organises group sessions and promotes blended learning using WebCT.

The role of trainer (Year 3)

The trainer **facilitates learning and assesses learning attainment** within his own Practice during Year 3 of the training programme. Educational outcomes should be in line with those stated in the curriculum and render the trainee competent to successfully complete the nMRCGP. In addition the Trainer ensures that the **learning environment** of the general practice reflects the standard defined by the Deanery and PMETB and is also responsible for the **formative and summative assessment** of the learner.

The role of the Year 1 and Year 2 mentor

The mentor is a named GP who takes on the overall responsibility for learning in the general practice setting, including the half day monthly attendance during Y1 and Y2. In this context, the mentor is also responsible for **monitoring the educational progress** of the learner, **assisting with** the formative and summative assessment as required taking into account the judgement of the clinical supervisors within the hospital environment and **assisting with contextualising secondary care experience** during their attachments in the primary care setting.

The mentor and the trainer/ associate trainer may be the same named individual.

The role of the clinical supervisor

The clinical supervisor is responsible for the learning and assessment of the trainee during a specific hospital or community based learning experience.

The programme committee (programme evaluation)

The Committee brings together the Programme Director, clinical supervisor, mentor and trainer on a formal basis to review the programme. Issues raised should be recorded so that action can be tracked and audited. The Committee should meet two or three times a year.

The Trainer Workshop

The existing Trainer Workshop will continue to provide peer support and the opportunity for Trainers and Associate Trainers to raise issues and explore solutions, including assessment training and calibration.

Workshops should convene 4-6 times a year. The organisation and content of the meetings to be determined by the Trainers and administered by the Workshop Convenor.

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Useful Links:

http://www.rcgp.org.uk/education/education_home/curriculum.aspx

http://www.rcgp.org.uk/pdf/Curriculum_Guide_for_Learners_and_Teachers.pdf

http://www.rcgp.org.uk/curriculum_home/curriculum/rcgp_curriculum_developments.aspx

http://www.rcgp.org.uk/curriculum_home/curriculum/curriculum_resources.aspx

<http://www.blackboard.com/inpractice/he/as/> (WebCT)