

EDUCATION FOR FAMILY DOCTORS

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PHASES OF EDUCATION

- ◉ Undergraduate
- ◉ Generic Postgraduate
- ◉ Specialist Postgraduate
- ◉ Continuing Professional Development.

KEY MESSAGES

- ◉ Family Medicine is not simply a collection of specialties, it is a distinct specialty in its own right.
- ◉ Family Medicine should be taught by Family Doctors.
- ◉ ALL doctors need to understand what happens in the community.
- ◉ Hospital work allows concentrated experience in individual specialties.
- ◉ Family Medicine Trainers need to be trained, supported and, if possible, paid.
- ◉ The specialty needs a range of Faculty.

UNDERGRADUATE

- Students need to understand that what they see in hospital is not the same as what they see in the community.
 - Early and disorganised presentation
 - Long-term care
 - Multiple morbidity
 - Prevention and screening
- A good experience is important for recruitment.
- In Liverpool, 30% of undergraduate time is spent in the community.

GENERIC POSTGRADUATE

- ◉ In England 55% of graduates spend at least 4 months in General Practice during Foundation training (2 years).
- ◉ It is especially important for those choosing a hospital career.

SPECIALIST POSTGRADUATE

- ◉ Active and rigorous selection by Family Doctors for the programme.
- ◉ 3 year full time programme
- ◉ 18 months in hospital posts and 18 months in a Practice.
- ◉ GP Trainers are selected, trained, paid, and reselected for the job.
- ◉ Educational supervision is by GPs throughout the 3 years.
- ◉ Curriculum is written by GPs.
- ◉ End point exam is set and marked by GPs.

SELECTION

- ◉ Initial MCQ examination which rejects the outliers with insufficient clinical knowledge to benefit from training.
- ◉ Selection centre with national methodology and standards run by GP Deans and their staff.
- ◉ Includes simulated patients and written and group exercises.
- ◉ 30% of applicants are rejected at this point.

PROGRAMME

- Many variations but a typical programme is
 - 6 months GP
 - 6 months internal medicine
 - 4 months paediatrics
 - 4 months Obstetrics & Gynaecology
 - 4 months Accident & Emergency
 - 12 months GP
- Other specialties may be substituted for O&G or A&E, eg psychiatry.
- In Liverpool there are 150 doctors in each year of the programme.

CURRICULUM

- The curriculum is developed by the Royal College of General Practitioners and approved by the General Medical Council.
- It is a formal written document.
- All trainees have access to the curriculum in an electronic portfolio.

ASSESSMENT

- All trainees must pass the MRCGP examination to practice as GPs.
 - Applied Knowledge Test - a computerised MCQ
 - Consultation Skills Assessment - 11 simulated patients in the RCGP's own centre.
 - Workplace Based Assessment - a mix of assessment, diaries, reflections and feed back across the whole 3 years assessed by GP Deans.
 - Must pass in 3 attempts or allowed six months extension.

CONTINUING PROFESSIONAL DEVELOPMENT

- ◉ Must be based on practice reflection and audit.
- ◉ Must deliver improvements in practice.
- ◉ Based on an annual Personal Development Plan.
- ◉ Variable credit based system
- ◉ RCGP has electronic system
- ◉ Part of revalidation in the future.

FACULTY

- Every medical school has a General Practice department with a Professor and staff.
- Every medical school has a Postgraduate Deanery with a GP Dean and staff at 3 levels:
 - The Dean and his Associates
 - The Programme Directors who teach local groups
 - The Trainers who teach and supervise one-to-one.
- Courses are provided for a range of topics such as Family Planning, Minor Surgery, Child Health Surveillance and Psychiatry.