



# Royal College of General Practitioners SPECIALIST TRAINING FOR GENERAL PRACTICE NEWSLETTER

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1st Edition

## Introduction



*Bill Reith, Chair  
Postgraduate  
Training Committee*

**W**elcome to the first newsletter from the Royal College of General Practitioners Postgraduate Training Committee. It is an exciting time for postgraduate training

for general practice and this newsletter outlines the changes that will be happening over the next few months. Further information and advice will follow shortly in a series of more detailed Information Sheets aimed at trainees and trainers.

The changes will mean a much more exciting and rewarding training experience for the increasing number of young doctors choosing a career in general practice. The new curriculum sets out for the first time the knowledge and skills that a general practitioner needs to undertake to provide high quality care of patients in the 21st century. New training programmes will be developed and a key feature of these will be more time spent in general practice. Assessment will be revamped to lighten the current burden and make it much more fit for purpose.

In its NHS Plan the government announced that it wished to raise quality standards and improve services. Following a consultation process in 2002, the Postgraduate Medical Education and Training Board (PMETB) was set up to be the statutory body for supervising postgraduate medical education and training throughout the UK. Inevitably, it has taken some time to set up the new board and its various processes - but it 'goes live' on 30th September 2005. From that date it will be the competent authority for the UK and, as a result, the Specialist Training Authority and the Joint Committee on Postgraduate Training for General Practice will cease to exist. From now on, all specialties will be regulated in the same way. PMETB has already set standards for postgraduate training

curricula and for the assessment of completion of training which will apply to all specialties, including general practice. For a variety of reasons general practice has been a little different to other medical specialties in its regulation up until now - and that means that, in some ways, we have more changes to make.

The RCGP has been working closely with the Committee of General Practice Education Directors (COGPED) and the General Practitioners Committee (GPC) to develop the curriculum for specialist training in general practice and pilot new assessment methods. Both the curriculum and assessment have to be approved by PMETB who will also set the standard for the award of a certificate of completion of training. All the other medical royal colleges are undertaking similar work for their own specialties.

Throughout all these changes patients still need to be seen and treated and doctors still need to continue to be trained and accredited. PMETB has agreed that there will be a transition period when, as far as possible, the various processes and procedures affecting training will remain pretty much the same.

From 30th September 2005, doctors coming to the end of their training will need to apply to PMETB for a certificate of completion of training. Further details of how to go about this are available on both the RCGP and PMETB websites.

**Bill Reith**  
*Chair,  
Postgraduate Training Committee*

## Modernising GP Careers



*Mayur Lakhani,  
Chairman of Council*

**T**he future general practice is likely to be very different. It is therefore important that GP registrars prepare themselves for the new world of primary care as it is clear that a new

radical approach to training is needed for the 21st century. This is why the Royal College of General Practitioners, in collaboration with other GP educators, is developing a new training model for general practice. I am determined that the RCGP leads the way in explaining what these changes mean for trainees and the wider health community and so I am delighted to be able to contribute to this newsletter.

The RCGP wants to communicate with, and engage, a wide range of stakeholders in the face of such far-reaching changes in postgraduate medical education and training for general practice. These changes are part of the reform of postgraduate medical training proposed by PMETB and Modernising Medical Careers (MMC).

The RCGP has established the Postgraduate Training Committee (PTC) - a committee that will recommend the standards for specialist training for general practice to PMETB. This will be for the full range of issues in specialist training, from selection policy, to the duration and content of training and the assessment programme.

Trainees can look forward to a new training programme that will be competency based on a pre-defined curriculum. I hope that these will translate into clear benefits for patients: better standards, more patient centred doctors, and GPs who are trained to meet the needs of patients in a complex and challenging NHS environment.

I believe that these are exciting times for general practice and that GPs will become the most influential doctors in the NHS.

**Mayur Lakhani**  
*Chairman of Council, RCGP*

### Hamish Meldrum, Chairman GPC writes

The end of September heralds a new era for general practice training. The Joint Committee on Postgraduate Training for General Practice (JCPTGP) which has overseen the training of GPs for years will be replaced by the Postgraduate Medical Education and Training Board (PMETB), which also replaces the Specialist Training Authority (STA) that looked after specialist training. The new arrangements will mean a much greater role for the Royal College of General Practitioners (RCGP) that will take over many of the day-to-day functions of the JCPTGP through its newly formed Postgraduate Training Committee (PTC).

Of course, any major change brings with it worries and uncertainties, not least for those either presently undergoing or contemplating training in general practice. It also brings opportunities, not only to improve the quality of GP training but also to raise the standing of general practice within the medical world.

The trick will be to keep the best of what we have now and to build on that. Unlike our colleagues in the other specialties, general practice training has benefited from a healthy balance between the educational and service sides of the profession. The General Practitioners Committee (GPC) and the RCGP were co-founders of the JCPTGP and that relationship, despite going through some stormy periods, has ensured the development of the vocational training scheme, which, despite its academic pedigree, is soundly based in practical, clinical practice. That has meant that GP registrars are not only properly equipped to undertake the clinical skills that they will need, skills that are not the product of some academic ivory tower, they also have the knowledge they require to run a practice and manage a small business.

It has also given GP training credibility within the profession, with working doctors and their practices themselves being trained appropriately to train the future generations of GPs.

All parties, the RCGP, the GPC and the various educational bodies, have been working together to ensure that there is a smooth transition and that the process of training and certification is not disrupted by these changes. There is still an enormous amount of work to be done in a short space of time and, in the long term, we will produce general practitioners that are fit for the twenty-first century.

The GPC will have significant representation on the Postgraduate Training Committee of the RCGP. The past has shown us how collaboration and healthy debate has produced a system of general practice training that is envied throughout the world. The new GP contract has demonstrated how British general practice is delivering high quality clinical care to its patients. Working together, we can build on the successes of the past to maintain and develop general practice in this country that is a credit to our doctors and a continuing benefit to our patients.

### A Guide to the New GP Curriculum

#### A New Curriculum

Together with other Royal Colleges, the RCGP has been asked by the Postgraduate Medical Education and Training Board (PMETB) to produce a new curriculum for training for general practice which meets their criteria for training and assessment. In many ways, the new training programmes will be similar to present vocational training schemes. The emphasis will be on learning in the workplace and there will be mentoring and educational supervision throughout the three years.

Applications for places on programmes will be through a national selection scheme.

As now, training for general practice will take three years. Most doctors who have chosen general practice as a career will follow their foundation programme with a run-through three-year programme of specialist training for general practice. Others, who may not have decided their final career choice, may enter a one-year programme of generic specialist training and then transfer across to the final two years of the GP programme later.

#### Assessment

The PMETB is committed to reducing the burden of assessment. Summative assessment and the MRCGP will be replaced by an assessment package which will have three components: workplace-based assessment (WBA), which will take place throughout the three years; a machine-marked test of applied knowledge (AKT), which the candidates will be free to sit when they feel ready; and a clinical skills assessment (CSA) which will probably take place at the start of the third year. Satisfactory completion of this new assessment process, will lead to a certificate of completion of training (CCT). The CCT will automatically make candidates eligible for Membership of the RCGP.

#### Core Curriculum

The new curriculum will be competency based, in other words the knowledge, skills, attitudes and expertise will be clearly spelt out. The curriculum content has to cover both generic professional competencies, the qualities that are expected from all doctors (such as those that appear in Good Medical Practice) and those competencies that are specific to the speciality of general practice.

#### The Core GP skills are:

##### Primary Care Management

This is managing the primary contact with patients: dealing with unselected problems; co-ordinating care; effective health service utilisation.

##### Person-Centred Care

An effective doctor-patient relationship.

##### Specific GP Problem-Solving Skills

Selective history taking, physical examination, and investigations leading to an appropriate management plan.

##### A Comprehensive Approach

Managing simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual; applying health promotion and disease prevention strategies.

##### Community Orientation

Reconciling the health needs of individual patients and the health needs of the community in which they live, in balance with available resources.

### A Holistic Approach

Taking into account clinical factors, but also any psychological, social, economic or cultural factors that are important.

### **Applying Core Skills**

In applying these core skills in family medicine, three features are important :

### Contextual Aspects of Care

The environment in which doctors work : working conditions, community, culture, financial and regulatory frameworks; the impact of workload and the practice facilities.

### Attitudinal Aspects of Care

Doctors' awareness of their own attitudes and capabilities; ethical aspects of clinical practice; achieving a good balance between work and private life.

### Scientific Aspects of Care

Adopting a critical and research-based approach to practice and maintaining this through continuing learning and quality improvement.

### Further Information

The new curriculum will be supported by documentation available from September. There will be a general statement on key GP skills; statements on the professional and managerial aspects of practice; a series of statements on the care of special patient groups (acutely ill, children, elderly, women's & men's health, sexual health, cancer & palliative care, learning disabilities); and clinical areas (cardiovascular, neurological, skin, metabolic, respiratory, musculoskeletal, trauma, ENT, eyes, digestive problems, mental health, minor surgery).

Information will also be available on the RCGP web site at [www.rcgp.org.uk](http://www.rcgp.org.uk)

**Mike Deighan**

*Education Network Steering Group*

**Steve Field**

*Chairman Education Network*

### A New Assessment Process

The establishment of the PMETB and the Implementation of Modernising Medical Careers (MMC) has created the opportunity to develop and improve the existing assessment processes for both entry to and exit from specialist training in general practice.

In September 2004 the PMETB published a policy statement - *'Principles of an Assessment System for Postgraduate Medical Training'*. Our present system does not meet these requirements therefore the Royal College of General Practitioners and the Committee of GP Education Directors (COGPEd) are working closely to design a new assessment that meets the requirements of PMETB.

It is recognised that there should be a standardised process applicable across the whole of the United Kingdom for selection into GP Training. COGPEd through its national recruitment office is developing this process. This will include a national person specification for GP training, an MCQ to test knowledge and competency based questions for short-listing purposes, and finally attendance at a competency based assessment centre. The competencies assessed have been identified through a careful research exercise. They are empathy / sensitivity, communication skills, problem solving skills, professional integrity, coping with pressure and clinical expertise.

Workplace assessment is a vital part of medical training. It provides feedback to the doctor in training and his / her educational supervisor about progress and potential difficulties. It creates the opportunity for gathering evidence of clinical competence and appropriate professional behaviour and attitudes, which is often difficult to capture in formal examinations. Workplace based assessment will be an integral part of the new assessment for GP trainees and will encompass the whole of training including the hospital components. While workplace based assessment in general practice will essentially be a formative process, using a trainer's report to chart competency by means of a small number of assessment tools such as case based discussion, video, audit, multi-source feedback and patient satisfaction

surveys there will also be external moderation of the tools. Piloting work on workplace assessment is presently being undertaken in the Deaneries.

The other two elements of the new assessment process are the Applied Knowledge Test (AKT) and the Clinical Skills Assessment (CSA), which will be taken during the final year of training. The AKT is a multiple choice paper which will be machine marked. The questions will be carefully mapped to areas of knowledge in the curriculum, which can be best assessed by this method. The CSA will be organised nationally in an assessment centre and will include simulated patient consultation and objective structured clinical examination type stations. The areas covered in this assessment will also be determined by the new curriculum and be triangulated against WBA and the AKT to ensure all competencies are addressed.

This new three-part assessment process, will lead to a Certificate of Completion of Training (CCT). The CCT will automatically make candidates eligible for Membership of RCGP.

When it becomes operational - hopefully by 2007 it will gradually replace the present Summative Assessment and MRCGP examinations. There will be a transition period between 2006 and 2008, which will be carefully managed to ensure that no GP registrar is disadvantaged. However, the expectation is that all GP registrars will choose to undertake the new examination and become members of the Royal College of General Practitioners at the earliest opportunity.

The new process should be much more fit for purpose and reduce the burden of assessments for GP Trainers. It will not however reduce the burden for assessors! It is likely that the introduction of rigorous workplace based assessment with external moderation and a new clinical skills assessment will place a much higher burden on Deaneries and the RCGP Examination Department, requiring major investment by the College. Promoting excellence in family medicine is at the heart of the College (and Deanery) purpose. Therefore this opportunity for the College to influence standards and ensure the quality of all

doctors entering, undertaking and completing general practice training is definitely worth such an investment.

*Agnes McKnight  
Director of Postgraduate General  
Practice Education  
Northern Ireland*

### Specialist Training for General Practice

Specialist training for general practice might seem to be a term of contradiction, but the title comes from the PMETB where general practice is considered one of several speciality training programmes. There is increasing recognition that to be a generalist in the community requires learning a 'special' set of knowledge and skills.

Access to the new GP training programmes will be through a national process administered by deaneries. The process is designed to give applicants their best chance to demonstrate that they have the capacity to be trained to develop the competencies of general practice.

The aim of the programmes is to offer learning opportunities to the trainees to enable them to deliver good general practice care in the NHS as an independent, accountable practitioner; in other words a competent general practitioner.

The new programmes have been derived from years of evaluation, reflection and development. The major change to the current programmes or schemes is that the curriculum is competency based. To be competent an individual needs to have individual competencies often supported by other lower level competencies. Each of these requires the application of a set of knowledge and skills. It is these competencies that will be tested in the assessment schedules.

A competency can often only be fully attained if the practitioner has taken appropriate responsibility for their decisions in real clinical situations, so training to be a GP is best learnt by being a GP practising under supervision. Supervision is the key to ensuring that the trainee is not

exploited or exposed. There are two sorts of supervision: Firstly, educational supervision where a trainer will take the overview of the individual's educational progress; and clinical supervision, which will offer learning within a defined situation and ensure the safety of the patient and the learner. The clinical supervisor should have sufficient educational knowledge and skills for their own area of work. They do not need to be a GP, or indeed a doctor. A GP is only needed when the learning requires you to think and act like a GP. When you are taking blood for instance you could be clinically supervised by a phlebotomist.

There is a real danger that competency based training is seen as gathering isolated competencies, but this is far from the truth. General practice is about the synthesis and application of multiple competencies that needs to be applied over time to gather the necessary clinical experience which is why general practice training will take a minimum of three years.

The overall framework is defined by the PMETB in its orders in Article 5. In summary this says there must be:

- 12 months in an approved training practice
- 12 months in approved specialty posts
- and a further 12 months in combinations of the above

This is much more flexible than the current JCPTGP regulations. The RCGP, COGPED and the GPC have made it their policy that that there will be at least 18 months spent in primary care, learning general practice and that the remaining time will be spent in educationally relevant approved posts.

A typical programme will have significant early experience of general practice, followed by some conventional secondary care experience. This could be in general medicine and might occupy up to 6 months, as internal medicine is likely to feature more in the job of the GP in the future. Other specialist experience such as women's health, child health, and psychiatry might be fulfilled in four three month attachments.

The programme will finish with a year or more in general practice. During this time the GPR will start the new assessment process which will replace summative assessment and the MRCGP.

Educational evidence and good HR practice point towards a single employer for the duration of the programme. This is the view of COGPED and the RCGP and has been endorsed by the GPC. It avoids the fragmentation currently experienced, and more importantly it confers continuity and consistency of employer.

Programmes will be quality controlled by deaneries. They in turn will be quality assured by PMETB who will be advised through standards, policy and curriculum from the RCGP.

These processes will enable the PMETB to give the Certificate of Completion of Training (CCT) for general practice with confidence.

*Arthur Hibble  
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and Chair COGPED*

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