

Volume 6

IMPLEMENTATION PLAN

PLAN FOR IMPLEMENTATION

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1 PREREQUISITES

Before implementation the following **must be in place**:

- There must be completion of privatisation and the changes to the system of payment for primary care.
- New legislation must be in place (for Basic licensing and Accreditation of specialization).
- There must be a secure financial environment for the School of Public Health, Primary Care and Management. (The channels of funding must be secure.)
- The pre-registration year needs to provide appropriate training for doctors with the Basic License who will enter the primary care specialisation programme.¹
- The undergraduate training will need to be changed to provide appropriate preparation for the pre-registration year.²
- The doctors working in primary care must have viable practices for at least one year before they can consider training.

¹ Initially, the Training Scheme will include a prolonged introductory course to improve the practical skills of the doctor who enters the programme. The plan is that this period can be reduced once the changes to the pre-registration year are completed.

² The PCST team understands that reform of the undergraduate curriculum is already taking place. The changes to the pre-registration year are likely to accelerate this process.

2 TIME SCHEDULE

It is estimated that the first trainees will be in post approximately two and a half years after the new system of primary care payments is in place.

There will be seven aspects of selection and development taking place in parallel over the two and a half year period. This will be for:

1. The “Selectors” This is the core group who will initiate the whole process of primary care specialist training.
2. The Education Organisers
3. The Primary Care Trainers
4. The Primary Care practices
5. The Hospital and Emergency departments and Trainers
6. The Paediatricians and O&G specialists working in Primary Care who will be involved in training
7. The Staff of the School of Public Health, Primary Care and Management.

The Primary Care Trainer is the key to the success of the scheme and it is estimated that it will be two and a half years before these doctors will be ready to take trainees.

It is hoped that the necessary improvements to the practices and the development of others who will be involved in the programme, will have reached an adequate level by this time.

The attached Table demonstrates the parallel development.

For the **Primary care trainer** it will take:

- **1 year** for practices to be viable
- **6 months** for selection for initial training
- **3 months** for initial training and reselection
- **3 months** for practice inspection, approval and training in educational methods.

3 SELECTION PROCESSES

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

In order to set up a system of primary care specialist training (PCST) there will need to be a core group of “selectors” who have a thorough knowledge of primary care and all aspects of the training process. This group will be selected by foreign educators using fair and transparent methods.

This group will receive appropriate training after which they will initiate the selection process of all relevant personnel, practices and other places where teaching will take place. It will be the task of this group to train others in these selection procedures.

The training of the “Selectors” will need to precede the commencement of the programme.

The selection processes will be required for the following:

- Primary Care trainers
- Education organizers
- Primary Care specialists in O&G and Paediatrics
- Primary Care practices
- Hospital departments
- Hospital trainers
- Trainees

In this document are included templates with the criteria which are necessary for effective training to occur, but the standards appropriate to Macedonia will have to be set by the selectors after they have received the necessary training.

4 TEMPLATE FOR THE SELECTION OF PRIMARY HEALTH CARE TRAINERS

4.1 Advertisement

4.1.1 This will include:

- The position: Trainer
- Details of the contract:
 - Part time: (the applicant must continue to work as a General Practitioner)
 - Fixed time contract, with the possibility of renewal after review
- Closing date
- Essential prerequisites:
 - Valid licence to practise in Primary Health Care independently
 - A minimum of three years experience in Primary Care
 - The practice premises must be up to the standard required by the current legislation.

Those who reply will be sent an Information pack:

4.2 information pack:

This will include:

- General information giving details of the scheme
- Information about the selection procedure
- Information about the minimum standards of the practice premises
- Job Description
- Person specification
- Application form (which will include a request for references)
- Application form for submission of data from their practices,
- Application for the MCQ and Psychometric testing
- details of the training courses

Candidates will also be asked to include copies of their certificates, including the certificate of competence in clinical skills from the CME courses, if they have them.

Candidates will be asked to sign and return confirmation that, if short-listed, they agree to comply with the rest of the selection process (e.g. the MCQ, Psychometric tests, interview, Practice visit and training course.)

4.3 Selection procedure

- First Short listing from Application forms and certificates. This will be done by a committee of at least 3 people, including 1 of each of the following:
 - Selectors/senior members of the School
 - Education Organisers
 - Primary care trainer
- Testing (MCQ, psychometric tests)
- Second short listing from the results of the tests This will be done by at least three people drawn from the following:
 - Selectors/senior members of the School

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- Education Organisers
- Initial training and ongoing assessment during the training course. The course will be of 2 modules each of 3 days and will be run by the eight Selectors/ Education organisers who will be asked for their opinion about the candidates suitability for training with structured reference.(Questionnaire)
- Structured interview with marking schedule. This will be done by a committee which will include:
 - At least 1 Selector or senior member from the school
 - At least 1 education organiser
 - A PC trainer
 - A trainee (observer)

This selection committee will appoint the trainers subject to their practices and their references being satisfactory

The practice visit will be done by at least three people, one of which should be an Education organiser or selector and ideally one a trainer.

4.4 Contract

The successful candidates will be issued with contracts outlining their duties, responsibilities and terms of service.

5 TEMPLATE - FOR THE SELECTION OF THE EDUCATION ORGANISER

5.1 Advertisement

This will include:

- The position – Education organiser
- Details of the contract:
 - Part time (he/she will need to keep his skills up to date)
 - Fixed time contract, with the possibility of renewal after review
- Closing date
- Essential prerequisites:
 - Valid licence to practise independently
 - Experience in education (as a trainer, or with other relevant experience)

Those who reply will be sent an information pack.

5.2 Information Pack:

- General information
- Information about selection procedure
- Job description
- Person specification
- Request for a CV with references (asking for names of two persons that can be asked to provide references).
- Applications for the MCQ and Psychometric testing

Candidates will be asked to include copies of their certificates including certificates of competence in clinical skills from the CME courses, if they have them.

5.3 Selection procedure

- First short-listing from the CV and certificates. This will be done by at least three Selectors/Education organisers/representatives of the School
- Testing (MCQs, psychometric tests)
- Second short-listing from the results of the tests. This will be done by at least three Selectors/Education organisers/representatives of the School
- Structured interview with marking schedule. This will be done by a selection committee which will include:
 - At least 1 senior member from the School
 - At least 1 Selector
 - At least 1 Education organiser
 - Trainer observer
 - Trainee observer
- The Selection committee will appoint on the subject to satisfactory references.

5.4 Contract

The successful candidates will be issued with contracts outlining their duties, responsibilities and terms of service.

6 Template For The Selection Of Primary Care Specialist (Paediatrics /O&G) Trainers

The procedure will start after the Trainers have been appointed so that the geographical location of the practices known.

The Primary Health Care trainer will submit a list of respected paediatricians and ob/gyns who work in primary care locally, whom they consider would be good trainers. These potential trainers must practise from licensed premises.

These doctors will be sent an information pack The Information pack will include:

- General information with details of the scheme
- Information about the selection procedure
- Job Description
- Personal specification
- Details about the course on educational methods and assessment.

The course will be in 2 modules each of 3 days and will enable the trainer:

- To apply modern educational methods
- To carry out formative assessment

The trainers will be required to carry out formative assessment of the trainee.

Those doctors who express an interest will submit themselves for interview.

6.1.1 Structured interview with marking schedule

The selection committee will consist of:

- A representative of the professional Association of the appropriate speciality
- The Education organiser
- A trainer.

6.2 Contract

Contracts will be issued to the successful candidates outlining their training duties, responsibilities and terms of service.

7 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 are carried out by small teams consisting of an education organizer, trainer and representative from the senior staff of the School of Primary Care.

7.1 Template for the selection of practices

<p>Visiting team consists of:</p> <ul style="list-style-type: none"> ▪ Education organizer ▪ Selector or senior representative from the School ▪ Primary care trainer
<p><i>Licence for the premises</i> – only practices which have a licence confirming that they meet with the minimum standards required for primary care practice will be considered for training. Potential trainers will be required to send a copy of this licence with their application, together with their other certificates.</p>
<p><i>General impression</i> (this is the subjective impression of the visitors)</p>
<p><i>Physical environment</i> (comments should be made about the standard of hygiene)</p> <ul style="list-style-type: none"> ▪ Rooms (the number, size, condition and suitability for training should be recorded) <ul style="list-style-type: none"> ▪ Trainer ▪ Trainee ▪ Waiting room ▪ Record keeping ▪ Reception ▪ Treatment room –nurses ▪ Other ▪ Non medical equipment <ul style="list-style-type: none"> ▪ Telephone ▪ Computer – internet access ▪ Medical equipment (minimum requirements will be given)
<p><i>Staff</i> – (the number, the impression made on the visitors, their attitude to patients and training should be noted)</p> <ul style="list-style-type: none"> ▪ Nurses ▪ Receptionist ▪ Manager ▪ Other
<p>Records (the quality, legibility, clarity and completeness should be noted. Records may be on paper or computer, or a combination of both)</p> <ul style="list-style-type: none"> ▪ Number of patients

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- Age/sex register
- Disease register
- Practice formulary
- Targets
- Audit

Services provided by the practice: for example minor surgery, contraception)

Complaints procedures (How are complaints received? What procedures are there for responding to them?)

NB Each visitor should record his assessment separately, but the team should then discuss the individual findings and try to come to a consensus.

The findings should then be discussed with the trainer (at the end of the visit) so that any recommendations can be discussed.

All reports should be confirmed in writing.

8 RE-APPROVAL OF PRACTICES

- When a practice is assessed for re-approval, additional information can be obtained about the quality of training which has been provided.

In each case information should be collected from the trainer and trainee separately, this can be done simultaneously by different visitors. However it is essential that the process is transparent and any disagreements between the trainer and trainee discussed openly.

8.1 Trainer

- Timetable
- Evidence of training
- Evidence of attendance at the trainers' workshop
- Evidence of the assessment procedures

8.2 Trainee

- Timetable
- Evidence of training (Log-book, diary, Personal Learning Plan)
- Evidence of attendance at the day release programme
- Evidence of the assessment procedures
- Supervision, is the level appropriate?
- Number of patients seen

9 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, selector or senior member of the School.

9.1 Template for the selection of hospital departments

Visiting team should be a Hospital specialist and <i>two</i> of the following <ul style="list-style-type: none"> ▪ Education organiser ▪ Primary care trainer ▪ Selector or senior member of the School The department must be in an accredited hospital.	
General impression (this is the subjective impression of the visitors)	
Physical environment (comments should be made about the standard of hygiene and nursing)	
Total number of beds for that speciality	
<ul style="list-style-type: none"> ▪ Bed occupancy ▪ Administrative systems for running the department 	<ul style="list-style-type: none"> ▪ Access to outpatients ▪ Access to library ▪ Access to computers and internet
Staff: the visitors should gain an impression of the following:	
<ul style="list-style-type: none"> ▪ Commitment to training ▪ Introduction to the department (for example what sort of an introduction did the visitors receive) ▪ Enthusiasm of staff 	<ul style="list-style-type: none"> ▪ Regular meetings (who attends? Are minutes kept?) ▪ Involvement of staff in discussion and decision making
Records	
<ul style="list-style-type: none"> ▪ Medical records (quality, legibility, clarity and completeness; paper or computer) ▪ Age/sex registers ▪ Disease registers 	<ul style="list-style-type: none"> ▪ Patients with appropriate conditions for the trainee to gain experience relevant to primary care ▪ Audit
Education	
<ul style="list-style-type: none"> ▪ Teaching experience of those working in the department ▪ Educational objectives ▪ Formative assessment 	<ul style="list-style-type: none"> ▪ Protected teaching time (has this been scheduled into the weekly timetable?) ▪ What plans have been made for teaching the trainee
NB Each visitor should record his assessment separately, but the team should then discuss the individual findings and try to come to a consensus. <i>The findings should then be discussed with the staff of the department (at the end of the visit) so that any recommendations can be discussed. All reports should be confirmed in writing.</i>	

10 RE-APPROVAL

When a department is assessed for re-approval, additional information can be obtained about the quality of training, which has been provided.

In each case information should be collected by a structured interview from the named trainer and trainee separately, this can be done simultaneously by different visitors. However it is essential that the process is transparent and any disagreements between the hospital trainer and trainee discussed openly.

10.1 Named trainer

- Timetable
- Evidence of training
- Evidence of the assessment procedures

10.2 Trainee

- Timetable
- Evidence of training (Log-book, diary, Personal Learning Plan)
- Evidence of attendance at the day release programme
- Evidence of the assessment procedures
- Supervision, is the level appropriate?
- Number of patients seen

11 TEMPLATE - FOR THE SELECTION OF HOSPITAL TRAINERS

Once the Hospital department has been selected by the School of Primary care, the Head of the Department will be asked to advertise the post of “Named trainer” within the department.

An Information pack will be provided to assist the selection process.

The “named” trainer will have responsibility for the trainee. It is assumed that the head of department will ensure that the named trainer has an interest in medical education.

11.1 The Information pack

This will include:

- General information with details of the scheme
- Job Description (this includes the obligation to carry out formative assessment)
- Person specification
- Details about the course on educational methods and assessment

11.2 The course

This will be in 2 modules each of 3 days and will enable the trainer:

- To apply modern educational methods
- To carry out formative assessment

The named trainer will be required to carry out formative assessment of the trainee.

11.3 Contract

The named trainer will have a contract with the School of Primary care outlining his duties, responsibilities and terms of service.

12 TEMPLATE OF SELECTION PROCEDURE OF THE TRAINEE

12.1 Advertisement:

- The position – Primary Care Specialisation trainee
- Details of contract:
 - Full time job
 - Fixed time contract
- Places and areas where the training takes place
- Closing date
- Essential prerequisites:
 - Valid basic licence
 - IT skills
 - English language skills.

Those who reply will be sent the information pack:

12.2 Information pack:

This will include:

- General information with details if the scheme
- Information about selection procedure
- Job Description
- Person specification
- Application form
- Application for the MCQ and Psychometric testing
- Signed confirmation that applicant will take part in all phases of the selection procedure
- Signed agreement that if selected will accept training location

Candidates will also be asked to include copies of their Basic licence and any other relevant documents.

12.3 Selection procedure

- First Short-listing on the basis of the Application form and certificates. This will be done by a committee of 3:
 - Selector/senior representative of the School
 - Education organiser
 - Primary Care trainer
- Testing (MCQ, psychometric tests, IT and English language skills)
- Second short listing on the results of these by:
 - Selector/Senior representative of School
 - Education organiser
 - Primary care trainer
- Structured interview with marking schedule. To be done by a committee of at least 3:
 - Selector/Senior representative of School
 - Education organiser
 - Primary care trainer
 - Hospital specialist
 - Trainee (observer)

12.4 Contract

The successful candidates will be issued with contracts outlining their duties, responsibilities and terms of service.

13 TRAINING AND SUPPORT:

13.1 The Selectors

In order to set up a system of primary care specialist training (PCST) there will need to be a core group of “selectors” who have a thorough knowledge of primary care and all aspects of the training process. These doctors will require training themselves in assessment methods, selection procedures and management processes as well as further training in educational methods, particularly in group leadership and feedback skills.

It is suggested that a group of 8 doctors from Macedonia, who have some knowledge of postgraduate education for general practice, are chosen by foreign consultants to form this group.

We **recommend** that their training begin with a **Study Tour** abroad for a minimum of **3 weeks** and further training in Macedonia with the help of foreign consultants follows that.

13.2 Study tour

In order to be able to *select and manage personnel* the tour should enable the group to:

- Apply the principles of equal opportunities
- Design an advertisement
- Design job descriptions and person specifications
- Recognise the essential components of a contract
- Design an application form
- Evaluate an application form and curriculum vitae
- Design, write and evaluate references
- Design and interpret an MCQ test
- Choose, apply and evaluate appropriate psychometric tests
- Apply and evaluate interviewing techniques and marking schedules
- Set and evaluate a test of English language
- Set and evaluate a test of IT skills
- Set criteria
- Set and evaluate rating scales
- Decide on the relative values of specific testing methods
- Devise procedures for dealing with disciplinary matters and sick doctors
- Devise remedial procedures for dealing with failures

In order to help the group to *accredit institutions* and set up *systems* we recommend that the tour should include:

- Visits to practices as part of the trainer selection process
- Visits to hospitals for accreditation purposes
- An official visit to a Region to assess suitability for training (these are comprehensive 3 day visits by experienced assessors)
- Attendance at trainer/ education organiser selection committees

All the above should include the setting and interpretation of criteria.

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The tour should also provide the group with experience of:

- Management meetings
- A Course Organisers Conference (for Education organisers)
- A Balint leadership course
- Day release programmes for trainees
- Trainers workshops
- Evaluation of educational sessions
- Small group leadership

Following the tour the **training** should continue **in Macedonia**. This will include:

- Advice about the essential components of contracts in Macedonia
- Visits to practices to assess suitability for training
- Visits to hospitals to assess suitability for training
- Setting criteria appropriate for Macedonia
- Rehearsing selection procedures

13.3 Estimate of time required

Setting criteria, carrying out and reviewing visits to practices **3 weeks**

13.4 External support required

- Macedonian Lawyer - (for the contracts) - 1 day
- Foreign GP Trainer or Course organiser (experienced)
 - For practice visits: **3 weeks**
 - For Hospital visits: **3 weeks**
- Hospital Specialist experienced in assessing departments for training
 - For Hospital visit: **3 weeks**
- Management consultant
 - To run a management course for selectors : **2 weeks**
 - To help set up management courses for trainers, educational organisers and trainees: **1 week**
- Educationalist
 - Design, setting up, and interpretation of various test for selection procedures: **3 weeks**
- Psychologist
 - Interviewing techniques, Psychometric tests interpretation: **2 weeks**

14 PRIMARY CARE TRAINERS

The trainers will be the key to the success of the scheme and it is essential that they have a thorough understanding of the educational processes, the ability to examine their own work and be prepared to share their knowledge and experience, including their mistakes, with the trainees.. They must also have a good knowledge of medicine and its application in Primary Care.

It is proposed that in the first year of preparation, before the posts of trainers are advertised, meetings are arranged to inform Primary care doctors, the potential trainers, about the training scheme and what will be expected from the trainers.

The selection procedure attempts to ensure that those chosen have these essential qualities, which is why the process includes psychometric testing and an MCQ to assess medical knowledge. The selection process will also include a pre-appointment course which will also aid the Selection Committee to assess the potential trainers.

The PCST team appreciates that this may appear to be an unduly laborious process as not all those who attend this introductory course will be appointed, but they feel that the education which these doctors receive will be of benefit in their everyday work and may also help to prepare them for the training role should they decide to reapply at a later date.

14.1 Preliminary Course (part of the selection process)

This course will consist of **6 days** (2 modules each of 3 days). The content will include:

- Educational methods
- Audit
- Management
- Chronic disease management
- Evidence based medicine
- Assessment methods
- Ethics

Support required

- All 8 local Selectors
- It is estimated that they will need at least 3 weeks (full-time) to prepare and run this course.
- A foreign educator to act as a resource and independent observer (to provide feedback) for the 3 week period.

14.2 Basic training course (after selection, before the trainee is appointed):

This will be a further **6 days** training (2 modules each of 3 days):

The content will not only build on the work done in the previous course, but also include different aspects of training, namely:

- Continuous professional development
- Clinical governance
- The problem trainee

14.3 Trainers' workshops (ongoing):

The trainer will be expected, as part of his contract to attend a workshop one day per month (**40 days per year**) for the year prior to the commencement of his training contract and then continuing as part of the training duties.

The trainers as self-directed learners will be responsible for their own programme, but it is anticipated that the Education organisers and Selectors/Senior members of the School or others who have special expertise will assist them.

These workshops will provide support to the trainers and encourage regional collaboration and cooperation.

In other countries these workshops have been shown to be invaluable in developing a network of experienced GPs who then raise the standards of practice for the whole population.

There is concern that Primary Care physicians lack experience and expertise in dealing with common psychological problems. It is strongly recommended that a series of CME courses is provided in order to address this problem. Potential trainers will be encouraged to attend them.

15 EDUCATION ORGANISERS

Education organisers are expected to take part in the running of the CME centers, design and run the Introductory course for the training scheme, set-up and run the Day release scheme, take responsibility for mentoring trainees and ensure that the quality of the training process is kept up to the standards.

It is proposed that selection procedure for education organisers will start in the second year of preparation. Taking into account the important role foreseen for these doctors selection will be based on the results of psychometric testing, tests of medical knowledge, and previous experience in education. Those doctors will require training themselves in assessment methods, selection procedures and management process as well as further training in educational methods, particularly in leadership and feedback skills.

After selection, the educational organisers should attend the basic training course for trainers (2x3 days).

It is suggested that group of 4 selected doctors from Macedonia, will be send abroad for a minimum of **3 weeks** study tour. The study tour should provide the group with experience of:

- Small group leadership
- A Balint group leadership course
- Mentoring process
- Management meetings
- Designing a course
- Designing, running and evaluating day release schemes
- Devising procedures for dealing with failing trainees

Also we recommend that the tour should include attendance at course organiser meetings.

Following the tour the training should continue in Macedonia by attending:

- Management courses,
- Selection procedure courses,
- Visits to practices and hospitals
- Selection procedures for people

After the tour, the educational organisers together with the selectors will establish and run workshops for trainers.

External support needed

- **Macedonian:Selectors all 8:** in designing Introductory course for the trainees.
- **Foreign: Course organisers** for designing day release scheme 2 x 2 weeks (**4 weeks**)

16 HOSPITAL TRAINERS

Trainers responsible for the hospital-based part of the training should have understanding of the educational process, good medical knowledge and its application in primary health care.

Those doctors will be chosen from hospital departments selected for training and they are expected to take the role of the named trainer for the trainee in the hospital.

In order to fulfil that role successfully they should receive additional training.

16.1 Basic training course

This course will consist of 6 days (2 modules each of three days). The content will include:

- Educational methods
- Assessment methods
- Differences in patient management between Primary and Secondary care

External Support needed:

- *Selectors and Educational organisers*

16.2 Trainers' workshops (ongoing)

The trainer will be expected, as part of his duties to attend a workshop. The trainers as self-directed learners will be responsible for their own programme, but it is anticipated that the Education organisers and Selectors/Senior members of the School or others who have special expertise will assist them.

These workshops will provide support to the trainers and encourage regional collaboration and cooperation.

17 PRIMARY CARE SPECIALISTS IN OB/GYN AND PAEDIATRICS

These doctors will be responsible for PHC training in Paediatrics and Obstetrics Gynaecology. They should have understanding of the educational process, good medical knowledge and its application in primary health care. In order to be able to teach effectively they should receive additional training.

17.1 Basic training course

This course will consist of **6 days** (2 modules each of three days). The content will include:

- Educational methods
- Assessment methods
- Differences in patient management between Primary and Secondary care

External Support needed:

- Selectors and Educational organisers

18 PROBLEMS

18.1 Introduction

The problems, which are foreseen in the implementation of the programme, can be divided into six categories:

- **Management and logistics.** It is necessary to have an appropriate and independent organization to implement and run the scheme, namely the
- School of Public Health, Primary Care and Management
- **Funding** for all aspects of postgraduate education for Primary care and the necessary infrastructure
- **Legislation** to ensure satisfactory standards and that the future of the programme is secure
- **Education** there is a need for input from Educationalists to advise on all selection and assessment procedures
- The **Attitude** towards Primary Care is already changing but there is a need for better communication at all levels.
- **Management.**

At the end of the World Bank project the **International Project Unit** will be disbanded. This means that no organization will have the responsibility for managing the CME centres and equipment, there will be no guarantee that the CME courses will continue and there will be no-one to renew the contracts of the Educators.

The Primary Care Specialisation Training programme cannot be implemented without the centres as a total of 25% of the time of the PCST is designed to take place in them.

It is assumed that this responsibility will revert to the Ministry of Health, but at present there is no guarantee that Continuing Medical Education will survive.

The PCST team is very concerned that if **private specialisation** is allowed, it will undermine the efforts to keep the standards of the programme, the fair selection of trainees and also affect the ability of the government to control the ultimate number of doctors working in Primary Care. This will be a new problem because at present anyone may work in primary care with only the Basic licence, but once the regulations are changed there will be pressure on places for specialization.

An effective and independent School of Public Health, Primary Care and Management could overcome the logistic difficulties in the implementation of the programme.

18.2 School of Public Health, Primary Care and Management:

Once the School is set up as an independent institution, assuming that its funding is secure, it will be possible to ensure that the future of all aspects of postgraduate training for Primary Care can continue to be developed.

The PCST programme is dependent on Senior members of the School to instigate and administer the programme as well as providing both managerial and educational support to Selectors, CME Educators, Education organisers and Trainers. Ultimately, it will be their responsibility to ensure that all doctors working in primary care have been educated to an appropriate standard.

It will be the School which sets criteria, ensures that standards are maintained and improved and will be responsible for updating and revising the Framework and Educational objectives in the light of experience. It will be responsible for making contracts with specialists and organizations to provide wide-ranging and appropriate education and experience for the trainees.

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As the programme develops an increasing network of doctors interested in postgraduate education for primary care will emerge and this will aid those in the School who develop the programme to keep pace with the dynamic nature of medical practice.

18.3 Funding

It is essential that funding for the programme is secure. There is a real concern that if this is based on a scholarship system, from educational funds, the nature of the training will be threatened. The PCST team and the doctors already working in primary care feel that it is essential, that the training is *practice-based* and that the trainees are *working in primary care for a salary*. It would seem logical that the funds for the training are from the central health budget, which would pay for all aspects of the training and infrastructure, but that this money should be top-sliced and the part directly related to training administered by the School.

Funds will be required for the following:

- The initial and ongoing training of all staff involved in the programme
- The salaries of:
 - Senior members of the School
 - Selectors
 - Education organizers
 - Primary Care Trainers
 - Hospital trainers
 - Primary Care Specialist (Paediatrics and O&G) trainers
 - Trainees

Also for CME Educators and staff although they will not be directly involved

- Contractual payments to:
 - Hospital and other accredited departments providing education
 - Specialists contracted to provide education at the CME centers
- Administrative costs for:
 - The School
 - The CME centers
 - Examinations and assessment
 - Committee expenses
- Other expenses e.g.travel and subsistence associated with training
- Initial and recurring capital expenses such as those associated with Information Technology

It is also essential that there is adequate funding from some source to ensure that the practices in primary care are brought up to the required standards and that the practices are financially viable.

It should be noted that the changes which are required to provide effective training in the primary care setting, will inevitably bring about considerable improvements to the working conditions of all doctors, throughout the health service. This will enable them to deliver more effective, appropriate and economic health care for the population of Macedonia, thus making the initial investment worthwhile.

18.4 Legislation

At the time of writing a doctor with a Basic licence is able to work in primary care unsupervised. Legislation will be necessary to ensure that only *trained* (Primary Care Specialist) doctors, will be able to enter primary care. It is also necessary for the law and requirements for basic licensing to be clarified to ensure that doctors who enter the training programme are properly prepared.

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At present, Macedonia has more doctors than it needs and unemployment is already a problem. It is essential that the number of doctors who enter training at all levels is controlled in order to provide an appropriate number of doctors with the required specialisations to serve the population of Macedonia. There will also need to be control over the licensing of foreign graduates, or the planning process will be undermined. As mentioned above private specialisations are likely to aggravate this problem.

18.5 Education

In order to implement the programme it is necessary for a core group of educators to gain expertise in modern educational methods and assessment. Initially their training will be given by foreign educators. Although it is predicted that this core group will be able to teach their colleagues, the field is a wide one and assessment methods in particular are constantly changing. The team notes the suggestion of the Accreditation working party to set up an Education Unit in the university and if this materialises it would be a very valuable institution. However, the resources required would be considerable and at the moment there are no definite plans. Therefore it will be necessary for foreign help in this field to continue over a period of years.

Summative assessment both for the Basic licence and for the Licence to practice unsupervised will be difficult to implement. It will be especially difficult initially to set the standards at an appropriate level. The standards and methods of assessments will need to be reviewed and amended continuously and this will require the help of an experienced Educationalist.

In a small country it is difficult to find examiners who are not known to the candidates, but it should be possible to ensure that those who provided the training are not the same as those who assess them. In this programme every effort has been made to suggest objective assessment procedures, such as MCQs and OSCEs and where interviews are necessary to use marking schedules, these should help to encourage fair methods of selection and assessment.

18.6 Attitudes:

There have been very positive changes in the attitudes of and towards doctors working in primary care but it is essential that there is mutual respect between the doctors working at the primary, secondary and tertiary levels. Only when this is the case will there be effective communication between primary care doctors and their hospital colleagues. This will in turn increase the level of understanding about the difficulties and constraints, which affect all doctors, and ultimately everyone will benefit. The patients will receive more effective medical care and the doctors' morale will improve as his work becomes more rewarding.

The professional organizations, especially the Association of General Practitioners and Specialists working in Primary Care (which is part of the MMA) have an important part to play in informing their members about the changes and developing a truly representative role. The meetings of the PCST team with both the Dean's Council and the General Practice Advisory Group have demonstrated the value of consultation and the communication has been invaluable in devising this programme.