

## Specialist training of GP's in Europe

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## Acknowledgements



EURACT

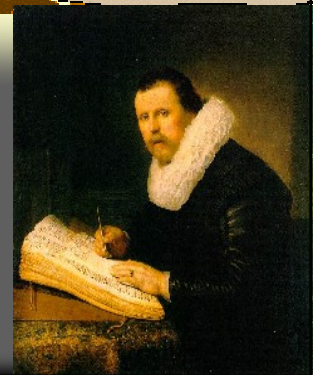
European Academy of Teachers in General Practice

- ⇒ EURACT Specific Training Committee:
  - Margus Lember (chair) – Estonia
  - Dolores Fores – Spain
  - Llukan Rumbullaku – Albania
  - Fergus O'Kelly – Ireland
  - Janos Szabo – Hungary
  - Roar Maagaard – Denmark
- ⇒ UEMO

## THINGS TO BE CONSIDERED IN DISCUSSING SPECIALIST TRAINING

- Theory
  - Definition of the discipline
  - Core competencies of GP
- Practice
  - Vocational training schemes
  - Selection of trainers and teaching practices
  - Hospital post used for training of GP's
  - Selection of trainees
  - Assessment of trainees

## THEORY



## Regulations

- ⇒ Doctors' Directive (93/16 of the EEC)
- ⇒ Consensus Document on Specialist training for General Practice of European Union of General Practitioners (UEMO)- 1994 in Copenhagen
- ⇒ The European Definition of General Practice/Family Medicine, WONCA Europe 2002
- ⇒ UEMO 2004 Policy on specialist training in GP/FM, Reykjavik

## DEFINITION OF THE DISCIPLINE


- ⇒ European definition of general practice
  - Adopted in London 2002
  - At least two years of work towards reaching a consensus
  - A basis for research, quality and educational agendas





## OVERVIEW OF THE DEFINITION

- 11 Characteristics
  - a. First contact / all health problems
  - b. Care co-ordinator + advocacy
  - c. Patient centred approach
  - d. Doctor-patient relationship
  - e. Longitudinal continuity
  - f. Decision making f.o prevalence
  - g. Acute & Chronic management
  - h. Early undifferentiated stages
  - i. Health & Wellbeing
  - j. Health in the community
  - k. Bio-Psycho-Social + culture and existential



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- A large, ornate classical fountain with multiple tiers and statues, set against a building facade. The fountain features a central figure, likely Neptune, surrounded by other statues and a complex arrangement of water jets and basins. The building in the background has classical architectural elements like columns and a pediment.

# CORE COMPETENCIES

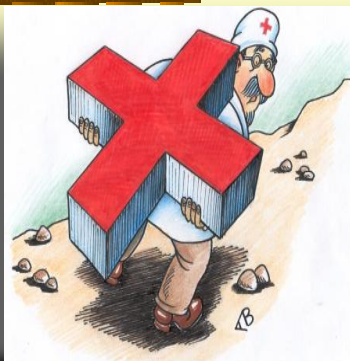


1. 6 Core Competencies
  1. Primary Care Management
  2. Person Centred Care
  3. Specific Problem Solving
  4. Comprehensive approach
  5. Community Orientation
  6. Holistic Modelling

1. *Primary Care Management*
2. *Person Centred Care*
3. *Specific Problem Solving*
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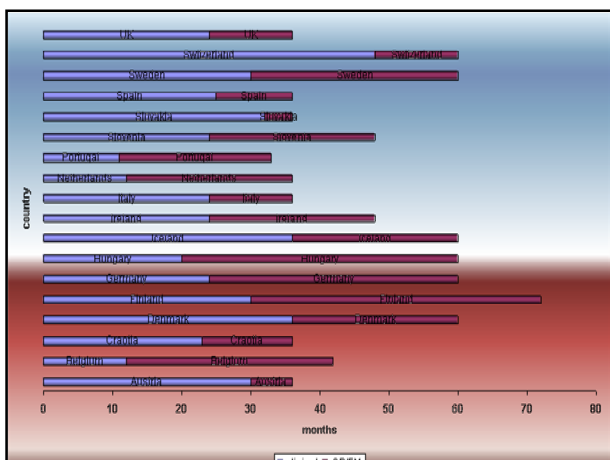
A cartoon illustration of a man in a white lab coat and a white cap with a red cross, carrying a large red X-shaped block. He is walking on a path with small rocks. The word 'PRACTICE' is written in large, bold, yellow letters on a black background to the left of the cartoon.



# VOCATIONAL TRAINING SCHEMES

- ⇒ DILEMMAS
  - Duration
  - How much time in general practice?
- ⇒ OVERVIEW
  - big variation
  - many different "routes"
  - do they all end at the same level?
  - is there the best or "right" way?

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- many different "routes"
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## SELECTION OF TRAINERS (from [www.euract.org](http://www.euract.org))

- ⇒ Clearly defined mechanisms of selection
- ⇒ All GPs should have an opportunity to apply
- ⇒ Selection should be provided by the same organization responsible for organization of training.
- ⇒ Selection should be based on a list of characteristics of the applicant as a teacher and as a doctor.
- ⇒ **Trainer:** teaching skills, commitment to teaching, clinical competence and professional qualifications.
- ⇒ **Practice:** premises and equipment, medical records, number of patients and health care team.

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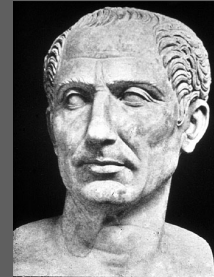


## HOSPITAL POSTS (from www.euract.org)

- ⇒ Written educational aims
- ⇒ Teachers should be adequately prepared
- ⇒ Trainees should have a named supervisor
- ⇒ Trainees should be regularly assessed
- ⇒ There should be an educational appraisal of continuing learning needs.
- ⇒ All posts should have protected teaching time
- ⇒ Access to adequate library.
- ⇒ Appropriate clinical content
- ⇒ Selection and regular reselection of posts.
- ⇒ Educational audit

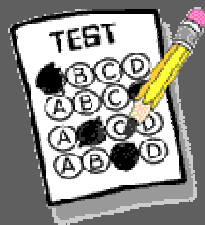
## SELECTION OF TRAINEES

- great variation
- No clear guidelines
- next steps to be taken



## ASSESSMENT OF TRAINEES

- No document so far, work in progress
- workshop in Ljubljana, June 2003
- formative?
- summative?
- during training?
- end-point?
- none?



## EXAMPLE 1 The new Danish scheme



## The Danish situation

### *Undergraduate:*

6 y University study

### *Postgraduate:*

1½ y basic clinical training  
(incl. ½ y GP for all)

### *Specialist:*

5 (-6) y spec. training



## THEORY

In the new Danish "Blueprint" of GP/FM they have described 119 minimum competences a future GP should master.

These 119 competences are grouped in 7 "roles":

- ⇒ Medical expert
- ⇒ Professional
- ⇒ Communicator
- ⇒ Cooperator
- ⇒ Leader and administrator
- ⇒ Health promoter
- ⇒ Academic



## EXAMPLE:

Competence 16 – part of cooperator-role

Objectives	That is	Learning strategies	Assessment
Be able to cooperate within the GP-surgery	Establish and develop relations (with offspring in mutual respect) with patients, staff and colleagues	Working in a teaching GP-surgery	Structured assessment by colleagues (tutor), peers and staff
	Ability to utilize the human resources in the clinic (patient-care and running of clinic)		

## ASSESSMENT

To become a specialist in GP:

- acquire the 119 competences
- accomplish the 5 y scheme



## Obstacles

- economy
- lack of teaching practices
- GP-trainers must be trained
- trainers in hospital must be trained



## Enabling factors

- GP-trainers commitment
- regional GP-training organisers
- soon serious shortage of GP's
- heavy support from
  - College and GP's Trade Union
  - National Health Board
  - Counties and Government

## EXAMPLE 2: The Slovenian scheme



## THE PROGRAMME IN BRIEF

- ⇒ Old programme since 1961, 3 years
- ⇒ New programme:
- ⇒ 4 years
- ⇒ 2 years in general practice
- ⇒ 20 modules





## ROTATION

	MONTHS
INTERNAL MEDICINE	6
INFECTIOUS DISEASES	2
SURGERY	3
PAEDIATRICS	3
GYNAECOLOGY	3
PSYCHIATRY	2
NEUROLOGY	2
DERMATOLOGY	1
ORTHOPAEDICS	1
OPHTHALMOLOGY	1
ENT	1
ONCOLOGY	1
FAMILY MEDICINE	24

## MODULES

FAMILY
PRACTICE ORGANISATION
COMMUNICATION SKILLS 1 AND 2
QUALITY IMPROVEMENT
MEDICAL ERRORS
DIAGNOSTICAL PROCEDURES
RESEARCH
DRUG PRESCRIBING
PREVENTION
HEALTH PROMOTION
CHILDREN
ELDERLY
PALLIATIVE CARE
HOME VISITING
ETHICS
PUBLIC HEALTH

## FINAL EXAM

- ⇒ Preparation
  - Report on practice
  - Analysis of performance
- ⇒ Visit to practice
- ⇒ Finale
  - TEST
  - OSCE
  - MEQ
  - ORAL
    - 6 CASES
    - QUESTIONS



## Obstacles

- ⇒ economy
- ⇒ Some misunderstandings
- ⇒ lack of teaching practices
- ⇒ shortage of GPs
- ⇒ GP trainers must be trained
- ⇒ trainers in hospital should be trained

## Enabling factors

- ⇒ GP - trainers commitment
- ⇒ EU accession process
- ⇒ Department of family medicine
- ⇒ Official support from College

## CONCLUSION

- ⇒ There are many ways to success
- ⇒ We can learn from our own experience
- ⇒ But must develop our own models