Vocational Training for general practice in the UK

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History of GP training in UK

- < 1970 No formal training
- c. 1970 First voluntary Vocational Training Schemes (VTS)
- 1984 3-year vocational training compulsory
- 2003 New regulatory system (Postgraduate Medical Education & Training Board, PMETB)

Training for GP before 2005

- Medical school (5-6 years)
- 1 ‘pre-registration’ year (in hospital)
- 3 years vocational training
  - 18-24 months in hospital rotations, e.g. ObGyn, paediatrics, psychiatry, care of elderly, A&E
  - 12-18 months in training practice, with personal trainer
  - Day release scheme throughout, run by course organiser
- ‘Summative assessment’ → Certificate of Completion of Training (>97% pass rate)
- MRCGP optional (approx. 80% pass rate)

‘Modernising Medical Careers’

- Changes to postgraduate training in all specialities, including general practice
- 2 ‘foundation years’ after initial medical qualification (provisional registration)
- F1 – three 4-month rotations in medicine, surgery etc.
- Full registration with General Medical Council
- F2 – three more 4-month rotations, including general practice for everybody
- Certificate of Completion of Training

Vocational Training after 2007

- F1 & F2 (includes 4 months general practice)
- 3 years (+/ - 6 months) vocational training
  - Based in a teaching practice
  - 1-to-1 relationship with personal trainer
  - Hospital attachments
  - Day release scheme throughout
- Competency-based licensing assessment ('new MRCGP') replaces Summative Assessment

Who does what?

- **Government** determines manpower requirements and provides funds
- **PMETB** sets the rules, issues certificates
- **Deaneries** (regional postgraduate educational organisations) supervise the education
- Local Vocational Training Schemes & hospitals arrange rotations & placements
- Royal College (**RCGP**) sets standards and undertakes quality control

Role of Deanery

- Selection of applicants for VT
- Appointment & training of trainers & course organisers
- Approval of educational posts and courses
- Arranging hospital rotations
- With RCGP, develops assessment methods

Role of RCGP

- Develops curriculum
- Educational support for trainers
- Advises PMETB on standards and assessment
- With other specialist Colleges, approves hosp
- With Deaneries, develops assessment methods
- Confers MRCGP on successful graduates

Key features of VT schemes

Mix of :

- Service learning: (clinical experience in practice or hospital)
- Apprenticeship: 1 to 1 relationship with trainer
- Group learning: day release schemes run by course organisers
- Self-directed learning
  e.g. voluntary placements, special interest courses,peer study groups, Balint groups

Roles of trainer

- Clinical teacher
- Supervisor
- Educational facilitator
- Role model
- Mentor and friend
- Assessor

Hospital rotations

- Mix – usually ob/gyn, paeds, psychiatry, care of elderly, A&E
- Responsibilities – same as specialist trainees
- Duration – usually 6 months (same as specialist trainees)

Hospital rotations: potential problems

- Clinical / educational balance
- Consultants may not be used to teaching
- Consultants may view GP trainees as less able or less committed than specialist trainees
- Trainees may feel divided loyalties

New licensing assessment ('nMRCGP')

- Knowledge test
  - Computer-based, factual knowledge & decision-making
- Clinical skills assessment
  - Simulated patients, clinical procedures
- Practice-based assessment
  - Trainer's report, consultation skills, 360° appraisal

Challenges for the future

- Recruiting high calibre trainees
- ‘Feminisation’ & part-time workers
- Safeguarding educational time & resources
- Educational capacity – expanding role of GP-based teaching (undergraduate, F2)
- Morale & workload of trainers
- Maintaining emphasis on communication skills & personalised care.

My advice …

- Find good role models to act as teachers
- Introduce hospital colleagues to good family medicine and good teaching
- Get them to take pride in becoming effective teachers
- Emphasise education is essential for future health care, not a luxury
- Educate everyone – colleagues, public, media, policy-makers – about clinical generalism and family medicine