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TRAINERS IN GENERAL PRACTICE

DEFINITION OF A TRAINER

General Practitioner Training is a form of apprenticeship; a continuum of learning during which knowledge; skills and attitudes are honed in the areas of medical practice, further education and life as a general practitioner. The trainer, then, is a teacher, mentor and role model. The training practice is a place where trainees can gain hands-on experience in a safe and supervised environment.

RESPONSIBILITIES OF TRAINERS

The trainer is responsible for providing a stable learning environment for the trainee.
To be a good teacher, trainers must have:

- The ability to determine the individual learning needs of the trainee and devise a programme to address these needs.
- A range of practical teaching skills.
- A readiness to allocate time for teaching. This requires a minimum of two hours of one-to-one teaching per week as well as daily discussion of interesting cases.
- A willingness to submit to formative assessment of his teaching ability by trainer colleagues.

As a clinician, trainers must have:

- Basic qualifications and membership of the Irish College of General Practitioners or an equivalent body
- Post-graduate training in general practice or be five years in full-time general practice.
- Evidence of keeping up to date as instanced by attendance at education workshops, post-graduate meetings etc.
- Competence in audit.

Personally, trainers should have harmonious personal relationships with patients and colleagues, medical and non-medical.

SELECTION PROCESS

Trainers are selected by each training programme using the criteria for trainer selection as laid down by the Board of Censors of the I.C.G.P. Selection is based on the trainer as a teacher and as a clinician and on their personal qualities, in addition to the actual practice requirements. The quality of training during the period of appointment is monitored annually and appropriate measures including dismissal are taken immediately, if minimum standards are not met.
The appointment of a GP teacher to a training scheme is made after holding an open competition, all posts are advertised. Selection includes a visit to, and a report on, the shortlisted practices.

REACCREDITATION

All training programmes and training practices are subject to reaccreditation by the Board of Censors every 3-5 years to ensure that all schemes and trainers meet the requirements laid down by the Board. This includes a visit to each training practice during which each aspect of the training practice is scrutinised, from record keeping to equipment to educational resources available.

CERTIFICATION OF COMPLETION

Trainers must sign a Certificate of Satisfactory Completion of Training, for each trainee completing the trainee post. This means that the trainers make themselves responsible for ensuring that the trainee has mastered all the necessary skills in the training practice

PRACTICE REQUIREMENTS OF TRAINERS

Infrastructure:
Training Practices have to achieve standards set by the ICGP, with respect to practice infrastructure. These include the infrastructure for the existing practice team and also, in order to ensure a suitable learning environment for the trainee; a training practice must have sufficient consultation rooms to enable the trainee to practice at the same time as the teacher.

- The extra consultation room required for the trainee must be equipped with all the necessary medical appliances to allow the trainee to provide the normal services of a general practitioner.
- The training practices also require a meeting room
- And a library/resource room.

Educational Resources:

- Training practices have to provide and maintain a library, so that the trainee can have ready access to relevant literature, including current journals and reference books.
- There should be access to video equipment, the Internet and a means to view CD-ROM's.
- Library space has to be provided in the practice for these educational resources.

Audit and research are an integral part of the training process in general practice. This requires a high level of organisational, I.T. and material support.

Staff:
There is an additional burden on training practices in providing administrative and nursing support to the registrar as well as in preparing tutorials and training. The trainee must be exposed to practice administration and business methods, including appointment systems, the General Medical Service, disease registers, accounting systems etc. The trainee learns from the total practice staff, including nursing and administration staff, and not just from the trainer.
There is an inestimable amount of ongoing teaching, consultation, supervision, research, audit and assessment by all members of the practice team, with the trainer as the lead person.

- Trainers also have to commit one session a week to formal teaching, which requires protected time.
- Extra staff is needed to allow the trainer to have the essential protected time for teaching and the preparation of tutorials, to supervise the trainee's workload and to avail of essential educational resources such as courses etc.

Practice Records:
An efficient records system is a vital component of the training practice. There is a minimum standard laid down for medical records in training practices. Each patient must have a clinical record system, records must be legible, active medical problems must be easily identifiable and long-term drug therapy must be easily discernible. Keeping records up to the high standards required requires huge administrative time and commitment by all members of the practice team.

ONGOING EDUCATION

In order to keep up to date, there is a required commitment by trainers to attend trainers workshops, continuing medical education groups, post-graduate meetings, courses and other educational fora. This requires a huge time commitment by the trainer, in preparation and in attendance.

- To ensure protected time in order to prepare adequately for these meetings and to cover attendance at them, extra staff is required.

INDEMNITY

The GP Trainer requires medical indemnity to include cover for potential liability to the GP training practice, incurred by a trainee, or as a consequence of future alterations to the trainees medical indemnity cover. The medical indemnity provided must cover the event of legal action, by a trainee or a third party, against the trainer/training practice in the performance of his/her professional role as a trainer. Tail cover i.e. prospective cover must also be provided, for actions that may arise into the future after the trainee has left the practice.

DISPUTES

Each training programme has its own criteria laid down for dealing with any cases of disputes or disciplinary problems between trainer and trainee. These vary from scheme to scheme but broadly follow the pattern below:

1. Disputes are firstly brought to the programme director.
2. If unresolved they are brought to the disciplinary sub-committee of the steering committee. The disciplinary sub-committee usually consists of the chairman of the steering committee, the programme director, a hospital consultant representative, a GP trainer representative and one other representative, often a health board official. Some disciplinary committees also have a GP trainee representative.
3. In the event that the disciplinary committee recommends further action, the disciplinary procedures of the relevant Health Board usually apply.

There are no agreed criteria laid down for the resolution of disputes between trainers and programme directors. It appears that there is a need to formalise the dispute resolution processes and have these written into any contracts negotiated.

LIKELY FUTURE NEEDS

- The expansion of training is essential, particularly with the crisis in manpower, and there is an urgent need to recruit more trainers. There is going to be even more pressure when the training schemes increase to four years which is inevitable from 2005, due to an E.U. Directive, as this extra year for trainees will be spent in general practice.
- There needs to be a nationally agreed ratio of trainers to trainees as there is divergence between training schemes. The ratio of trainers to trainees probably needs to be in the order of 3 trainers to 2 trainees, bearing in mind that there will be occasions when a trainer will be unable to take a trainee and back-up will be required, and also to incorporate an occasional rest year to prevent burn-out. In any year that a trainer does not have a trainee, they are still training, as most will have first or second year S.H.O.'s on a regular basis, be still attending training workshops and be maintaining training standards in their practices.
- There needs to be uniformity of structure across training schemes still allowing for flexibility and independence within.

MAINTAINING CAPACITY FOR TRAINERS

RESERVE TRAINERS