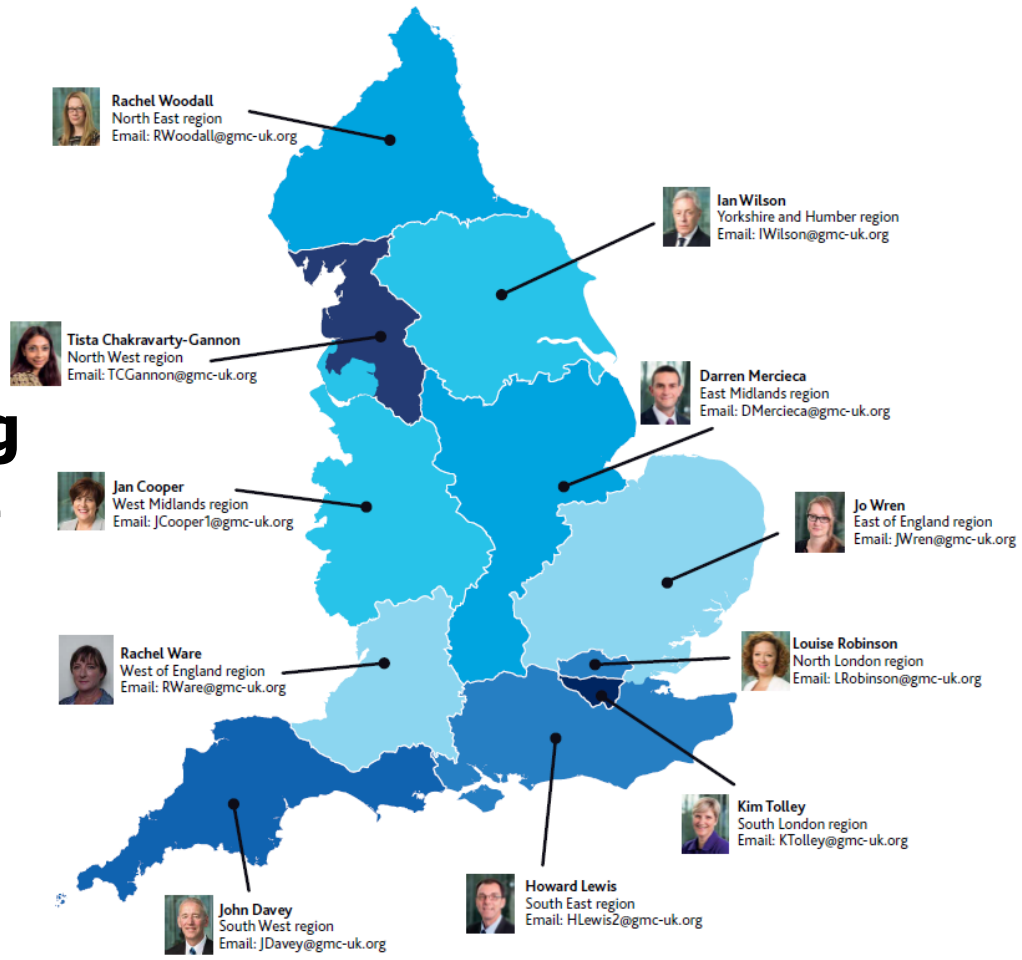
The GMC:
Research on GP training

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Local support: Regional Liaison Service

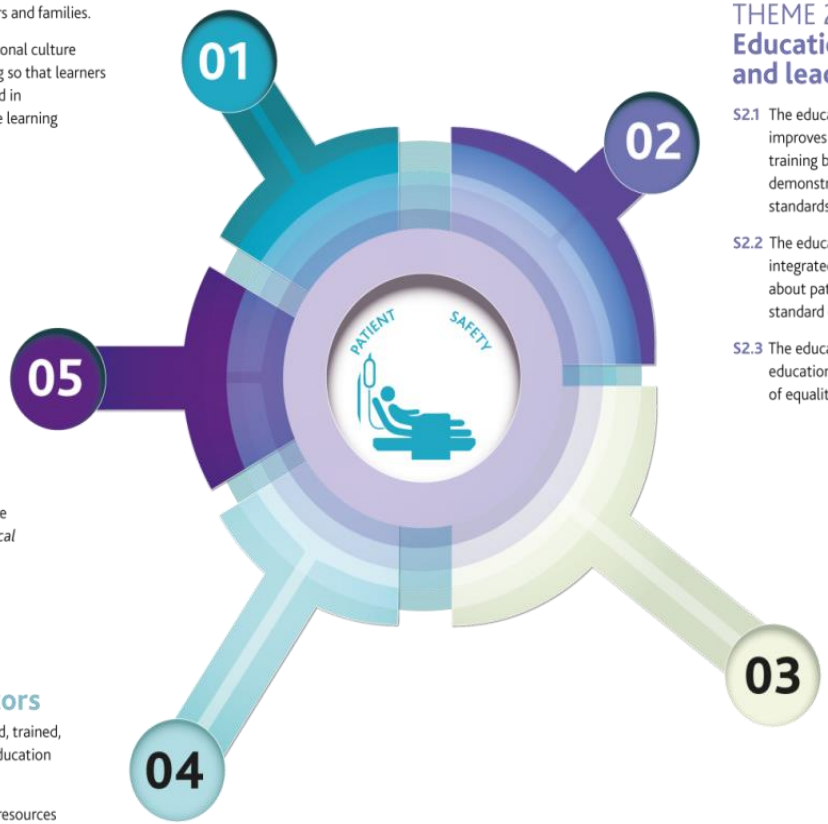
Helping to promote understanding and meet the needs of our partners



THEME 1
Learning environment and culture

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.



THEME 2
Educational governance and leadership

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

THEME 3
Supporting learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

THEME 4
Supporting educators

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

THEME 5
Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good medical practice* and to achieve the learning outcomes required by their curriculum.

4 focus areas

- Being a trainer
- Being a trainee
- Induction
- Learning and teaching styles

Being a trainer

"Sir Lancelott Spratt" – from Doctor in the House, 1954

Research

In 1984 Durno published his 'minimum standards for training'. He proposed 10 essentials for GP-trainers:

- enthusiasm
- clinical soundness
- attendance of a basic trainers' course
- satisfactory premises
- good records
- time to teach
- knowledge of general practice publications
- support by partners and staff of teaching
- recognition of the need for assessment
- understanding of one-on-one teaching methods

Research

In Irby (1994) states that clinical teachers should

- actively involve their learner
- enjoy teaching
- meet individual needs
- be practical, relevant, selective and realistic
- provide feedback and evaluation

Research

Cleave-Hogg and Benedict (1997) identified several characteristics of good teachers, besides those already mentioned:

- commitment
- enjoyment of one's profession
- understanding oneself as a role model
- motivation to upgrade and to enrich one's own learning
- the ability to establish and maintain an interactive professional relationship

Benefits of being a trainer?

GP Trainers told us

- having a doctor in training encouraged them to keep up with their own professional development and brought fresh new perspectives to their own practice.
- being a GP trainer was good for recruitment, as doctors in training frequently stayed in their training practice post certification, with some opting to become partners.
- being involved in the training of doctors meant they were better able to network in a part of medicine which can be isolating.

Challenges of being a trainer?

GP Trainers told us

- Difficult balancing act between protecting doctors in training from the stress of the GP workload and practice commitments, whilst also preparing them for the 'real world' after certification.

- Difficulty recruiting trainees is some areas. Doctors in training are aware of this and were concerned about the workload during training and post certification, which could well be a factor in putting people off entering the specialty.

- There is often a negative view of GP from other medical colleagues; doctors in training had even been told by senior consultants that GP was for people who were not intelligent enough for other specialties.

- being an educator was challenging and pressures on time and space in practice were beginning to make it a less financially viable option.

Our research

- Equality and Diversity
  - What data is collected and shared about individual attainment to identify local concerns around the lower attainment of doctors in training who may share protected characteristics?

The Equality Act 2010: protected characteristics

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Our research

- Equality and Diversity
  - What data is collected and shared about individual attainment to identify local concerns around the lower attainment of doctors in training who may share protected characteristics?
  - Black Minority Ethnic doctors who graduated from a UK Medical school passed 77.1% of attempts at the MRCGP exams, whereas White UK graduates passed 91.8% of their exam attempts. Similarly, within the 25-29 age band 88.2% of men pass their MRCGP attempts compared to 92.6% of women.
  - Some training programmes we visited had high numbers of IMGs and had provided tailored linguistic and cultural training.
- Support and feedback
  - Can you have another colleague from your practice join you as a trainer? The training programmes with a two-trainer minimum told us that this policy had reduced the number of concerns they had previously received regarding the quality of education they were providing. The close peer support could increase a GP Trainer's confidence, including in providing difficult feedback to doctors in training.

- Secondary care
  - How do you engage with colleagues in secondary care? The TPDs we met described issues with establishing formalised relationships and feedback processes with secondary care clinical supervisors. Some training programmes had created a condensed version of the GP curriculum to provide to clinical supervisors, others had held meetings and workshops to increase familiarity.
  - e-Portfolio training is available for some secondary care clinical supervisors but this was managed on an individual basis
  - How do you feedback to them about their role as clinical supervisors? Does the trainee feedback? They told us they valued feedback on their role but rarely get it.
  - How do trainees access WPBA? We heard that workplace based assessments (WPBA) were easy to complete in their GP placements but more difficult in secondary care placements. We heard this was impacted by the clinical supervisors not being aware of GP training requirements and the GP curriculum.

OOH support

- Feedback
  - How is feedback collected? Both from the clinical supervisor about the trainee, and also from the trainee about the supervisor
  - When is it provided? The quicker the better. Use a proforma?
  - Is the feedback overly positive? Our research suggests this is the case
  - Can they arrange sessions with the same supervisor to allow a better relationship to build? We know both supervisors and doctors in training describe numerous benefits of close 1:1 supervision in an OOH session
- Safety
  - What safety measures are in place? How are the trainees supported if they are working alone?
  - What induction is in place for them?
  - Who reviews cases if trainees are working alone?
- Quality
  - Who is responsible for assuring the quality of the OOH provider? Are CQC reports/NTS surveys/exit surveys checked?

Feedback

Confront the behaviour

Understand each other's position

Define the problem

Search for a solution

Agree

Being a trainee

Trainee views on training

The doctors in training we met felt there were a lot of positives about their training programme. Doctors in training felt that the structure of the programme was a benefit, and they valued their VTS teaching as educationally and socially valuable.

Throughout all of the training programmes we visited, doctors in training spoke very positively about their placements in primary care. We heard that GP practice placements tended to be well organised and well run, and this time was the most valuable for preparing them for the workforce.

The Trainee

- Fully autonomous, self reliant, resilient and safe
- Seeks tougher GP cases, asks for and responds well to feedback
- Confident and making good decisions, interested in all aspects of GP role
- Safe to work alone most of the time, with support, asks for help at the right time
- Understanding role and learning about basics of GP practice

Local support: monitoring PGME experiences

National Training Survey 2016 – Foreword

- 4 in 10 said workload heavy or very heavy, worse in struggling specialties
- Satisfaction with training provision is relatively high

Local support: monitoring PGME experiences

National Training Survey 2016 – Foreword

"…there is a need for vigilance and action, nationally as well as locally, to ensure the quality of medical education and training is protected in what are very difficult times. The GMC, and those responsible for managing training, will work with trusts and boards and take prompt action to address concerns identified by doctors in training and their trainers."

Charlie Massey, CE & Registrar, GMC

What do trainees find challenging?

Problems	Causes	Cures
Documentation	Using e-portfolio Reflection concerns Feeling tick-box Time to complete it all	
Feeling overwhelmed	Stress of new role "Bigger picture" worries Over-assessed	
Mollycoddled	Lack of experience Poor history of training	
Unrealistic workload	Over ambitious Poor time management	
Unmotivated	Lost sight of goal Feeling over-assessed	
Stressed	Pressures of work Not meeting targets Issues at home Conflicting responsibilities Unable to enjoy role	

Induction

Practical ideas – a good induction?

- Starts before the trainee arrives on the fist day - informal coffee? Introductory emails? Phone call? Worth speaking to previous practice manager of appropriate?
- Involves staff across the practise
- Understands needs of trainee
- Encourages questions
- Involves outgoing trainee
- Uses different formats - reading, swapping jobs, doing tasks
- Has an induction pack which includes mandatory training, general info on your organisation and those they need to know about e.g. local Hospitals and pharmacies, an overview of their time with you (what is your training plan? Is there a timetable) sets out educational contract (meetings they should attend, time for training, study leave, feedback etc.), contact details for key contacts
- Involves staff at the practise being ready too - is appropriate time built in to induct the trainee? Are the right people around and not on holiday? Is the IT in place?
- Understands the learning style of the trainee - possibly through a questionnaire?
- Ends with feedback from the trainees and practise staff about how useful it was.

Learning and teaching styles

Make the tutorials interesting

- Two truths and a lie – have the trainees read about the subject then present two truths and a lie to the group for discussion
- Trick the trainer – ask the trainees to per-prepare questions for the trainer on a subject. Give you advance notice of any areas they are particularly interested in or challenged by
- Question, Meet answer – hand out a set of answers to some trainees, and questions to others, then get them to mingle and find the right pairings
- Fill in the blank – hand our revision sheets to accompany your talk, and leave blank spaces for words for them to fill in as you talk. This can also be helpful for capturing info for their e-portfolio later on.
- What is difficult is – using flipcharts or magic paper, identify four or five difficult areas for the group, then get them to move around the flipcharts and identify some solutions
- In summary… - Ask the groups to summarise the information you have shared onto post its. Collect in, and discuss and feedback from them onto a large flipchart which the group can copy – again, useful for e-portfolio updates
- Debates – get the trainees to prepare for and against arguments ahead of the tutorial then run in the room as a debate
- Use the news – Use a case from the news to illustrate your learning point – get them to work it through e.g. the Charlie Gard case for End of Life case discussions or Royal College of Obs and Gynae announcement that "abortions should be regulated in line with other procedures without criminal sanctions" (Sep 23rd) for personal beliefs or commissioning discussions
- Use different voices – who else can you involve in the teaching? CCG chairs? Patients? GMC? Interesting colleagues re work/life balance?

As well as tutorials…

- Micromanagement – focus on one small part of their interactions all day – how do they introduce themselves/type up their notes/reflect on one aspect per interaction
- Role reversal – replay their words and actions to them to see how they feel on the receiving end
- Good and bad – encourage them to think how the interaction could have gone worse, then how it could have gone better
- Prediction – can they predict what will happen next with the patient? Encourage them to think ahead.


STOP


START


CONTINUE

Jo Wren

Regional Liaison Adviser

jwren@gmc-uk.org

Revalidation Enquiries

0161 923 6602

revalidation@gmc-uk.org

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