



Enhanced and Extended GP Training Progress Update: April 2013

In September 2012 Medical Education England endorsed the decision made by Medical Programme Board and approved the educational arguments to enhance and extend GP training from three to four years. The relevant bodies in the devolved nations have also acknowledged the strength of this educational case. This bulletin provides an update on the recent progress that has been made developing these proposals into practical action plans.

Summary of main educational arguments and proposed changes

The RCGP believes that patients, families and carers, of all backgrounds and ages, deserve access to high quality, safe and comprehensive care from their local NHS general practice. To deliver this, we need a workforce of highly trained general practitioners (GPs), with the expertise, skill and time to care for patients in their homes and communities.

Our report [Preparing the Future GP: The Case for Enhanced GP Training](#) sets out the evidence-based arguments for an enhanced and extended GP training across the UK. This explains how GPs will continue to improve outcomes for patients and the National Health Service (NHS) in future generations. It illustrates the growing role of the GP at the centre of a hub of care; delivering improvements in child and mental health, in caring for people with complex multi-morbidities, in leading improvements in the quality and safety of patient care, and actively participating in service re-design to benefit patients and the NHS.

This includes the proposal that future GPs should all complete an enhanced **four-year programme** of GP specialty training, where they would:

- Spend at least 24 months in primary care based placements, to learn how to manage an aging population of complex patients with multiple morbidities
- Gain experience of general practice early in their training programme to improve the effectiveness of subsequent specialty-based training placements
- All receive specialist-led training in child health and mental health problems
- Participate in tailored programmes based on individual need and service configuration
- Undertake more innovative and integrated training placements, based in a range of relevant settings according to local circumstances
- Complete a Quality Improvement Programme in to improve services in their local community; and
- Become better prepared to enter a career of independent practice and revalidation.

Developing the implementation plans

Following the support won for the educational case, we are working with a range of partner organisations, including COGPED, Deaneries, COPMeD, BMA (GPC), GMC and stakeholder groups in all four nations, to develop workable implementation plans for rolling out the extended GP training programme. These plans will cover key areas such as capacity planning, affordability, workforce planning and transition arrangements. We believe it is important that these implementation plans are carefully considered by all the stakeholders involved, including trainees, educators and specialist colleagues.

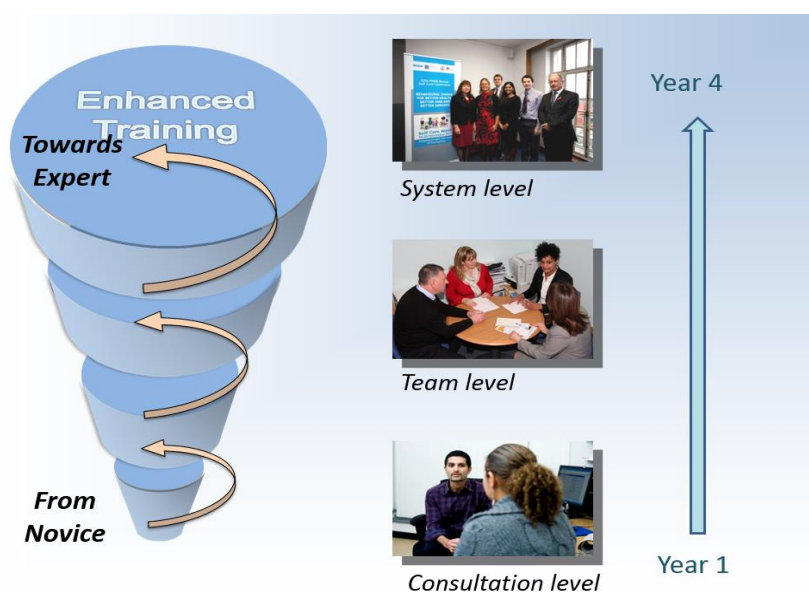
In parallel to this implementation planning work, the Department of Health has separately commissioned a team of economic consultants to explore the options for a four-year programme. This work, alongside the implementation plans, will be pulled together by an independently chaired Four Nations Oversight Group, which will have representation from all four home nations. Once ready, these plans will be submitted for consideration to the UK Departments of Health in all four nations later in 2013.

Developing the four-year curriculum

The proposed education model for enhanced GP training is based on a 'spiral curriculum' model, where expertise is built up over time (see Fig.1). This reflects how a doctor becomes more expert over time and is also more able to influence wider contexts of care (starting with individual patients, then team-based care, and ultimately contributing to improvements in organisations and services). The spiral curriculum will be shaped to help the GP develop five themes of generalist expertise that are critical to their role in the NHS: Primary medical care, whole person care, complex care, systems of care and the ability to relate to others. This training model is in the process of being developed and will be translated into practical training resources and reflected in the MRCGP assessments.

A Curriculum, Assessment and Delivery Support Planning Group (CADS) involving trainee, educator, First5 and assessor representatives is currently taking forward the detailed educational planning work. If the implementation plans are approved by the Health Ministers, a comprehensive curriculum and assessment proposal for the enhanced GP training programme will be submitted for formal approval by the GMC.

Figure 1: The spiral model proposed for enhanced GP training



Concept based on Harden and Stamper, 1999 and Dreyfus and Dreyfus, 1986.

Developing the Quality Improvement Programme

With four-year training, GP trainees will have opportunities to gain additional skills in team and organisational leadership, multidisciplinary team-working and quality improvement – both within their practices and their wider communities. To enable this, the fourth year of training will be built around a **Quality Improvement Programme (QIP)**, which will give trainees an opportunity to acquire some practical quality improvement and clinical leadership skills that they will be able to draw on over their careers.

The QIP will include three aligned components:

1. A package of education, support and mentoring on leadership and service improvement
2. The completion of trainee-led QI project work, founded on local service need
3. Assessments providing meaningful information for the learner through quality feedback, as part of a broader ST4 assessment package

Trainees will be supported by a range of complementary educational and assessment activities, including the creation of a project proposal based on local need, participation in peer learning groups and structured supervised learning events (SLEs), the use of multi-source feedback to facilitate team-working and leadership skills, and the evaluation and sharing of project outcomes and learning experiences.

Trainees will have the flexibility to choose and design their own personal project within their practices or wider communities. QIPs are already being completed in a number of pilot programmes. Examples of real projects include:

- Review of advanced care planning in care homes with potential benefits to reduce acute admissions, cost benefits, maintenance of dignity, exploring patient preferences
- Review of the duty doctor system and introduction of a change - telephone triage by the duty doctor. This led to more productive working, was popular, thought to be safer, more efficient, provided greater continuity of care and more appropriate 'extra' patient attendances
- Design of self-help leaflets for common musculoskeletal conditions, designed in conjunction with practice staff and MSK specialist. The aim is to help tackle the issue around long waits for physiotherapy
- Improving access of clinical staff to emergency drugs

We hope that trainees will use the QIP as an opportunity for personal innovation and creativity as well as consolidating their core GP skills. It is an opportunity for trainees to potentially make a significant difference to patient care within their practices and communities.

Trainees will not be required to undertake the programme until year four, by which stage they will have passed AKT and CSA elements of training. It is recognised that quality improvement is an unfamiliar area for many GP educators and support and training will be required for those who take on the role of QIP supervisor. The CADS planning group is in the process of developing the full detail of the QIP to ensure integration with the wider four-year curriculum and assessment structure, and trainee and trainer representatives are being involved in every step of these developments.

Developing the MRCGP assessments for four-year training

It has been agreed that the current applied knowledge test (AKT) and clinical skills assessment (CSA) will continue to act as the high stakes 'gateway assessments' that must be achieved *before* entry into the ST4 year. Trainees who fail to pass these assessments by the end of ST3 will be a period of offered additional training as per the arrangements set out in *The Gold Guide*.

The enhanced clinical skills (e.g. in child and mental health and in prescribing) will be developed and assessed throughout the four-year training programme and assessed at key touch points. AKT and CSA will be further developed to ensure that areas considered important and not currently tested to their maximum potential in three year programmes might be assessed more comprehensively using enhanced elements. For example, AKT questions would include enhanced focus on clinical domains such as paediatrics and safe prescribing. Similarly the CSA might test more widely in the enhanced communication and clinical skills using an appropriate range of clinical scenarios.

The updated assessment programme will focus on the development of supervised learning events (SLEs), moving away from numerical scores and rating scales that can trivialize assessments. Workplace-based assessment will encourage trainees to build a portfolio of evidence throughout their training with the tools developed for greater educational impact. These enhanced tools would be used to contribute to the evidence pool that informs the final summative judgment at the final ARCP panel review towards the end of ST4.

Engaging with stakeholders

More widely, The RCGP will continue to liaise regularly with major stakeholders including the four nation governments, employers, HEE, deaneries, the BMA and the GMC. We are also seeking lay and patient input. The RCGP is also working to ensure plans for enhanced GP training are fully compatible with broader changes in medical postgraduate education. The feedback of all these groups is vital to helping us inform our work and we look forward to engaging with stakeholders further, particularly as the work develops.

If you have any more queries please consult our [website](#), including the [FAQ document](#). Alternatively if you would like to share your ideas and feedback, please contact us at: reviewofspecialtytraining@rcgp.org.uk

Timeline for enhanced four-year GP training (if stages are completed successfully):

- Winter 2012-13: Medical Education England approved the RCGP's educational case and its strengths were recognised in other home nations
- Summer 2013: Implementation strategy to be submitted to the UK governments for consideration
- Should a favourable decision be made, the RCGP will submit the full four-year curriculum, assessment and transition support package to the GMC for approval
- August 2013-15: Pilots for enhanced assessment and Quality Improvement Programme tools underway
- August 2015: First intake of trainees to four-year enhanced GP training programmes across the UK