

Volume 4

Primary Care Specialist Training Scheme

Primary Care Specialist Training Team
 FINAL REPORT: The recommended strategy
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 Primary Care Specialist Training Scheme

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1 Preface

The following has been agreed in the memorandum of Understanding (Dec.1999)

1. Primary Care Specialist training in Macedonia will be:
 - Problem based
 - Community based
2. It will provide an adult learning approach
3. It will prepare the Trainee to manage:
 - Acute care
 - Chronic care
 - Preventive care

The Blueprint for the **Framework of Competencies** has been produced and agreed after peer review by the Dean's Council, the Faculty of Medicine and the General Practice Advisory Group.

The **Job Descriptions** and **Person Specifications** of the future Primary Care Physician in Macedonia have been drawn up and agreed.

The **Educational Objectives** for the training programme have been developed and agreed. This document will provide information about the implementation of training.

2 Introduction

European Union regulations state that for a doctor to practise *independently* in Primary care he/she must have undergone a minimum of **3 years postgraduate training after basic licensing**. This must include a **minimum of 6 months residency in a hospital setting**.

2.1 Places where the Education takes place

It is suggested that the training takes place in the following settings:

- The **General Practice setting**, this will be in accredited practices. It may be in the patients' homes, during the home visit, respecting patient's rights and ethical principle. These settings are ideal for the apprenticeship model to be used.
- The new CME Centres. These settings are ideal for modern interactive educational methods such as small group work and clinical skills training on phantoms.
- An accredited Emergency Department
- Accredited hospitals
- Accredited special departments at the University Hospital
- Accredited special hospitals
- Accredited Other settings may be helpful for the trainee to visit for special purposes

2.2 Those who will be involved in training

In General Practice they will be taught by a **trained General Practitioner** (the trainer) In exceptional circumstances where it is necessary to meet the educational needs of the trainee the trainer may delegate specific parts of the training to respected colleagues. However in all circumstances the trainer will remain responsible for the trainee, both for his educational needs and clinical management of patients.

Nurses and other staff, both clinical and administrative, will take part in the educational process.

In the CME Centre the **Education Organisers** (Course Organisers) will be responsible for organising appropriate educational activities. Personnel who are contracted with the School of Primary Care to run single sessions or series of sessions may resource these.

In Hospital Hospital Trainers who may be Professors, Assistants, Consultants or any other appropriate persons will teach them. They will all be required to undergo special training in modern educational methods prior to appointment.

Also there will be input from the **Nursing and allied professions**.

The trainee will have only **one named Trainer** in each main place of learning whose role will be to encourage, support, assess formatively and advise the trainee.

Each trainee will have a **Mentor** for professional support throughout the three-year programme. The Education Organiser will take on the mentoring role for up to five trainees. It will be the duty of the Education Organiser to ensure that the training is proceeding according to the plan.

2.3 Educational content

The **Framework of Competencies** provides a basis for what needs to be learnt and the **Educational Objectives** provide more specific details of what the trainee needs to *achieve* but this is postgraduate training for adults and each trainee will have *individual needs* and should be encouraged to be *self-directed*. What the trainee *needs to learn* will have to be assessed by **formative assessment** methods.

2.4 How will the trainee learn?

The trainers and mentors will be important role models for the trainee. The trainee will be expected to be a **life-long learner** and be **self-directed**. He/she will be encouraged to produce **Personal Learning Plans** by his trainers, which will be assessed (formatively) by the trainee his/herself, and his/her trainers. The trainees will learn by:

- Observation
- demonstration
- dialogue
- one-to-one tutorials
- practical application
- debriefing
- random case analysis
- consultation analysis sometimes using audio or video tapes.
- small group work including Balint groups
- other case or problem based discussion groups
- role play
- group seminars
- journal clubs
- private study – books / journals / Internet
- computer based interactive learning programmes
- lectures (occasionally)
- any other appropriate techniques

The method will depend on the setting, the subject, the skill, experience and imagination of the trainer and the trainee and access to information and materials.

Throughout this practical training the trainee will be paid and therefore will be expected to undertake the management of, and take responsibility for patients, always working under supervision appropriate to the ability of the trainee and the stage in training.

2.5 Assessment

Formative assessment is a basic component of the educational process and therefore will take place throughout the training period. It includes both *self-assessment* which is necessary, for example for the trainee to draw up a Personal Learning Plan, and also *assessment by the trainer*.

Summative assessment will take place at the end of training in order to ensure that the trainee is ready to practise unsupervised.

It is essential that summative assessment is objective, reliable, valid, generalisable, feasible and fair. It must be carried out by independent examiners.

2.5.1 Assessment methods

These will include both written and practical methods.

2.5.1.1 Formative assessment methods – written:

- Reflective diary
- Log book
- Personal Learning Plans
- Rating scales
- Other written material may be requested by the trainer e.g. MEQ

2.5.1.2 Formative assessment methods – practical:

Although these will not require formal writing by the trainee it is essential that the trainer maintain a record of the trainee's progress. This documentation should be prepared by the trainer and trainee together and agreed. Persistent or recurrent difficulties in reaching agreement about the content of documentation may demonstrate a problem in the trainee-trainer relationship and should be regarded as a signal for the need of advice from the Education Organiser.)

2.5.1.3 Practical methods of formative assessment:

- Observation of clinical skills
- Observation of the consultation
- Review of medical records
- Review of the Log book
- Feedback from patients
- Feedback from staff

2.5.1.4 Summative assessment methods - written:

- Multiple Choice Questions
- Extended matching Questions
- Short Answer Questions
- Modified Essay Questions
- Essays (traditional)

2.5.1.5 Summative assessment – practical

Method

- Observation of consultations
- Observation of clinical skills
- Interpretation of X-rays, laboratory reports or other investigations

Format

- Objective Structured Clinical Examination (OSCE)
- Simulated Surgery
- Video: *for consultation skills*

2.5.2 Assessment of Attitude

It is acknowledged that it is extremely difficult to assess the attitude of a doctor and how this will ultimately affect his/her practice. However those supervising his/her practice should attempt to do so and address any concerns as soon as these become apparent.

It is imperative that the independent practitioner demonstrates that he applies the ethical principles to all aspects of his/her work.

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Table 1. Assessment methods and their usage in testing knowledge, skills and attitude.

Assessment Methods	Knowledge	Skills	Attitude
Formative assessment-practical			
Observation of clinical skills		*	
Observation of the consultation		*	*
Review of the medical records	*	*	
Review of the log book		*	
Feedback from the patient			*
Feedback from the staff			*
Formative assessment - written			
Reflective diary			*
Log book		*	
Personal learning plan			*
Rating scale	*	*	*
Other writhen material	*		*
Summative assessment – practical			
Objective Structured Clinical Examination (OSCE)		*	*
Simulated surgery	*	*	*
Video	*	*	*
Summative assessment – written			
Multiple choice question (MCQ)	*		
Extended matching Questions (EMQ)	*		
Short answer question (SAQ)	*		
Modified Essay Question (MEQ)	*		
Essays (traditional)	*		

3 The Training Scheme

The training for primary care **specialization** is designed to take place over a period of **three years**. The initial three months will be spent mainly in the CME Centre, one year will be spent working in an accredited hospital setting, three months in an accredited emergency department and the rest in an accredited practices in primary care.

Throughout the training period every effort will be made to keep the trainee in touch with primary care by a day-release program. **During the three months introductory period the trainee will spend one day a week in the primary care practice and for the rest of the training he/she will spend one day per week on a day-release program based in the CME Centre.**

As stated in the introduction to the Framework of Competencies, this training scheme was drawn up on the assumption that there would be parallel development of the undergraduate programme and the Pre-Registration year. As the first trainees to enter the Primary Care Specialist Training programme are unlikely to have had the benefit of these developments, the introductory period has been extended. This will ensure that the trainee has a good grounding in basic skills before embarking on specialization.

The primary care components are designed to prepare the trainee for practice in either an urban or a rural setting. Much of the hospital training could take place in a general hospital provided the standards of care and of teaching are satisfactory.

In view of the small population some specialities are only situated in Skopje and where it was felt that exposure to these specialities is essential, this has been noted.

The training period is divided into seven components. These are described below.

3.1 Introductory Course: 3 months

Once reform of the Internship year has taken place this period may be reduced. The Introductory Course is designed to prepare the trainee for modern educational methods and ensure that he has the necessary skills to benefit from the rest of the programme. The **first two weeks** will be spent in the **training practice (in primary care)** so that the trainee will experience contact with patients first hand, and be able to appreciate some of the problems which are encountered daily by doctors working in primary care. The **next 11 weeks** will be spent mainly in the **CME Centre** but the trainee will return to the training practice for one day per week to maintain his link with clinical work.

This period will include:

- Introduction to the problem based approach
- Communication skills
- Introduction to Guidelines
- Computer skills
- Introduction to Evidence Based Medicine
- Introduction to Consultation Analysis
- Ethics
- Clinical skills (revision and remedial)

Although medical English is not included in this programme as it is offered to undergraduates in Macedonia, trainees will be encouraged to perfect their English so that they are able to update their knowledge through the Internet.

3.2 Primary care (urban): 6 months

This module would consist of:

- General practice (3 months) (*these may be concurrent*)

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- Paediatrics (2 months)
- Obstetrics and Gynaecology (1 month)

The periods of time reflect the amount to be learned, it is hoped that the trainee would be integrated into the primary care centre and be able to spend time in the specialities interspersed throughout the six-month period.

Throughout the trainee will attend the weekly **Day release course** with his peers, mainly at the CME Centre where most of the learning will be in small groups including **Balint group** work.

3.3 First Hospital component 6 months

The training will take part in accredited hospitals, where conditions/disease from **Internal medicine, Dermatology and Infectious Diseases** will be covered.

The Team feels that it will be necessary for the trainee to visit the following specialized departments in order to see the management of conditions, which are important in primary care, but which are best managed in specialized units:

- Unit for the management of arrhythmias and coronary artery disease
- Stroke unit for the management (including rehabilitation) of stroke.
- Unit for management of congenital abnormalities and genetic counselling.
- Unit which deals with behavioural problems and child abuse.
- Geriatric hospital or home for the care of the elderly
- Department for asthma treatment in children
- Dialysis units
- Hospice for palliative care
- Cardiac rehabilitation unit for active rehabilitation of patients with cardiac disease
- Pain control clinics/centres for the control of chronic pain

3.4 Emergency Department: 3 months

Time spent in the Emergency Dept. will provide experience of every day emergency situations. Time will need to be spent at a specialized unit for head injuries (as these are all referred centrally) and possibly other trauma.

- City hospital
- Urgent centre in the surgical department at the University

3.5 Primary Care (rural) 6 months

3.6 Second Hospital component 6 months

This will include **Obstetrics** (the team does not anticipate intrapartum care becoming part of primary care, but the GP Advisory Group felt strongly that doctors working in primary care should have basic obstetric experience.) In this component the trainee will receive some training in **ENT, STDs and Infectious Diseases**.

The Team feels that it will be necessary for the trainee to visit the following specialized departments in order to see the management of conditions which are important in primary care but which are best managed in specialized units:

- Department for treatment of Tb
- Department for HIV treatment
- Department of Ophthalmology
- Psychiatric hospital for (Severe Psychiatric conditions (eg major psychoses, substance abuse, and cognitive impairment)

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- Centre for Physiotherapy and rehabilitation

At the time of writing it is not clear where it is planned to place some of these facilities, for example there may be dedicated STD clinics with open access in which case the trainee will attend these.

3.7 Primary Care 6 months

This is urban or rural depending on the trainee's preference. It will be flexible so that the trainee can address his unmet needs. *It is hoped that sufficient attention will be given to the **common mental health problems**, which form such a large and increasing part of the work of the primary care doctors.*

“Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life.” ref: ‘Duties of a doctor registered with the General Medical Council’ GMC of the United Kingdom.

4 Requirements for training in Primary Care:

4.1 Selection procedures:

There will need to be training for those involved in all the selection processes, which will be necessary for training. This will include the selection of trainees, trainers, education organisers as well as administrative staff and other employees.

This training will need to precede the commencement of the programme.

It is imperative that all selection procedures are transparent and in accord with equal opportunities legislation

4.2 Training the trainers:

All people who will be responsible for training will themselves require training as follows:

- The General Practice Trainer:
 - In modern methods of education.
 - In aspects of General Practice which are new to doctors working in primary care in Macedonia, e.g. Practice Management.
 - About conditions which are not usually treated in General Practice in Macedonia, for example some psychological problems
- **The Primary Care Specialists who provide training:** (for example Paediatricians and O&G doctors working in primary care)
 - In modern methods of education
- The Hospital Trainer:
 - In modern methods of education
 - About a general practitioner's working environment and the particular difficulties which affect his ability to deliver effective health care.
- The Education Organiser:
 - In modern methods of education with particular emphasis on small group work and teamwork.
 - In Balint leadership skills.
 - In aspects of General Practice which are new to doctors working in primary care in Macedonia, e.g. Practice Management.
 - About conditions which are not usually treated in General Practice in Macedonia, for example some psychological problems.
 - In basic management, especially of time, teams and people.
 - In selection procedures
- The trainer working in the Emergency Department:
 - In modern methods of education

4.3 Selection of the Training Practices:

Prior to the commencement of training in the community the practices will need to be of a standard, which is consistent with effective training. This will apply not only to the quality of the buildings and equipment, but also to the working relationships between those from all disciplines who work there and the standard of records and availability of essential information.

It is essential that those who inspect the practices have the necessary understanding of the work of general practitioners. It is recommended that these inspections be carried out by small teams consisting of an education organizer, trainer and representative from the senior staff of the School of Primary Care.

4.4 Selection of Hospital Departments for Training:

The suitability of hospital departments will depend on the quality of care provided there and on the ability of the staff to share their knowledge. It is essential that a senior hospital specialist of the appropriate discipline is a member of the inspection team. The other members should be a general practice trainer and an education organizer.

4.5 Initial situation

Until there is an established pool of trainers and education organizers, practices and hospital departments will need to be inspected by doctors who have knowledge of primary care and its particular training requirements. These doctors will need to undergo intensive training.

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	PHC GP	PHC OBS/Gy	PHC Paed	CME Centers	Emergency	Hospitals	Special Depts. University	Special Hospital	Other Settings
1.1 Reproduction									
Family Planning		■							
Infertility	■	■		■					
Pregnancy		■				■			
Ectopic pregnancy	■	■			■	■			
Puerperium	■	■							
Menstrual problems	■	■		■					
1.2 Child Health									
General	■		■			■			
Child development	■		■				■		
Common congenital problems and genetic counselling	■		■	■					
Child abuse/ physical and sexual abuse	■		■				■		■
Behavioural problems	■		■				■		■
1.3 Adolescence/Puberty									
	■		■	■					
1.4 Menopause									
	■	■		■					
1.5 Medicine for the Elderly									
	■			■				■	■
1.6 Palliative - terminal care									
	■			■	■				■
1.7 Nutrition									
	■	■	■	■					
1.8 Mental health									
General	■			■					
Major Psychoses	■				■		■	■	■
Neuroses	■			■	■	■	■	■	■
Cognitive Impairment	■		■	■				■	■
Alcohol/Substance abuse	■		■	■	■	■		■	■
Psychosexual problems	■	■		■					
2.1 Emergencies									
Collapsed patient/Loss of consciousness	■			■	■	■			■
Anaphylaxis	■				■	■			
Major trauma				■	■	■			
Head injury	■		■		■		■		

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	PHC GP	PHC OBS/Gy	PHC Paed	CME Centers	Emergency	Hospitals	Special Depts. University	Special Hospital	Other Settings
Lacerations	■			■		■			
Severe burns	■		■		■				
Manifest gastrointestinal bleeding	■		■		■	■			
Abdominal pain	■	■	■		■	■			
Foreign body ingestion	■		■		■				
Eye trauma	■				■		■		
Sudden visual impairment	■						■		
Orbital cellulitis	■		■				■		
Acute breathlessness	■		■	■	■	■			
Choking - foreign body	■		■		■				
Acute urinary retention	■	■			■	■			
Acute scrotum	■				■	■			
Poisoning	■		■		■				
Electrical injury	■				■				
Bites (wounds/ poisons)	■		■		■		■		
Epistaxis	■		■		■				
Sprains/ strains	■			■	■	■			■
Fractures and dislocations	■			■	■	■			■
Acute swollen joint	■		■	■		■			■
Foreign bodies - special localisations	■	■	■	■	■	■			
Stroke & TIA	■				■		■	■	■
Convulsions	■		■		■	■			
Chest pain	■				■	■			
Death	■				■	■			
2.2 Common Problems									
The acutely ill young baby	■		■			■			
Convulsions	■		■		■	■			
Anemia	■		■			■			
Lymphadenopathy	■		■			■			
Dyspepsia	■		■			■			
Dysphagia	■					■			
Constipation/Fecal Impaction	■		■			■			
Gallstones	■					■			
Irritable bowel syndrome	■			■					
Hemorrhoids	■			■		■			
Jaundice	■		■			■			
Hernias	■		■			■			
Prostate problems	■			■					
Low back pain	■								■

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	PHC GP	PHC OBS/Gy	PHC Paed	CME Centers	Emergency	Hospitals	Special Depts. University	Special Hospital	Other Settings
Blepharitis/Conjunctivitis	■		■						
Red-eye	■		■			■			
Cataracts	■					■			
Haematuria	■	■	■						
Urinary incontinence	■	■		■					
Oedema	■					■			
Urolithiasis	■			■					
Headache	■		■	■					
Tremor	■			■					
Breast lumps	■	■		■					
Vaginal bleeding	■	■				■			
Paralysis	■		■	■					■
Muscular weakness	■		■	■					■
Disorders of sensations	■			■					
Chronic Pain	■			■					■
2.3 Infectious Diseases	■	■	■	■		■			
TB&HIV	■		■	■				■	
2.4 STD	■	■		■		■			■
2.5 Skin Problems	■	■	■	■		■			
3.1 Chronic Problems									
Asthma	■		■	■		■		■	
Allergic Rhinitis	■								
COPD	■			■		■			
Diabetes	■		■	■		■			
CAD	■					■	■		■
Hypertension	■			■					
Hyperlipidemia	■			■					
Heart failure	■					■			
Arrhythmia	■			■		■	■		
Peripheral artery disorders	■			■					
Peripheral venous disorders	■			■		■			
Soft tissue rheumatism	■			■					■
Inflammatory arthritis	■			■					■
Osteoarthritis	■			■					■
Renal failure	■			■				■	
Thyroid diseases	■		■	■					
Epilepsy	■			■					

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	PHC GP	PHC OBS/Gy	PHC Paed	CME Centers	Emergenc y	Hospitals	Special Depts. University	Special Hospital	Other Settings
3.2 Health promotion and screening	■	■	■	■					
4.0 Rational prescribing	■	■	■	■					
5.0 CPD	■	■	■	■	■	■	■	■	■
6.0 Management	■	■	■	■					
7.0 Medical Ethics	■	■	■	■	■	■	■	■	■