

Primary Care Specialist Training Team
FINAL REPORT: The recommended strategy
Volume 7
International Centre for Primary Care Studies.
Revision 4.4

Volume 7

The International Centre of Primary Care Studies (ICPCS)

A School for Primary Care in Macedonia

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International Centre for Primary Care Studies

Background

The fact that Primary Care in Macedonia very much needs urgent and significant development is beyond doubt. The CME project, founded via a loan from the World Bank, has found and nurtured a significant group of fine individuals. In time, and with the right support, some of these will survive and grow to become educational leaders; to deliver the adult learning needed in the health sector. It would be irresponsible to assume that the current Faculty of Medicine with all of its own difficulties and problems, is able to provide the support needed on its own.

The reform of the payment system for primary care is one of the key triggers to enabling sustainability. When the capitation system is established, it will lead to crucial funds being released to educate doctors and nurses in primary health care, sponsoring post-graduate and CPD activities.

The second key trigger for sustainability will come when the Government of Macedonia elects to reform the system of subsidies and entry processes for graduate and post-graduate medical students. The intake of new medical graduate students must be reduced to less than 100 per annum. Those who wish to enter primary care, must first complete a post-graduate specialisation which will truly prepare them for the challenges ahead.

The third key step is to establish an International Centre of Primary Care Studies (ICPCS), *ie a school to deliver, and maintain the effectiveness of, Macedonia's primary healthcare workforce.*

This document provides the ICPCS with its mission, governing principles, framework of autonomy and executive powers, and preliminary organisation structure. It also identifies the partnerships and near-term priorities of the ICPCS.

Mission

The ICPCS develops the capacity, quality and integrity of PHC. It provides to primary healthcare professionals: internationally recognised post-graduate Primary Care Specialist Vocational Training, Continual Professional Development; research and review of quality and past performance; development of best practice. It recommends the annual performance and development objectives for PHC in Macedonia. It provides an environment to promote communication and sharing of experiences between PHC professionals.

Therefore, first and foremost, the ICPCS is a *school* for doctors and nurses who have elected to develop a vocation in primary healthcare. It is also a source of source of intelligence and policy assessment for those who fund and those who govern healthcare in Macedonia.

- **International:** because its will seek international partnerships to ensure that it remains effective in its mission.
- **Centre for Primary Care:** to acts as a hub for ideas and activities, which will help Macedonia to approach international best practice in its primary healthcare system. The physician is part of a team of primary healthcare actors.
- **Studies:** it will adopt strategies in which the interventions and outcomes are measurable, and furthermore set goals for change which are also measurable.

Standards and Values

Core values

As core values, the ICPCS:

- Manages its work within available resources;
- Values its clients, its staff, and is family friendly;
- Recognition is merit based, ie it does not respond to race creed gender disability political background and dynasty.
- Has clear communication strategies e.g. *across the organisation, and also externally, up and down*
- Delivers a clear policy/ethos of CPD for PHC;
- Forms and maintains creative teams
- Promotes reflective practice and is continuously learning
- Measures its contribution
- Develops people, offers mentorship,
- Provides a safe working environment.

Standards

Educational programmes will be based on

- ***The health needs of those living in Macedonia***, and made consistent with the developmental needs of health care professionals locally and internationally.
- ***The principles of the adult life-long learner: a learner-centred approach.***
- ***The involvement of the user (citizen, insuree, patient)*** at all appropriate levels within the organisation.
- ***Objective and independent accreditation.*** Naturally the Chamber will be required to assure itself that the ICPCS is capable of delivering on the required standards, and subsequently authorise the ICPCS framework of re-validation of doctors. Furthermore, the CME and PCST programmes must be externally ratified in order to satisfy emerging European standards validation and revalidation.
- ***Academic rigour.*** To underpin all such PHC education and training programmes, Evidence Based Medicine, Evidence Based Nursing, Evidence Based Prescribing.
- ***Mechanisms for accountability and performance review*** set up in the Educational Unit for ICPCS' activities - educational and non-educational, through regular audit and review. An active research and development programme, which will look not just at clinical research in PHC but also educational and organisational development research themes, will further strengthen the academic performance of the ICPCS.

Priorities until 2008

Available funds will be assigned the following priorities

1. The development of clinical and educational staff.
2. The development of PHC performance, PHC contribution system and PHC value for money
3. Investment in the development of best practice.
4. Minimised administrative liabilities and overheads within the ICPCS itself.

Functions

Postgraduate education for the PHC team

The ICPCS will be the key provider of Primary Healthcare Post-graduate specialisation and vocational training for doctors and nurses in Macedonia. It will:

- Prepare and deliver robust educational program based on sound educational principles, clear aims and objectives (curriculum)
- Prepare transparent evaluation process (assessment) both of educational activities and doctors
- Prepare an evolving program based on health needs of Macedonian people assessed by the relevant PHC data linking education and service needs
- Plan the curriculum and design the courses and modules to deliver it
- Arrange and supervise PCST rotations, ie trainers, specialists-PCPs and hospital posts including those, which will take place in CME centres, and also induction activities and one-day or weekly release courses.
- Integrate a three years curriculum across all the rotations through regular workshops with stakeholders (EO, Trainers, Specialists)
- Plan the workforce by identifying all educational providers as required by the curriculum (Trainers, EO, Specialists PCPs, Hospital trainers, and other professional colleagues)
- Set up the recruitment process for trainees, trainers (both at PHC and Hospital based, EOs, and ICPCS personnel)
- Set up the selection panels for each of the above mentioned recruits by developing selection criteria and setting up visiting teams for training posts (practices, hospital departments). In the beginning supplemental training for the members of the panels may be needed.
- Facilitate placement for undergraduate training and pre-registration year

Continuing Medical Education

The ICPCS take the CME work developed during the Health Sector Transition Project, re-engineer it to become compatible with the PCST framework (Volumes 3-4 refer), and re-launch the CME work so that it becomes part of a step-wise framework of courses and competency evaluations. As a complete package this should:

- Enable existing *Opsha Praksa* physicians (licensed under the forthcoming Healthcare Law revision as “basic doctors”) to participate in a process of incremental training/ accreditation, eventually leading to accreditation as a Full PHC Family Medicine Doctor.
- Enable existing *Opsha Medicina* physicians to evolve their existing skills and competencies, and thereby become fully accredited as a Full PHC Family Medicine Doctor (the Healthcare Law provides for a maximum time period of 10 years for Opsha Praksa physicians to meet this goal).
- Enable *Obstetrician-gynaecology* physicians, School Medicine physicians, Labour Medicine physicians, and Paediatricians working in PHC to receive the additional training to be accredited as a Full PHC Family Medicine Doctor.

The task of cross-training existing PHC specialists, and the task of boosting existing Basic Doctors presently working in PHC, must take priority over the development of genuine post-PCST CPD experiences. Direct, course related validation and accreditation processes must

also be developed, leading to a system of incremental certificates/credits being issued by the ICPCS. The entire set of certificates (issued within a pre-determined maximum period that balances resources with need), can then be exchanged for a formal summative Certificate in PHC Family Medicine.

Doctors who have been accredited to PHC Family Medicine must then revisit a follow-up revalidation and refresher programme.

Accreditation, validation, certification and revalidation

All doctors in PHC, whether undertaking the PCST course, or the cross-training package in a CME setting, will be required to prove their skills and competencies via a programmed set of objective assessments. These will take the form of:

- OSCE stations for assessment of clinical skills and some aspects of knowledge;
- MCQ, MEQs for assessment of knowledge and current Evidence Based Medicine.
- Observation and quality review, as part of routine assessment of organisation and attention to probity;
- Comparative performance review (of progress made to achieve targets for performance set annually), based upon statistics from the doctor's practice. These will cover subjects such as prevention, rehabilitation, chronic disease management, rational prescribing, etc.

Education will be undertaken in a number of settings. PCST students will be required to receive their training in specific hospital departments, and also in primary care, under the mentorship of specific individuals. The physical settings, clinical settings, mentors, and mechanisms for administering training places at each stage must be inspected, reviewed, annual objectives set, and accredited. The accredited practices, departments and individuals will then form the core of "safe cover" for the PCST programme to make progress.

Similarly it will be necessary to assess and to revalidate the competencies and progress of educators who work purely on the cross-training scheme. Many of these will be the same as those that provide the PCST programme, however this is not always the case.

Provision of Primary Healthcare

One of the most significant challenges to be faced by the ICPCS at a *basic operational level*, is the need to ensure that there will be an adequate number of clinics, appropriately equipped, organised and managed, and run by individuals who have the competency to mentor PCST training.

It is **recommended** that the ICPCS is given the powers to own, manage, invest and provide primary healthcare, specifically to ensure that an adequate number of benchmark facilities can be established to complete the required educational infrastructure. Naturally this will mean that *in some areas* the ICPCS will contract with the HIF to provide PHC services, *and in other areas* ICPCS will invest in existing private clinics that will be contracted by the ICPCS to provide PHC educational support.

If the ICPCS is not assigned this responsibility, it will have to wait a considerably longer period before an appropriate critical mass of training practices can be established. External capital will be needed to help the ICPCS to make the appropriate investments.

Research, development, quality and performance review

Medical audit, research of healthcare trends, primary care risks etc, and comparative assessment of the performance of PHC practices will form :

- The crucial input into the ICPCS' grasp of trends in health need, and also in the gaps between need and the service provided. *Note that none of the data currently available routinely in the health statistics give enough information about the primary development priorities for PHC. Although this data is routinely collected, its collation and conversion into information is poorly framed.*
- A basis for identifying poorly performing doctors and alongside this, the raw data needed to set annual educational priorities, perhaps even leading to changes in educational strategy;
- Part of the foundation for ongoing academic and scientific research into primary care, an area which must be developed if the ICPCS is to become a sustaining partner in international Evidence Based Medicine research and population studies networks.

There is a fourth potential role. In the summer of 2001 the HIF released a new contract and capitation law for PHC. This law assigned a sizeable proportion of the payment for PHC to be based upon achievement of annual goals. Yet the HIF does not have the staff profiles, or background in EBM, and EBP to set and evaluate progress towards these goals.

It is strongly recommended that the ICPCS is given the task of conducting PHC performance review. This will enable it to close the circle, and use a rich store of data to set annual goals, and also to drive developmental/educational priorities. The assignment of this function to the ICPCS will significantly enhance the ICPCS' research base, and bring the entire process of PHC performance review closer to something which real PHC doctors can understand (the present audit process used by the HIF goes significantly against the grain of EBM and EBP).

Administration and logistics

In order to administer the CME and CPD programmes it will be necessary to provide strong logistical cover for the Executive Team of the ICPCS. This includes:

- Management of the information technology and the web site;
- Contracting of trainers, mentors, educators, facilitators and administrative back up staff;
- Procurement of consumables and equipment;
- Administration of finances and personnel activities;
- Collection of data from PHC to enable progress towards the performance targets to be evaluated;
- Hiring and office support of the Executive Board, the Governing Board, and external international partners.
- Maintenance of estates, equipment and other assets.

Internet domain

- The ICPCS may provide email and web-conferencing hosting facilities via this domain. Incomes from these services will be used to support other activities of the school.
- The ICPCS may develop e-learning services to support the development of remote professional communities.
- This service will be operated by the Administration and Logistics command, under the professional supervision of the Educational Directorate.

Framework of Autonomy for the ICPCS

Autonomy on Financial activities

- Financial autonomy with separate giro account and separate accountability on financial budgeting and review. The ICPCS will report on budget performance and with financial diligence to the Dean of the Medical Faculty directly.
- Autonomy on organisation on use of assets (including CME centres, equipment and educational materials) developed/created in the World Bank project.
- Income from the HIF and other incomes will not be delayed or diverted to other accounts.
- Independent auditors should be appointed to supervise Budgeting and deployment of funds for 7 years.
- Tax and social insurances (pensions, HIF, VAT, etc) will be paid through the Faculty, but from the ICPCS' operating budget. A transfer will be made from the School giro account to the Faculty account on a routine basis.
- The Faculty will receive an administrative fee to handle giro payments on behalf of the ICPCS.

Autonomy on educational strategy

- The ICPCS will deliver a post-graduate curriculum and training scheme (detailed in the PCST reports); Continuous Professional Development for PHC doctors and nurses in Macedonia; the ICPCS will develop and deliver post-diploma PHC nurse education and education in the Management of PHC.
- The ICPCS will manage these educational schemes autonomously from the Faculty. This autonomy extends to the processes used to select the partner organisations, departments and individuals who will give technical and administrative services to the ICPCS.
- The ICPCS will invest in PHC clinics and PHC educator development in order to improve the delivery of the ICPCS' own educational objectives.
- The ICPCS will autonomously manage intake of students, provide examinations and issue certificates.
- Recognition of the certificates issued by the ICPCS will be agreed between the ICPCS and the Chamber of Physicians.
- The ICPCS will have the right to accredit and revalidate the accreditation status of Organisations, Departments, and individuals who are involved in the education services funded by the ICPCS, in accordance with an annual agreement between itself and the Chamber of Physicians.
- The ICPCS will have the right to contract for education to be provided outside of Macedonia.
- There will not be any other PHC educational activities undertaken by the Faculty of Medicine, or by any other university in Macedonia.

Autonomy on staffing procedures and policies

- All educational staff appointments will be made within transparent procedures, designed by external assistance, and operated under external observation for 5 years. The criteria will be defined in the World Bank project. These need to be reconciled with the higher education law.

- There will be a transition arrangement to ensure that:
 1. The present educators have a valid academic role, and
 2. To allow selected members of the educational team to receive special development in other universities.
- BIS Healthcare Group has identified the members of the existing CME educators who are recommended to continue in the system, to provide **CME**, under the authority of the School.
- All individuals who provide technical or administrative support to the ICPCS will be contracted to the ICPCS and managed directly by it. The ICPCS will have the right to define, and administer, these contracts autonomously.
 - The Constitution of the Faculty may need to be altered to allow for new educational titles, and also for rapid recognition of individuals whom BIS recommends to the faculty to be appointed as Lecturer or Senior Lecturer or Tutor or Associate Professor or Professor.

World Wide Web and Internet Domain

The ICPCS will have transferred to it, from the Ministry of Health, control and responsibility for ownership of the internet domain, called:

Medicaleducation.org.mk

This domain will be registered with a recognized DNS registration provider (on the World Wide Web) by the ICPCS for a period of 10 years.

This domain may be administered by the ICPCS such that it allocates URL branches to other medical education providers in the Republic of Macedonia.

Such providers must provide services which are proven to be compatible and consistent with the ICPCS' mission and values.

Should material published on this domain by another education provider fail to meet this criteria, the relevant pages and branch of the provider will be suspended until rectification is achieved.

Intellectual Property

The ICPCS holds distribution and in-country copyright to all educational material that were developed (with the funding of the World Bank Health Sector Transition Project) in the period January 1999 to March 2002, under the governance of BIS Healthcare Group.

The ICPCS will review and, following ratification, replace all certificates issued by BIS Healthcare Group during the above period, with the ICPCS' own certificates.

All licenses belonging to the University of London, (such as the UCL Masters induction courses) are lapsed, and therefore will not be used by the ICPCS without first obtaining permission through BIS Healthcare Group for its continued use and license.

Governance

Introduction

The School will have a Governing Board and an Executive Board.

- The Governing Board will have oversight responsibility, mentoring, monitoring and giving policy direction to the School.
- The Executive Board will be responsible for the day to day leadership, management and academic development of the ICPCS. Each member of the Executive Board will submit a progress report at its regular meetings – envisaged to occur quarterly or varied according to need.

Governing Board

Introduction

It will have the following roles. Those marked '☑' have voting powers on the Governing Board. The remainder are observers and councillors.

- ☑ **Executive external Chair** (External technical support). A powerful role which will exist for the first 5 years of the ICPCS. Thereafter, the role may be redefined, or replaced with another role.
 - The Chair has the right for veto decisions of the Governing Board.
 - The Chair will be responsible for the overall academic organization and development of the ICPCS. The Chair and the directors will be jointly responsible for liaison between the ICPCS and other academic departments within the University and abroad.
 - When the Chair passes to another member, the role of the external person will be to provide external technical support.
- ☑ **Dean of the Medical Faculty** (or representative). The Dean of the Faculty has permanent membership of the Board of Governance of the School.
- ☑ **Ministry of Health** representative.
- ☑ **Clinical Education Lead**
- ☑ **Finances & Administration Director**
- ☑ Representative of the Association of PHC doctors (or the GP Advisory Group). The representative from the Association of PHC doctors (or the GP Advisory Group) will be delegated by the Association for the period of 2 years and possibility to be reselected once more.
- ☑ User (Patients' representative). The patient's representative at present does not exist in Macedonia and should be developed. This representative needs to be divorced from political considerations.
- ☑ Sponsoring local academic (professor from another part of the Medical Faculty).
- *Representative from the Educational staff* (e.g. EO, CME leader, RC, trainer). The representative from the educational staff will be on this function for a period of 2 years, selected by clinical directorate. He/she can be reselected only once.
- *Visitors:* Such as MMA visitor (non executive) from outside PHC, Visiting foreign academic (eg visiting professor), visiting member of the Chamber, only on specific invitation, relevant to the session. These are purely observer roles.

- Founding Members. It is recommended that Professor Katica Zafirovska and Asst Prof Fimka Tozija are assigned the title of Founding Members. They will have the right to attend all governing board and when there are present, will have the right to deploy one vote between them. In the absence of the Dean of the Medical Faculty the Dean's proxy will transfer to these two founding members.
- HIF representative.

Governing Board Quorum: 'The Essential Four'

The quorum requires 5 members, in which the '*Essential Three*' – The Chair, the Financial Director and the Clinical Educational Lead, and one of the Founding Members - must be present.

- A member of the Essential Four can be temporarily replaced if there is (i) evidence of incapacity to attend a critical meeting and (ii) the relevant member has agreed to pass on his/her proxy vote to another member or the member votes in absentia on the basis of a substantive decision.
- A member of the **Essential Four** can be permanently replaced when there is evidence of (i) permanent incapacity to perform the task by a specific member (ii) breach of State Law, or negligence or failure to adhere to the values of the ICPCS. **A resolution is then automatically assumed** that the selection exercise required for the role must be repeated. The Dean of the Medical Faculty must take up the missing role personally for the interim, and will be assigned only one voting ticket but temporarily assigned to the "Essential Four".
- The Governing Board would meet every 3 months and also at other times, as required.
- All Governing Board, including meetings of the Essential Four must be minuted. These minutes must be published on the ICPCS Internet site.

Governing functions

- Clinical governance
- Overall policy and priorities about one time educational development projects;
- Overall agreement of the annual performance goals of the Executive Board;
- Ratification of organisation and structure
- Approving the budgets, the business plan and the operational key policy decisions
- Calls for external financial or other forms of audit
- Appointment of Executives
- Response to requests for counsel from the public or the Executive about the sustainability of the ICPCS and its services; and also taking action in order to protect the mission of the ICPCS
- Liaison with other academic departments within the University, and with the international academic and professional communities/ agencies, licensing and accrediting bodies.

Organisation

The Executive Team

The Executive Team is accountable directly to the Governing Board, but can make operational decisions within the framework of an agreed business plan without interference from the Governing Board. Appendix 1 provides the initial organisational structure. This structure is time limited and should be reviewed in 3 years.

The executive team will consist of:

- Clinical Education Lead,
- Nurse education & Development Support Lead
- Representative of the Educational Unit
- Dean of the Medical Faculty's (or delegated representative)
- Finance & Administration Director

The Executive Team will normally meet once a month with a quorum of 4 members, including at least the Clinical Education Lead, and the Finance/Administration Director. These meetings should be held to ensure that all decision makers are aware of:

- Progress against business plan milestones;
- Income and expenditure highlights, problems and solutions;
- Key staff and logistical problems and issues;
- Risks and threats to the business plans and operating priorities;
- Developments and directional work on external partnerships, and the outcomes of these activities.

There should not be a need for the executive team to interfere with each other's executive domains, or to become involved in decisions outside of their direct executive domain unless:

- Another executive has sought assistance, in which case this should be limited to the recognised range of competency of the participating executives.
- The decision affects more than one executive and therefore requires a consensus on direction or strategy.
- If the assistance being sought is out with the areas of competency, or capacity to secure *needed consensus*, in the executives present, the Executive Team should seek counsel from the External Chair, (ie invoking the 'Essential Three'). The External Chair can then, if necessary, call upon any external assistance needed (local or international) to provide counsel.

The Executive Team members will be required to hold a **five-year fixed term/rolling contract**; at the end of term the selection process for the role is repeated.

Education Directorate

Table 1: Workforce calculation

Role required	Resource parameter	Whole time equivalent personnel required
<i>Director</i>		1
<i>Medical education lead</i>		1
<i>Nursing educational lead</i>		1
<i>Regional co-ordinators</i>		4
<i>Educational organisers</i>	1:5 trainees+10%	15
<i>Associate Trainers</i>	1:1 +10%	55
<i>CME educators</i>	6/centre	24
<i>Associate Hospital trainers</i>		55
<i>Trainees</i>	8-50	150

All staff will be employed on a part-time, contract for service, basis. Contracts for staff, below the level of Director and educational leaders, will last for 1 year and 1 day.

Clinical Education Lead

This will be appointment by the Executive external Chair for a period of five years in the first instance. He/she will provide administrative leadership within the ICPCS and will be responsible for advising the Executive Board on matters of strategic planning and the management and development of postgraduate courses and general training in the ICPCS. He/she will be responsible for liaison between the ICPCS and other academic departments within the University and professional organizations in Macedonia and abroad. The post-holder will submit a progress report at the meetings of the Executive Board.

The functions of the director are to execute and account to the Governing Board on:

- Rolls out strategy for delivery of PCST programs
- Certifies the completion of PCST modules
- Ensures that the Regional Leads work towards the planned strategy for delivery of the PCST program and monitors their performance
- Manages the educational network
- Designs and delivers infrastructure for recruitment, selection and visits
- Has a workforce development policy as well as delivers the required numbers of doctors
- Ensures that the evaluation process is designed and delivered
- Plans the curriculum with the Regional Leads and ensures that the curriculum meets the professional validation requirements
- Has a communication strategy with the outside world, within Macedonia and on the International stage and co-ordinates International co-operation
- Involved with bidding for Grants, etc
- Ensures stake holders are kept informed and involved (workshops, meetings, newsletters, web site) at the national level

Regional Leads

There will be four of these, will be appointed by the Clinical Educational Lead for an initial period of 5 years. They will have an operative function on a regional level and will coordinate the work in the Centres and link it with the policies of the Clinical Education Directorate. Their responsibility will be regular management meetings at the CME Centres, regular support meetings with the Educational Organisers (EO) on one to one bases, Centre management and Quality assurance and assessment. The functions of the Regional Lead will be:

- Ensure delivery of PCST program at the local level
- Monitor performance of Education Organiser (EO), CME Lead
- Evaluate PCST program at local level (with support of EO and CME leads)
- Help in plan delivery of the curriculum (Clinical Education Lead) + delivering of the curriculum (EO, CME lead)
- Organize and delivering communication up + down strategy with MEL
- Manage EO and CME Lead
- Support delivery of numbers (Work force planning and development)
- Visit trainees and trainers operating within the region;
- Ensure opportunities for completion of PCST modules
- Plan and coordinate the selection processes
- Liaison with the ICPCS HQ and local relevant actors.

Education Organisers (EO)

These are appointed initially for a period of 3 years and re approval every 3 years. They will be responsible for a maximum of 5 trainees. Initially for the PCST program, the number of trainees is expected to be 10, consequently, the ICPCS will need 2 EO full-time equivalents. Their responsibilities are to:

- Organize and deliver one day release scheme for trainees
- Monitor the completion of PCST rotations
- Evaluate PCST program at local level
- Monitor and evaluate the performance of trainers and trainees
- Provide mentorship and CPD to the trainers and trainees

CME Educators

The **CME educators** will be appointed by Education directorate for a period of 4 years and will be accountable to the regional lead. The number of the educators has been calculated on the basis of the need of 6 part time educators per Centre. This is subject to change depending on the needs of the locality. They will be involved in delivering the curriculum for CME, revalidation and rehabilitation of poor performing doctors. One of them will be selected to be a lead for a period of 2 years. The functions of the CME educators will be to:

- Deliver CME modules
- Create new modules
- Collaborate with local doctors and collect data
- Provide mentorship to the doctors and educators

PCST Trainers

The **Education directorate will appoint the PCST Trainers** initially for a period of 2 years and re approval every 3 years. Each trainer will be responsible for one trainee during all year. To organize the PCST program for 50 trainees per year, with a full complement of 150 trainees doing their 3-year rotations, the ICPCS will need about 50 trainers. Since initially there will only be 10 trainees (5 trainees every 6 months), it is envisaged the ICPCS will need 10 PCST trainers for the first three years (5 in rural and 5 in urban practices). Their responsibilities are:

- Deliver PCST program
- Deliver evaluation process
- Provide mentorship to trainees

Nursing Education & Development Support Lead

This will be subject to further development with a focus on PHC. It is recommended that the ICPCS calls for a project within 1 year of its establishment to scope a blueprint and curriculum and budget the development of post-graduate nursing for PHC.

Associate members (optional)

The following posts will be included in the work of the ICPCS by contracting professionals from different allied fields. These professionals will be chosen according to the developmental and educational needs of the ICPCS.

- Hospital Departments (trainers)
- PHC specialist trainers
- Educationalists
- Sociologists
- Anthropologists
- Epidemiologists
- Psychologists
- Professions allied to medicine (e.g. palliative care, dietician etc.)
- Support staff pool

All operating offices/centres of the ICPCS will need administrative support staff. These people will be contracted by the Administration & Finance Directorate on the basis of standard service (not employment) contract, operating from geographical pools, and assigned as needed. They will be contracted individuals on service contracts.

Finance & Administrative Directorate

Administrative support Unit - human resources (contracts)

Finance

IT Unit & Data

Resource Unit (library)

Public relations department - *It is absolutely essential that the people of Macedonia whether patients, carers or user groups are made fully aware of the developments

<<<**BG develop the text here**>>>

International Relations & Technical Support

Building capacity

It is fully acknowledged that the ICPCS will be a new fledgling organisation. Moreover, the ICPCS will need to recognise the importance of sharing good practice from organizations within Macedonia and abroad in this area of work. It will need to aspire to join the international primary care community to access external validation, exchange ideas, share good practice, and seek to assistance from more experienced sister organisations. Consequently, the ICPCS will have to develop partnerships and communicate with various external organizations within the country and abroad.

A mentoring programme to support the senior management team is seen as crucial to the development of local expertise in the early stages.

External educational support will consist of:

- technical support for developing infrastructures
- educational programmes and curricula
- selection
- development and approval of educational posts – in hospitals and training practices in primary care
- developing teaching personnel, techniques and providing help in delivery
- programme accreditation methodologies
- putting together a transparent process of validation and revalidation which is achievable, acceptable, valid, robust and agreed with the Chamber and other professional accreditation bodies.

Mentoring for key individuals will include:

- development of a professional portfolio
- career and professional development programmes
- international tours, sabbaticals, exchanges and conferences.
- Visiting academics offering further input.

The technical support and assistance will form a cornerstone of its developmental strategy. This support will include technical assistance in running the Board Governance (Chair), policies development, developing a constitution, setting performance objectives and participating in reviews of such objectives both financial and administrative.

Similarly, further support will take the form of assistance for organizational development, including mentorship for the Clinical Education and Regional Leads, and the grass root educational network. The mentorship will *include careers development, supporting Doctorates and Masters, developing specific expertise in appraisals, assessments, validation and developing tools for examinations*. External Examiners would provide the validation needed for recognition in the International community.

There is a serious need for prolonged study tours, sabbaticals, participation at international conferences and other such visits abroad.

External relationships within Macedonia

The ICPCS recognizes the importance of relevant stakeholders being aware of the functions and ethos of this Institute as well as partnership with key Macedonian organisations. It is important for the ICPCS to develop partnership with professional institutions as Ministry of Health, HIF, MMA, Chamber and Medical Faculty. These relationships should be mutual for support, exchange information and experiences and other ways of collaboration.

The ICPCS should be a part of the educational network at the University and open for collaboration with other departments and Faculties. The ICPCS will always be open for the various possibilities for cooperation and communication with patients, students and NGOs

The ICPCS is keen to develop a partnership with the Doctors Chamber to ensure that the process of validation, accreditation and assessment are appropriate.

The ICPCS should develop a working partnership with training Institutions (hospitals, primary care, others), nursing schools, local government, community specialists, pharmaceutical companies, mass media.

The ICPCS will insure membership of its organization to appropriate bodies on the international stage as well as considering exchange programs between appropriate experts in their fields.

The ICPCS will participate in the international arena of primary care development education, and professional development, and to achieve sufficient standards to obtains some recognition (*e.g. RCGP, London Deanery*). There would be kudos involved to merit expenditure of some effort in this respect.

Reason for partnership	Local	International
Licensing & accreditation	Chamber	MRCGP International
Mentoring		BIS
Educational collaboration	Universities, Medical Faculty, Nursing School, Community Specialists	Educational establishments eg RCGP, London Deanery
Training needs	Training institutions, Local Government	
Support	Ministry of Health, MMA, Medical Faculty, Chamber	BIS
Funding	HIF, Ministry of Health	World Bank (BIS)
R&D	Medical Faculty, Educational Unit	World Bank, Sister organisations
Assessment	Educational Unit	RCGP, educational establishments

Priorities for the first year of ICPCS

Refer to Volume 6 – The Implementation Plan for details. The first year priorities for establishment of the ICPCS are:

As a first step, establish the Board of Governance and establish an international partnership to mentor the development of the school. Together, the following tasks should then be undertaken:

- To formulate the organisation structure, constitution, rules, regulations, procedures and policies;
- To formulate the five year plan, and budgetary assumptions;
- To present these to the University and Medical Faculty Senates,
- To appoint an auditor, establish an operating budget and establish the financial flows;
- Appoint Martin Ivanovski and the PCST as the pro-tem supervisory unit whilst the selection process for staff and contracts is established and executed.

As a second step, empower Martin Ivanovski and the PCST to complete the call for volunteers (from the second generation CME grade A, B and C staff) and establish a plan:

- The existing modules (Foundation course and Foundation + courses) must be reviewed and a strategy to convert the original work into a framework compatible with the PCST framework must be developed. New modules must also be identified to cover the gaps, and redevelopment/development work prioritised and scheduled. Finally the development work must be allocated to the original core of educators and PCST team (from the Health Sector Transition Project) who, under supervision from the international academic community, should be commissioned to complete a transition package.
- *Re-drafting CME course work comparable to PCST.* It is strongly recommended that the original Health Sector Transition Project CME work be not re-issued until compatibility with Volume 3 of the PCST framework is addressed, and furthermore the relevant modules strengthened to include objective revalidation exercises at the end of each course.
- Set the developmental agenda for the remaining elements;
- Establish the Quality Review Plan.

As a third step arrange a national TV and press launch over a period of five days, giving:

- The successes so far;
- The vision of PHC doctors for the future;
- Issuing the challenge for PHC to help with the establishment of this process;
- Enunciating the values and priorities, and inviting a telephone discussion.

As a fourth step, commence the first year plan defined in Volume 6 of the operational plan:

- Selecting “ambulante” for development
- Appointing and Developing leaders of ICPCS
- Develop the Governing Board
- Publish and agree the detailed implementation plan for the next five years.

Structural targets (outcomes for year 1)

- Create a ***third generation*** modular CME program, evolved from a reconciliation of the first and second generation with the PCST templates.

- Identify, select and develop CME educators and offer continual support to them
- Established and piloted validated assessment process that will ensure CME program to be accredited for professional validation and revalidation in the Chamber.
- A clearly assigned contact person has been identified to the Chamber (Clinical Educational Lead);
- An effective set of day release, weekend courses, week long courses and learning sets are organized, delivered and reviewed
- A detailed plan for CME giving content of the modules, people involved, venue, timetables and methods of education and assessment
- A reliable rota is working in the CME centres to deliver the program across Macedonia (Operational Plan)

Longer term goals

Other areas, which the ICPCS must develop, are:

- Continuing Professional Development, and
- Standard setting and methodologies for assessment
- Rehabilitation for poorly performing doctors (PPDs)
- Nurse education *for Primary Care*.
- Quality Assurance and Research and Development . With aid of the educational Unit, the ICPCS will ensure that the assessment methods used will be reliable and valid for the purpose that they are set for.
- Validation for doctors working at the PHC level. The ICPCS will provide a validation and revalidation framework for PHC doctors, to be ratified by the Chamber, and ensure that the Chamber confirms that the CME programs are the basis for accreditation of existing PHC doctors.
- International accreditation recognition of its students.

Appendix 1: Organisational Development

What are the options?

There were really only two options available for the organisation structure of the IPCS:

- a decentralised, devolved structure with decision-making at the operational level, or
- a strongly hierarchical structure with centralised policy decisions and agreed frameworks of action.

Given that the school is embryonic and that the organisation will, initially be relying on the ability and support of a few individuals to develop and sustain its credibility, only the second option is viable. However, the danger of a centrally controlled structure is that, whilst it protects the homogeneity of the 'product' it can stultify innovation and risk-taking – and therefore development.

The organisational development of the Centre must take cognisance of this and develop an organisational culture, which, over time, will allow the emergence of talented individuals in a number of areas. In the longer term, no matter how accurate and well the structure has been developed, unless the culture matches it will be virtually impossible to make changes, to make decisions take root and the organisation, in theory, could become moribund.

Whilst formal structures and autocratic management (the stick without the carrot) can work in the short term, this will never enable an organisation to develop its full potential or the optimum output of its teams.

Individuals doing their own thing

The other reason that concentrating on the culture is vital is that without a strongly developed corporate culture, which is clearly disseminated throughout the organisation, individuals will follow their own preferences – despite the structure and despite any formal agreements to the contrary.

The most charismatic leader in the world will not be of much use to the organisation if he is leading for his/her own purposes.

There has, apparently, been some evidence of this happening already in the existing structure of CME, and, whilst this is not entirely unexpected, it is vital that it is addressed so that the organisational development of the new Centre moves in the right direction.

How therefore, does the Centre for Primary Care Studies, develop into an organic organisation with a culture permissive to growth and development of both the individuals, and, through them, the organisation?

Shared Values – Expressly Identified

Leadership starts at the top of an organisation. A key starting point, therefore is to ensure that the Board of Governance specifies at a very early stage the type of organisation which the Centre will be. They will need to contribute to this by their own methods of working.

As a first stage, therefore, the members of the Board of Governance should be brought together to begin to form a team. At this stage, there is not a clear picture of who will sit on the Board of Governance. It has been established, however, that its role will be as a figurehead to the organisation and will identify ethics and standards.

It is known that bodies consisting of distant and/or part-time membership can be difficult to bring together with any degree of cohesion. However, there are plenty of examples in the UK of development work with these types of bodies, which could and should be adopted.

In this model, the earliest task for the Board of Governance would be

- To ensure that they understood the role, and contribution of each of the other members of the Board;
- To understand the roles and responsibilities of the other key players in the Centre for Primary Care Studies;
- To review and update the 'Values' which the ICPCS adopts and promotes. Note that the purpose of the exercise is to establish true values which can be shared and championed by the Governors in all of their transactions with the ICPCS Executive.

Where can we fit the values in?

Values precede the formation of the Mission Statement, and provide the underlying thinking or ethos which drives the way things are done, - ie the 'how' rather than the 'what'. Many values have already made an appearance in the work undertaken by BIS Healthcare Group's staff, and by the excellent work of the PCST. These are un-collated at this stage, but their message is undeniable. They include such descriptions as

- Clinical excellence
- International Standards
- Transparency
- Probity
- Rationality
- Best Practice
- Modern management techniques
- Proactivity

This Volume offers a set of values as a "Starter pack", based upon the experience of its authors, and also from a study of past-successes and failures. Whilst this starter pack is not definitive, it should be cherished as a vital starting point.

Establish a basis for sharing and establishing values with the Governors

The preferred values will not just 'happen'. They must be positively adopted.

ACTION - identify the members of the Board of Governance and hold a Teambuilding Day to develop the cultural framework of the Primary Care Centre. This could also be used to give a broad framework to Strategic Planning Issues.

A special day should be set aside to assist with this process:

- a mix of work and fun to ensure that the Governors begin to know each other as individuals
- to ensure that the initial experiences of the Governors is positive.
- External assistance is vital to facilitate the process of loosening and, thereafter, bonding.

KEY POINT - DISSEMINATION OF VALUES

The whole point in agreeing a Values Code is that it provides a framework within which individuals in the organisation will work, thus increasing cohesion and reducing the risk of “adhocracy”.

It is therefore obvious that the values will need to be shared – everyone in the organisation needs to accept them and ‘own’ them. This will require a vehicle for discussion and debate.

Again, it is suggested that this is done at a ‘whole organisation’ teambuilding day, but this should not be held until after the Executive Board have begun the development of the Business Plan (see below). The opportunity can then be taken to ensure that everyone is informed and can discuss the implication and the action required of them at the Teambuilding Day.

The Executive Board

The Executive Board will be responsible for most of the key decision-making and will consist of representation from the Education and Support Directorates.

- It will have the most significant effect on the decision-making of organisation as a whole, since it is at this level that the clinical arm meets the support services arm of the organisation.
- It will be a very different animal to the Board of Governance, since most, if not all of the members will be permanent, and will have specific executive roles in the organisation.

Once the Board of Governors has ‘set the scene’ with broad direction, priorities, strategy and values, most of the initial development work should be invested in the Executive Board members, since they are in a position to have the most direct and speedy effect on the rest of the organisation.

KEY POINT – NEEDS OF THE EXECUTIVE BOARD

The members of the Board are likely, initially, to need mentorship/support from external consultants. There are two early key functions to be pursued, as with the Board of Governance – Teambuilding and Business Planning.

This Executive Board can develop into an excellent team, exhibiting cohesion and mutual trust. It is likely to form the hub of the decision-making process for the Centre, - so it does need to be effective. Steps should be taken to ensure that it does become a team (shared goals, synergistic result) rather than just a group of individuals.

The foundation for this should be set at an early, facilitated Teambuilding Day – as with the Board of Governance.

KEY POINT – REDUCING BARRIERS

The aim of teambuilding with the Executive Board would be to reduce professional barriers by sharing knowledge of professional expertise and responsibilities, whilst at the same time having an open forum for discussing preferred team roles of individuals and the strengths and weaknesses of this for the team as a whole.

The second step is the development of the Centre’s Business Plan within the overall framework of the outline given by the Board of Governance. The initial discussions on this should be held at the Teambuilding Day, mentioned above, to set the agenda before individual directors/managers develop their own contribution to it.

The individual members of the Board will require support in doing this – ie in identifying need, agreeing priorities and establishing desired outcomes.

Since the whole purpose of the school is to promote and sustain clinical excellence in Primary Care, then the lead must come from the Clinical Directorate, with the Support Directorate identifying how plans in the Clinical Directorate affects their own area of operation and how they can facilitate achievement of the aims.

Individuals would then work on their own areas, liaising with the appropriate individuals, and would come back together at a second Business Planning Day to discuss and agree outcomes.

Expert Support

Business Planning does not seem to have had a high profile in Macedonia, where decisions have tended to be made top down, rather than bottom up/top down. Current experience suggests that support would be needed for the first cycle, with, hopefully, Macedonian input being sufficient for the first annual review (but not for the evaluation of achievements against objectives).

It has been assumed that the Executive Board would be meeting regularly and would therefore continue to gel as a team, building on the foundation of their Teambuilding Day.

Within the structure itself, there are two specific areas, which will need expert support or mentorship for some time.

The first is in terms of clinical excellence. This would come from the Clinical Directorate and its Quality Assurance Section. There is agreement that there are sufficient talented individuals in the clinical field in Macedonia, who have benefited rapidly from the input of external help and will be reasonably well-positioned in the not too distant future, to provide ongoing clinical support with perhaps occasional inputs of external expertise.

The picture is less clear-cut in terms of the Support Directorate and it seems inevitable that much of the required expertise will need to be 'bought in'. The difficulty is likely to be in finding the right calibre of assistance and knowledge within Macedonia itself. This needs to be addressed to ensure that the organisation does not become lop-sided in its development. If the input from the Support Directorate (or contracted-in services) were not as effective as the clinical input, then a credibility gap could arise, with a consequential lack of trust from potential users of the service.

It has been stated that adequate IT knowledge and appropriate financial acumen can be identified and resourced within the country. As colleagues will know, I have reservations about the level of Human Resources expertise available. Whilst it is not necessary to go for 'overkill' it must be accepted that some of the personnel systems in Macedonia have been far removed from what is commonly regarded as accepted good practice in other parts of the world.

This is particularly important because the organisational development and its culture will depend on sustaining the identified values, and this, in turn will require robustly pursued HR practices – particularly in identified areas such as excellent recruitment practices, appropriate people management (carrot and stick, personal development, clarity in disciplinary and grievance processes).

KEY POINT – HUMAN RESOURCES

Whilst we would be right to have every faith that all directors/managers, over time, would adopt appropriate methods alongside their dominant role, it is apparent that

there needs to be firm direction given in this area at an early stage of the organisation's development.

There has been some debate already on where this input might come from. The consensus appears to be that whilst, ideally, this should be a function at the Executive Board level, in scarce resources there are more pressing needs.

Therefore it seems appropriate to suggest that there is a resource available at the Board of Governance level, which will almost certainly need to be external initially, which will provide the necessary expertise and direction.

Performance Development And Appraisal

The third key area in successful organisational development is the active management of performance and a culture of continuous improvement. All of the checkpoint reviews for the first and second CME project showed that external performance review is *very effective*.

However to be effective, it needs to include all individuals in the organisation, both clinical and non-clinical. Whilst there is already a developed clinical model for peer group review, there is hardly any culture of appraisal in Macedonia at present.

KEY POINT – GOAL DRIVEN

The crunch issue in keeping the organisation on the desired path is to achieve clarity of goals and methods of reaching them – through the whole Centre for Primary Care Studies.

Thus, it is suggested that the model should be one where the Business Aims (and this includes both clinical and non-clinical aims) of the organisation are clearly transmitted through every level, including individual appraisals

Appendix 2: Clinical Education Director Job Description

JOB TITLE:	CLINICAL EDUCATION DIRECTOR
SALARY	TO BE DEFINED
HOURS	initially 50% utilisation contract, eventually full-time,
ACCOUNTABLE TO:	The Chair of the Executive Board. The Board of Governance
LIASES WITH	All members of the Executive Board, the Logistics Manager and Legal & Financial Manager; appraises members of the Professional Advisory Unit on clinical education issues and gives professional advice to the Nurse Education Development Support Advisor GP Educators throughout Macedonia GPs and other professionals engaged in primary care
MANAGES:	The Programme Managers
JOB SUMMARY:	The purpose of the post is to initiate, foster, develop and sustain the quality of clinical education in primary care throughout Macedonia. A Member of the Executive Board, the postholder is responsible for consistency of quality, content and assessment of primary care education development on a nationwide basis.

Initial Key Objectives

1. To set up a robust system to ensure that stake-holders are kept informed and involved. This will require the development of workshops and meetings, newsletters and the continuing development and promotion of the website.
2. To firm up the strategy for the delivery of the PCST Programme. This will involve designing the curriculum, the system of delivery and roll-out, together with appropriate evaluation methods.
3. To review the content of the programmes for Continuing Medical Education within the overall framework of PCST priorities, moving gradually to improved integration and co-ordination
4. To assess the requirement for trained primary care doctors and ensure that the training programmes will deliver the appropriate number

DETAILED ANALYSIS OF DUTIES: *Note: These duties were appropriate at the time of writing. However, they are not exhaustive, and the Clinical Education Director will need to stay abreast of changes (which are frequent), and developments in Primary Care as a whole.*

Organisation Of Postgraduate Training And Development

- To ensure that appropriate programmes of Primary Care Education are designed and evaluated on an ongoing basis
- To identify, in conjunction with the Programme Managers, the critical success factors for Primary Care Education, reviewing and revising these as necessary

- To assess areas of clinical education need and to develop appropriate methods of meeting these
- To ensure that the Curriculum meets the professional validation requirements and to participate in its planning and delivery
- To monitor the performance of the Programme Managers in implementing PCST programmes at the local level
- To be responsible for the assessment of PCST doctors and to certify satisfactory completion of PCST modules

Marketing/Public Relations/Communications

- To develop close links with appropriate bodies on an international basis, to ensure that Primary Care Education in Macedonia is linked into a wider network and maintains internationally recognised standards of clinical excellence
- To develop a Communication Strategy identifying each of the key marketing interfaces with which the Clinical Education Director will inter-relate and to develop the key areas for dialogue In particular (but not exclusively) this will include the Chamber, MMA, and the Medical Society.
- To identify opportunities for securing international grants for Macedonian Primary Care Projects and to develop the necessary bids in connection with this
- To represent the International Centre of Primary Care Studies in a positive light
- To monitor the quality of promotional material relating to the development of the Educational Programmes, in conjunction with the CME Educators and PCST Organisers
- To develop a system of mentorship to facilitate the personal development of individuals working within the International Centre for Primary Care Studies and to foster organisational development
- To develop a system of meetings, both formal and informal, which will ensure that all stakeholders are informed of developments and have a vehicle for debate on relevant issues
- To foster an atmosphere which provides for open, transparent and rational argument on clinical and education issues

Quality Assurance

To inform National policy on quality assurance by providing a quality framework within which all staff and associates operate

To identify the key result areas of Clinical Education and to develop measurable quality standards (critical success criteria) for each of these areas

Overall responsibility for identifying appropriate aims and objectives for the school of primary care and measuring outcomes against these

To monitor the Educators and PSCT Organisers in their adherence to agreed quality standards in Programme content and delivery.

Management

To develop a Strategic Business Plan for the Clinical Directorate and to advise the Executive Board on its contents and implications

To develop an Annual Business Plan within the overall Strategy, with specific aims and measurable objectives

To set up a system for development projects within the Primary Care School which enables the Programme Managers to identify development needs and to put merit-based cases for funding to the Clinical Education Director

To identify, initiate and monitor appropriate areas for Project work within the Professional Advisory Unit

Human Resources

To design and deliver an appropriate model of recruitment and selection processes, which complies with internationally accepted good practice

To organise an appropriate allocation of work between each of the programme managers to ensure quality and cost-effectiveness in the deployment of resources

To plan the most appropriate usage of the Postgraduate Centres, receiving information from the Programme Managers on deployment of the Educators and PCST organisers to obtain the optimum benefit.

To direct the approval and reassessment processes for Training Posts and of Training Practices

Overseeing Peer Group Review and 360 degree Appraisal

Ensuring his or her own continuing professional and personal development

Information

Identifying which clinical data should be collected and overseeing the process by which this is achieved

Using the information from Programme uptakes to inform the planning process and identification of training needs on a global (macro) basis

Overall responsibility for ensuring compliance with School (national?) requirements for data security and keeping abreast of developments in this area

Finance

To manage the overall budget for the Clinical Directorate. The post holder will be responsible to the Executive Board - and ultimately to the Board of Governance, for the financial probity and transparency of finances, including the maintenance of agreed costing procedures, budgets and recording of relevant information.

Any Other Duties

....In keeping with the Clinical Education Director role, which occasionally may be required.

Note: This Job Description should be read in conjunction with the 'PERSON SPECIFICATION'. It does not represent an exhaustive list of duties and may be amended in the light of required developments