

Continuing Professional Development for General Practitioners in Northern Ireland

A consideration of the views and opinions of doctors and other key stakeholders on current provision and future aspirations.

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Executive Summary

This report examines the continuing professional development opportunities available for GPs across the region at present and how doctors are currently meeting their CPD needs. It collates views and opinion of Doctors and key stakeholders on current provision and what they would like their future provision to be. It also examines possible actions NIMDTA might take to support the meeting of learning needs with particular consideration to the imminent onset of revalidation.

Views on NIMDTA

NIMDTA is highly respected by the GP population as an organisation with robust educational expertise. Educational events that they organise are recognised across the region as being of a consistently high quality. It is also universally recognised that they have brought consistency and quality to the appraisal process. There is a quiet confidence that revalidation will be managed just as effectively and that the organisation will provide reliable support for doctors going through the process. The report has however confirmed that attending ATHENA events are seen as desirable rather than an essential part of a GP's development plan.

Recommendation 1: NIMDTA CPD needs to be planned with the key objective of meeting GP CPD priorities.

What is effective GP CPD?

Effective GP CPD has:

- planned learning outcomes which have been identified from reflection on the strengths and weaknesses of General Practice within the locality. This information could be obtained from collated information from the PDP, Clinical Governance data, locality audits (e.g. referral audit).
- It is presented in a format, which is GP focussed and creates carefully constructed opportunities for GPs to ask questions, discuss case studies and share thoughts and ideas.
- It provides opportunities for doctors to reflect on how they might use this information to improve their clinical practice, ideally providing examples of good practice.
- The learning has **an impact on improving patient care.**

Recommendation 2: NIMDTA should ensure that the criteria listed above are the core principles upon which their CPD is planned.

Revalidation

- GPs are aware that revalidation will require them to put more careful consideration into their professional development but whilst 62% within the survey stated that they were concerned about revalidation only 42% felt that in the light of introduction of revalidation their approach towards their CPD would change.
- The draft revalidation requirements indicate that doctors will need to show a commitment to personal development. They will be required to have reflected and acted upon collated data and gathered a set number of learning credits.
- Reflection with subsequent actions on multi source feedback is an area which is likely to become increasingly more important.

Current provision

- Part of the remit of this report was to find out what CPD was going on throughout the region. This is described in detail within section 3 of the report.
- It became very evident from talking to stakeholders and CPD organisers that no one at present holds an over-arching understanding of GP CPD across the region despite this being the pivotal role of the Educational Consortium.
- There was a mistaken impression that GP CPD was lecture based events strongly influenced by the pharmaceutical companies. Hopefully this report will be a precursor to remedying this.

Recommendations 3: The role of the Educational Consortium should be reviewed to ensure it has an impact on General Practice CPD.

Recommendation 4: Key stakeholders need to be more informed about General Practice CPD. NIMDTA should take action to engage with their key stakeholders, promote their work and the excellent CPD, which takes places in general practice, and, in the process, emphasise the vital role it plays within the primary care community. This should include inviting the department to see GPs in situ – perhaps at a SEA or SALT large conferences rather than a formal meeting.

How do doctors meet their CPD needs?

- What has been evident throughout all methods of data collection is that doctors are very **strategic in how they meet their CPD needs**. They identify their need and choose the most time efficient and convenient path to meet their goals. This is most frequently by a personal and self directed means.
- There are distinct groups of GPs with different learning needs. One model does not fit all and doctors presently meet their needs in a variety of different ways. These groups can be defined by years qualified, locality and the nature of their employment.
- The CPD needs of sessional doctors are very different to other groups. They do not qualify for protected learning time provision and as they are generally not attached to a specific practice, accessing practice-based learning can be a challenge. Data also seems to indicate that they perceive their needs to be more clinical rather than at a practice based level.
- Solely Out of Hours doctors are not largely discussed within this report but they need to be recognised as a small group with distinctly different learning needs to other practicing GPs.

On choosing CPD events doctors have indicated that their priorities are:

- Location and time of day
- Content fits with the identified needs in the PDP
- The content is of personal interest

What do doctors want for their future provision?

- GPs are independent learners and have a **personalised** approach towards their learning. They therefore want CPD, which is focussed on their individual needs, concise in delivery and efficient in supporting the achievement of clearly defined outcomes.
- GPs want CPD that is **relevant** to the work that takes place within general practice. Whilst on the one hand they identify “opportunities to liaise with local secondary care colleagues to improve patient care” as their highest priority in future CPD, they are also extremely vocal about not wanting to be “lectured at” by secondary care consultants. Doctors did suggest that using GPs with special interests in clinical areas to lead CPD might result in more relevant learning outcomes.
- GPs want a **variety of learning opportunities**, as different areas require different learning strategies.

- Interaction and having **the opportunity to ask questions** is a strong emerging theme. There is an indication that doctors, although they may want to ask for clarification, feel threatened by exposing their ignorance to their peers. **Small groups** create opportunities for this form of discussion most naturally but it could be replicated in a larger event with skilled facilitation.
- **Time and location** is a pivotal issue for all busy general practitioners. Attendance at courses may be desirable but work priorities, time and costing frequently make it difficult.
- Doctors value highly their appraisal as it provides a rare opportunity for them to talk candidly about their professional development, on a one to one basis in a “critical friend” scenario and within a safe and supportive environment. In an ideal scenario many doctors would like the opportunity to meet with an appraiser more than once a year to receive **support** with development and implementation of their self directed learning approaches. Even having a named individual they could contact within NIMDTA for support or advice would be valued.
- **Protected Learning Time** is a core component of doctors’ ideal CPD. Time is the key limiting factor in doctor engagement with CPD, therefore protected learning time will enable consistent progress.
- Although there is a wealth of information available for GPs, trawling through it to identify relevant information is considerably time consuming. Ideally, doctors would like this **information** to be already **processed** and available on the internet.
- The RCGP patient group felt that for GPs’ continual professional development, **communication, listening skills and the holistic view of the patient** should have the highest importance.

What should NIMDTA’s CPD mission be?

The following key points arose from the focus groups, survey and interviews:

Provision of strategic focus

- CPD in Northern at present is disparate. Organisation and direction can only support the professional development of General Practitioners. NIMDTA needs to support a strategic focus for regional GPs and provide an obvious infrastructure for educational support. (BMA)

Promotion of PLT

- NIMDTA has an important role in ensuring the continuation of Protected Learning Time provision for General Practices. PLT removes barriers to learning by providing the time and locality for primary care practice teams to

meet and learn together. NIMDTA needs to work with legacy boards, the new board and the Department to convince them of the pivotal role that PLT plays for professional development at the grass roots level and explain how this impacts on clinical governance and patient care. (Legacy Boards)

Engage with the GP community

- NIMDTA is a doctor led educational organisation. It has a responsibility to vocalise the views of all General Practitioners in the regional healthcare arena. It therefore needs to keep in touch with the GP community, invite feedback and be seen to provide timely support.
- NIMDTA must ensure that it understands doctors needs at grassroots level and encourages the involvement of rural and isolated GPs in the process so that NIMDTA views are not weighted towards the needs of doctors who practice east of the Bann.

Support an integrated approach to healthcare

- General Practitioners are self employed. Their autonomy should not impact on patient care. NIMDTA should support and encourage GPs in developing an integrated approach towards healthcare provision with all relevant professionals in both primary and secondary care to ensure a seamless and efficient delivery of service for all patients.

Facilitating national and local objectives

- NIMDTA should be proactive in facilitating national and local objectives. It should act as conduit for learning priorities, proactively identifying what is needed and providing mechanisms for timely delivery at a local level. This should involve the development of close working relationships with the Health Board and Trusts.

Maintaining the integrity and rigour of appraisal

- NIMDTA should continue its work ensuring the integrity and rigour of appraisal. The outcomes of appraisal process must be appropriately aggregated to produce a global and local view of needs. NIMDTA then has a facilitatory role to play in providing the pathways to support doctors in meeting these needs. This is a continual process as the scenario is ever changing. One size will never fit all.

Providing support for Revalidation

- NIMDTA needs to be reasonable and provide sufficient support to General practitioners to meet the requirements for Revalidation.

Supporting Practice Federations

- NIMDTA can play a key role in supporting the formation of Federations of practices by encouraging local group development and supporting communication between practices for educational purposes.

What should NIMDTA's key focus areas be for development?

Communication

Supporting an effective communication strategy which will:

- Enable doctors to access information efficiently.
- Encourage GPs and other healthcare professionals to work collaboratively together to improve patient care.
- Promote a positive learning environment which makes doctors feel engaged in the process.

Provision of information

Improve the NIMDTA website by providing easily accessible key information organised in concise sections. NIMDTA could possibly produce a regular e letter with key information.

Provision of educational resources

Develop and provide educational resources, which will support doctors with their practice based learning.

Provision of courses

- Ensure that training follows the core principles for effective CPD and has a solid educational structure, which provides opportunities for participants to engage with the learning.
- Develop opportunities for blended learning (this combines face to face instruction with e learning). This would allow individual learning of content with an additional small group provision to facilitate discussion on case studies and issues that arise from prior learning.
- Develop a core curriculum of essential clinical areas on a three-year rolling programme by NIMDTA across the region. This should include training days within a clinical setting.
- Work with legacy boards to provide large conference events during protected learning time. A possible example would be an event involving everyone working in a particular area within the locality e.g. Orthopaedics. This would involve personnel in Secondary Care, Primary Care and Community Care.

GPs would be invited to post questions and outline what they want to learn in advance. The event would be structured as an interactive problem solving forum between primary and secondary care with clearly defined learning outcomes based on the prior information posted by GPs. This would enable GPs to liaise with their secondary care colleagues to improve patient care.

- Provide training in non-clinical areas such as consultation skills, interpersonal skills and how to develop a team.

Appraisal

- The needs identified during appraisal, which become part of the individual's PDP need to be effectively aggregated to produce a global view. These findings need to be summarised and feed quickly into a strategy so that they can feed into the CPD development cycle.
- In order to do this appraisers should be made aware of what CPD provision will be available in the consequent years so that it might possibly be used to support the construction of targets on individual doctors' PDPs.
- The aggregated identified needs from the PDP need to be specific enough that CPD can be planned. These needs should also be analysed on a locality basis. Focus groups have made it apparent that GP needs vary significantly across the region. GP tutors need to be made aware of the specific identified needs of the localities within their regions so they can plan CPD accordingly.
- Appraisal and CPD within NIMDTA need to work together. CPD should only be planned with careful consultation with the appraisal team.
- Appraisers should be used to identify local examples of best practice. These examples should be incorporated into educational materials and activities to enhance the impact that the learning might have on clinical practice.

Recommendation 5: Develop the role of the GP tutor to:

Increase their profile within the GP community

Ensure their role is focussed on making use of their educational and clinical expertise

Ensure value for money

Recommendation 6: This report provides a list of possible ways in which NIMDTA can develop their CPD provision. This information and other information gathered over the last six months should be used to promptly to develop a CPD strategy. The strategy should include six monthly interim targets. An individual should be assigned the responsibility of monitoring the strategy.

The following are recommended priorities:

Improve their communication strategy by redeveloping the website and sending e letters rather than e-mails.

Put together a business plan for the continuation of PLT working closely with the SALT team who have considerable expertise in running an effective PLT.

Organise CPD activities during PLT in liaison with the boards.

Involve all the NIMDTA team in the development of the strategy.

Work with appraisers and ask them to flag up areas of good practice.

Provide information for revalidation and make available support for doctors on maintaining their assessment folder.

Recommendation 7: This report looks at what NIMDTA could do to develop their CPD provision. They now need to look at their capacity and how to develop the expertise and build a team to successfully implement what they aim to achieve.

Key considerations are:

The role of the GP tutors

How effectively time is used within NIMDTA

Training needs within the team

How they will ensure the strategy is actively initiated and momentum maintained

What workforce restructuring is required to make NIMDTA an efficient and effective organisation.

Building a network of active advocates or champions who understand the innovation and champion it.