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73 – Re-training of GPs: A EURACT Survey

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Medical education's ultimate aim is to supply society with knowledgeable, skilled and updated professionals who put patient care above self-interest, and undertake to maintain and develop their expertise over the course of a lifelong career (1). Many areas of education and training bring together both functions within a learning experience. The two may be differentiated by thinking of: education as being about doing better, training as being about taking on new tasks (2). In recent years, major components of healthcare have been transferred out of the hospital and are now only found in the community. Chronic diseases are managed primarily in community. This experience is unique for the trainees (3).

At the postgraduate level, lectures are of even less value than at the undergraduate level, yet they are used just as frequently. Trainees gain far more from small group teaching sessions and on-the-job training than from, for instance, revision courses for passing membership exams. In the UK, primary care has tended to lead the way with its long-established one-to-one training relationship and regular group-based release courses, but effective education and training is also possible in secondary care and the training need not be one to one. It is common practice to train senior doctors, junior doctors and medical students concurrently (1) and training requires a multi-professional approach in primary care (2). Flexible training often has low priority in general practice departments (4). Doctors are eligible for flexible training if they have well-founded reasons such as young children or disability (4).

Educational needs assessment

Educational needs assessment tools have been developed to help primary care practitioners identify their learning needs (2). Comprehensive check-lists or organizational development tools can help any organization to identify its learning needs from individual practitioners' or the organizational perspective. The outcome should be to evolve learning culture while addressing these needs. Local coordination of the training programmes helps to reduce duplication of resources. In Turkey, during the first phase recertification programmes of primary care doctors, needs assessment was used for the planning of the second phase retraining programme (5).

Evidence based training

Best evidence medical education has been defined as the implementation by teachers in their practice, of methods and approaches based on the best evidence available (2). Guidelines can be used for this purpose and impact of training on the practice, prescriptions, and cost-effectiveness can be evaluated (6).

Educational Plans and Monitoring

Assessment of your training needs as a teacher, or other health professionals must take account of the differing priority areas of the government, your health organization as well as the influences on public. We need to decide how to balance the priorities (2). A supervisor works with the learner to develop and facilitate an educational plan that addresses their educational needs and monitors following training (2).

Teacher in primary care

A teacher does not only need sufficient knowledge, skills, but also the right attitude and understanding of the overall context and cultural environment to be able to make the teaching relevant to the learner's needs (2).

Assessment of learning in General Practice

Assessment is a measurement of achievement of progress towards meeting defined educational objectives. Formative assessment to give feedback to learners in order to guide progress may be used. Summative assessment can also be used. Programme evaluation and in-training assessment are necessary to be flexible in the primary care. Validity, reliability, educational impact, acceptability, feasibility, and efficiency are the characteristics of good assessment for general practitioners. Check-lists, rating scales, and portfolio may also be integrated. General Practice requires proficient team work, therefore team and the patients should assess the trainee (7). Objective structured clinical examinations can be used with simulated/standardized patients (8). Continuing professional development (CPD)

The aim of continuous medical education is to sustain the professional development of general practitioners and help them to provide high-quality patient care and to keep up to date with developments in general practice (4). The accredited professional development programme is designed as a new approach to CPD in order to offer ongoing support as general practitioners continue their professional development as part of their everyday practice (4). The process is a semi-structured process that will help general practitioners to collect all information and evidence that will be required for annual appraisals and revalidation over a five year period (4).

Lifelong learning

The structure of the programme is to encourage learning for the individual's needs. It is well focused on the day to day work of the average GP. This programme allows GPs to plan their learning and also provides evidence and documentation which will be useful for appraisals and revalidation in the future (4).

Turkey

In Turkey, physicians who choose to specialize in family medicine or other specialties have to pass a standard exam, which allocates them to a residency programme according to their score. The physicians who do not pass the specialty exam are also granted a certified family doctor position with a smaller salary than specialists in the National Primary Health Care System. Both family medicine specialists and certified family doctors work in primary care in rural and urban areas. In Turkey, family medicine is a relatively new specialty having been established through legislation in 1983. The first vocational training programme was started in 1985. Retraining is mandatory for certified family doctors, but not for family medicine specialists. Starting with pilot provinces, retraining of the 25 thousand certified family doctors has been ongoing since 2004 all over Turkey, based on needs assessment and guidelines for primary care (5).

Take home messages

- Training requires a multi-professional approach in primary care.
- Trainees gain more from small group teaching sessions.
- Educational needs assessment tools have been developed to help those in primary care identify their learning needs.
- Guidelines can be used for evidence based training.
- The aim of continuous professional development is to sustain the professional development of GP's and to keep up to date with developments in general practice.

Original abstract

<http://www.woncaeurope.org/content/ws-027-re-training-gps-%E2%80%93-3-uract-survey>

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