A qualitative evaluation of a novel approach to extended training for general practice in Wessex

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SUMMARY
Recent calls for specialty training for general practice to be lengthened have reopened the debate as to the role and value of extensions to training. The literature on extensions and recent developments in the debate are reviewed in this paper, followed by an evaluation report of a novel approach to extended training for general practice in Wessex.
approach to an extension scheme which ran in Wessex. The scheme was specifically designed not to be ‘more of the same’ experience as in the final GPST3 year, instead participants worked in two contrasting practices as well as participating in a full day of bespoke ‘Learning Set’ education. The scheme was evaluated with participants reporting the main outcomes to be increased confidence and ‘readiness’ to practise, better ability to identify learning ‘blind spots’ and feeling better prepared to embark on a career in general practice.

INTRODUCTION

The recent publication of the Tooke Report, which recommended the lengthening of specialist training for general practice from three to five years, has helped to rekindle the debate over the structure, nature and scope of specialty training for modern general practice. It has long been argued that newly qualified GPs lack ‘readiness’ to practise, that more time in training would be welcome, and that on completion of training learning needs remain in both clinical and non-clinical knowledge areas as well as in generic skills areas. Research also shows that recently qualified GPs have quite different career expectations and working patterns compared to their more senior colleagues. Evidence suggests that they may have developed short-term strategies to address their outstanding learning needs, whereby they seek to broaden their experience in, and exposure to, primary care by working as locums, or by taking fixed-term appointments in the first few years after qualification. This trend has been evidenced by local feedback in Wessex. Further, it has been estimated that it can take between two and six years for careers to stabilise, during which time support may be required. With the demise of funding for higher professional education (HPE), these early career needs have once again been recognised and the RCGP has responded by developing the First5 Project with this group in mind. Taken together, the Tooke Report and the First5 Project turn the spotlight on this period of transition from training to career, and remind us that training needs to not only address the clinical, managerial and leadership complexities of being a GP today, but also to equip the new generation of GPs with the ability to navigate their chosen career path amongst differing pathways. With this transition period in mind, extensions to training have latterly served two purposes. First, they provide a means of exploring how needs (newly qualified/early career) may be met, and second, they are a stepping stone to change in the structure and format of specialty training for general practice. The recommendation of the Tooke Report to lengthen GP training is something the RCGP called for in 1966 at the inception of vocational training for general practice. However, the general practice horizon on which such a change may eventually take place is very different to that of 1966, which begs the question – how can trainees and GPs in the first few years of their career be best supported in today’s world?

The literature shows that a small but growing number of schemes have sought to extend training in general practice in order to better prepare newly qualified GPs for independent practice, usually by offering a variation on the experience received in the final year of training. Such schemes were formerly recognised as innovative training posts (ITPs), and aimed to increase exposure to general practice as part of training or just after. Contemporary incarnations of these schemes are being seen as pilots for possible training experience in potential GPST years 4 or 5, and perhaps as a result of renewed interest, have presented the opportunity for experimentation. In a recent review of end of training extensions, O’Shea (2009) identified five such schemes. The authors of this paper found reports on a further seven. All the schemes varied in format, location, mix of experience, length and timing. However, where they were similar was in the aims to fill gaps in knowledge, boost confidence and consolidate learning. Central to all was the principle that learning should be driven by need and directed by the participants. Schemes that have extended training without being based upon ‘more of the same’ have an important role to play in determining possible content for potential GPST years 4/5 or to come under the auspices of the First5 scheme. Refining understanding about outstanding training needs for newly qualified GPs, their role in a changing NHS and the import of previous research is, however, the challenge.

AIM AND DESCRIPTION OF THE PROGRAMME

Structure of the programme

The Wessex Extension Programme (WEP) was developed to allow newly qualified GPs between three and six months of protected, extended experience in general practice. It comprised two days in a training practice, two days in a non-training practice and one day of bespoke education in an Action Learning Set. The programme differed from the majority of extensions previously reported, most notably in structure and focus: it was for less than six months. The programme provided a whole day of education each week, participants were mentored in the practices rather than supervised and it was clearly a post-qualification scheme. Most participants chose to use the training practice where they had completed their GPST3 year as one of the two practice locations. Non-training practices were then
approached to take part in the programme to provide a taste of working in a different environment, and to provide additional, contrasting experience often sought through post-qualification locum work. Just two other studies were found to divide time similarly.21,22,26

Participants

Twenty-six newly qualified GPs were recruited to take part from across the Wessex Deanery. They were a self-selected group, all of whom had obtained their Certificate of Completion of Training (CCT) shortly before commencing the programme, and chose it in preference to other employment opportunities. Their view was that it served as a positive ‘stepping stone’ in developing their careers, as Field et al (2002) also found of their scheme.19 Of the 26 newly qualified GPs recruited, 19 went on to complete the programme. Those who withdrew did so because they secured a GP partnership (2), salaried post (3) or took a family-linked career break (2).

Action Learning Set

The novel development of the programme was that it included a day of education per week, delivered in an Action Learning Set31 which was facilitated by the programme director. Other extensions have included support or input for participants but the Wessex programme differed as the sessions were not voluntary,29 they were for a full day,24 they were weekly26 and they were intended to serve as a stimulus for learning rather than just peer support.22 The Set focused on the needs of young GPs seeking employment and the professional skills required for a career. The Set ran for 16 days over the duration of the programme. The structure of the day was built around small group discussion, which focused on key papers looking at values, professionalism, leadership, communication and team-working (further details of the curriculum are available from CW). In addition, the group reviewed business texts looking at life-skills, self-awareness and management. Formal input to learning consisted of a mix of short presentations by participants followed by group discussion or longer interactive sessions from outside presenters. Pre-programme information was used by the programme director to devise the initial sessions of the Set; topics for later sessions were identified and agreed as the programme progressed. The Set not only provided content that aimed to act as a driver for learning when back in the practices, but it was also intended to be a forum for reflection and development when away from the practices. Participants were asked to take back and apply the areas of learning to their practices and their interaction with patients, and they were asked to feed back their experience to the group.

The approach to learning was grounded in a shared perspective on needs, which therefore meant that it was important that the facilitator had insight into the experience and needs of the participants, and that a key feature of the programme was the relationship built up between the facilitator and the participants.

Evaluation method

An evaluation of the experiences of the participants was undertaken, using a range of data collection methods. The aim of the evaluation was to describe and report the programme and to identify the aspects that the participants found particularly useful and why. The research questions addressed by the evaluation were as follows.

1 What are the perceptions of the newly qualified GPs about their learning and development needs?
2 What themes emerge from their experiences of the scheme and can change be identified?
3 What is the value of the scheme to participants (newly qualified GPs, practice mentors and the deanery)?
4 How has this project advanced understanding of the value of extended GP training and how can this inform training in the future?

The data for the evaluation were derived from three perspectives – the newly qualified GPs, the GP mentors (in both the training and non-training practices) and the programme director. The study used a range of data collection methods described below, and focused on generating a descriptive and detailed account. The data sources were as follows.

Newly qualified GP data

- Pre-scheme reflection on learning needs gathered using an electronic questionnaire prior to starting the scheme. This included self-reported confidence ratings of 30 skills areas using a 5-point Likert scale.
- Feedback on the Learning Set days completed after each.
- Post-scheme extended reflective account (1000 words) highlighting the key areas of learning and the perceived benefits to career development.
- Post-scheme questionnaire feedback on the practices as learning environments and a follow-up self-reported confidence rating of 30 skills areas using a 5-point Likert scale.
- Mid- and post-scheme focus groups conducted by the researchers (CL and SS).

GP mentor data

- Post-scheme questionnaire feedback was gathered from the mentors at the training practice and
non-training practice. This looked at logistics of the scheme and the value of the newly qualified GP to the practice.

Programme director data

- The programme director kept a reflective journal throughout the programme and also wrote a reflective account at the end based upon her perspective on the key areas of learning and the perceived benefits to career development.

The substantive analysis of the data was undertaken by the researchers (SS and CL). Using the principles described by Coffey and Atkinson (1996), the various data sources were examined in relation to the research questions. Once the major themes were identified, they were re-interpreted in the context of the programme director’s perspective and the wider literature describing other similar programmes.

FINDINGS AND DISCUSSION

Across all the data sources, three main themes stood out. These themes are presented below, followed by a discussion of the findings in the context of the research questions addressed by the evaluation.

The main themes within the data in relation to the effects of the programme were: increased self-confidence, refocused learning needs and broadened experience. An increase in self-confidence was reported by all the participants in all the data sources. This accords with the findings of many studies of extensions reported earlier. A self-reported finding was supported by the responses to the confidence scales that were fully completed by one-third of participants (data available from the authors). A statistical analysis of the pre/post confidence scales completed by the newly qualified GPs was undertaken. Seven participants completed both scales, which were analysed using the Wilcoxon Signed Rank test. The test ranks the differences between the scores before and after. The test demonstrated a statistically significant increase in 20 out of the 30 comparisons (p < 0.05). Participants reported a re-focusing of learning needs from clinical to professional skills. This was evidenced in the post-questionnaire data, the reflective accounts and focus groups. The newly qualified GPs were ready and open to learning about professional skills areas, as once the ‘hurdles’ of the registrar year were completed, this type of learning was relevant to their current working and development needs, something which they had not seen the value of as GPST3s.

‘I think that the choice of topics was perfect and the right point to learn these generic skills. I was not aware they were areas I knew so little about so was not able to see them as learning needs. The learning set has increased my self-awareness of what I don’t know and areas I can work on.’

A similar refocusing has been found in other studies. Working in a non-training practice, as part of a supported programme, provided a gentle introduction for the newly qualified GPs into the world of general practice. The mentorship provided by the GPs in the practices and the peer group support from their fellow Learning Set participants provided contrasting arenas in which their learning could be consolidated.

‘… the programme has been really good, the concept and the ideas have been so relevant to general practice and these are the things that I have taken back into the practice. So initially I had a lot of clinical that I thought I wanted to know but this in fact has been a lot more useful. And you can always go and gain clinical experience on other courses.’

‘… it also gives an opportunity to consolidate lots of skills from the registrar year. Because I mean it’s so stressful the registrar year. Yeah, all the hoops, exams, certificates. We’re all in a bit of a panic just trying to get everything. Whereas this has been like you said ‘hand holding’ a little bit of support, people to ask and find things. But a very different way than locuming. You know, it’s, like, a really good way of bridging the gap.’

Each of these major themes demonstrates that the WEP helped to prepare the newly qualified GPs for the transition to practice. Negative perception of their readiness and learning ‘blind spots’ were addressed through support and shared learning. The findings addressing the research questions demonstrate this further.

What are the perceptions of the newly qualified GPs about their learning and development needs?

The practice-led emphasis of the scheme, supported by the Learning Set, brought to the forefront the participants’ growing awareness of their unknown, non-clinical learning needs.

‘I think perhaps you didn’t really know what you didn’t know. I mean assertiveness training was on there and it never crossed my mind that I would need it. But actually it was really useful. I now feel more confident in dealing with things. It gave me all sorts of strategies I could use.’
The topics aimed at helping the group to become successful professionals. Being a GP is clearly not just about clinical skills any more, and skills to cope with becoming a partner in a business, an employer or a manager are required.'

The lack of exams or assessments was viewed as a positive aspect of the programme as there was space to learn and reflect. Previous research has reported perceptions of the final year of training for general practice as being ‘overcrowded’ and driven by the assessment requirements.\textsuperscript{16,19–21,26,30,33} The value of not having set goals, but rather negotiated ones, was clear:

‘You look at these topics and you want to study for them because they are interesting for you and useful for you. It’s more like lifelong learning approach rather than just being for an exam at the end … it’s given me the opportunities to look into things and reflect on them.’

‘The registrar year tends to be very focussed on exams and making sure you are good enough in a general practice environment which is entirely new to you. This emphasis on assessment I found challenging, which consequently is confidence damaging.’

The Learning Set was reported to provide invaluable, relevant learning and peer support. Participants were able to identify that the learning was different to that experienced in the GPST3 year and as part of the release course.

‘We covered really useful topics during the learning set. Prior to the course, many of the topics were not areas I had thought would be necessary for us to cover. On reflection, they have been invaluable and very relevant to our future careers as GPs. Some of the topics we covered had been addressed earlier in the year through the – Day Release course. However, the pressure of exams at that time meant that I was not really very interested in thinking about these topics in much detail.’

‘I think when I first … when we were first talking about filling out the application forms, I very much thought it was clinical – I need to know about endocrinology and this, this and this. … Actually I think what we have covered on the study days has been more useful than that but I just didn’t know it at that stage.’

Box 1 shows the sessions rated most highly by the participants.

The participants recognised the importance of the role of the facilitator, with one noting ‘[the facilitator] was understanding of our concerns having had similar personal experiences and was prepared to share them with us’. Through sharing personal experience, the content and relevance of the course were reported to be made more current for the participants. The interactive approach to learning helped to build up trust and confidence in the insight of the facilitator, and it gave the facilitator credibility in the eyes of the participants. This ‘insider perspective’ allowed her to be receptive to the anxieties of the group and provide advice on differing aspects of their future careers.

‘The learning set sessions have also been beneficial in demystifying the work of a GP partner and giving us useful life skills.’

‘I feel the learning set has given me insight into my true learning needs.’

What themes emerge from their experiences of the scheme and can change be identified?

The newly qualified GPs were asked about their relationship with the partner responsible for them in each practice, and they reported that they felt they were mentored rather than supervised, a feature recognised by O’Shea\textsuperscript{16} and found in a number of other studies.\textsuperscript{16,21–24,26,29} The newly qualified GPs reported that they felt like ‘proper doctors’.

‘I think it is really good to give you a breathing space. The registrar year is so full of getting everything done and working towards your exam that there is not really time to think about what you do next. And so this course has been really useful to give you time to think about all these things – jobs/careers/where you’re going. This course gives you a little bit of time to get used to becoming independent but still have the familiarity of your training practice.’

‘I felt a lot less pressurised to cover the needs of a training programme, more able to be ‘led’ by the newly qualified GP in terms of what was useful for her. We still discussed some particular patients/clinical areas as she identified, but were able to discuss a much wider range of areas.’

Few reported time being set aside for formal contact/tutorials; instead ‘open door’ support was
given in an informal and *ad hoc* way, such as at coffee time or during quiet surgeries. The support given included extended discussion of interesting or difficult cases and what might inform GP continuing professional development.

‘I felt I was in control and was amazed at the change in confidence compared with the early GP registrar days. I no longer felt I was doing duty with my trainer. Having a proper job immediately would not have provided the support that was so essential.’

‘We were on a course last year which was structured in a way that is similar to what we are having now, but it really is very different . . . because that was a knowledge-based approach. Now we are dealing with practical things. Now we are treated more as colleagues and we are dealing with the practical aspects that as newly qualified GPs we have difficulties with. Rather than just clinical things, it’s about how we deal with people, how we work with our colleagues.’

A similar occurrence was noted in the study by Salmon and Savage. Overall participants were able to identify a different relationship to learning and role in the practices when compared to being a trainee. Exchanging supervision for mentoring and role in the practices when compared to being able to identify a different relationship to learning for their future careers. As a result of it, all felt more confident in their abilities as GPs as well as having a sharpened awareness of what to look for in their next job.

‘I think if I had done this in my registrar year I don’t think I would have benefited so much because I wouldn’t have been as aware of the issues as I am now. Whereas now it is the perfect timing. They are things that we are all now finding out about and understanding more, whereas in my registrar year I needed to know more about clinical skills.’

Salmon and Savage found a similar sharpening of career awareness. A clear benefit for the practices taking part in the scheme was the improved access to a GP for patients and a ‘spare pair of hands’ to assist with clinical and administrative workloads. This benefit has been common across a number of studies. The practices reported that the presence of a newly qualified GP was ‘stimulating’ as they came with new ideas and up-to-date knowledge. For the practices new to participating in educational schemes, the experience prompted a developing interest in training for two. Salmon and Savage found a similar effect. The training practices noted a number of additional benefits to having a newly qualified GP who was previously a registrar: first, there was a continuity of care for patients as the registrar continued to see patients from the previous year and gained more continuous contact. They were also able to cover for the patients of the GPST3 when attending the day-release course. Second, the need for induction to the practice was obviated; the newly qualified GP already fitted into the practice structures. Third, in some cases, the newly qualified GP made a contribution to teaching development.

How has this project advanced understanding of the value of extended GP training and how can this inform training in the future?

The Learning Set was purposively designed not to be prescriptive; rather, it evolved in the light of the participants’ needs. A key aim of the educational support was to identify and deliver sessions with direct relevance to the practice experience and to share the responsibility for resourcing sessions between the facilitator and participants in order to engage learning. This helped the newly qualified doctors to develop awareness of their unconscious learning needs and the timing was such that they were able to engage in areas of study not previously deemed to be a priority. The relevance to their career needs was observed by the programme director to enhance their engagement with the sessions and their investment with the programme. The need for a different type of learning post certification was acknowledged by the group: participants would have preferred it to continue for more than the time available.

‘We are all agreed that these generic skills could not be the focus of a VTS course. It was felt that we were more receptive to these con-
cepts post GP registrar year and hence were much more open to learning.'

'I think it’s different in terms of motivation because of that. Because you are doing it because you want to do it, and you want to learn, rather than because you feel you have to and it becomes a chore and you have to write loads of notes because you are thinking ‘Oh God, it might come up!’ I think it’s really important actually that it’s not an exam with a certificate at the end of it.'

Lewis (2002) also found that there was a need for formal input/support provided by an extension scheme different from that received in GPST3. The contrasting nature of this support compared to that received in GPST3 suggests that what is required as ‘support’ may be different at various stages in training and shortly thereafter, and a better understanding of the needs surrounding this boundary is required.

O’Shea (2009) notes that a drawback of earlier schemes has been the cost of provision, citing Bowler and Swanwick (2005) and Norris et al (2000). McKinstry et al (2001) also note cost as impacting on the sustainability of such programmes. The present programme was largely resourced through existing funds for GPST training, the deanery paid the newly qualified GPs’ salaries and the mentors involved were paid a pro-rata trainer’s grant. The Learning Set was run on a budget of £10,000, which paid for venue hire, catering and presenters.

Finally, participants were asked what improvements they would like to see made to the programme. Feedback highlighted the importance of central support for administration throughout the programme, an observation made by Salmon and Savage too. A suggestion was made that time in the practices could be used to undertake a specific project or service development initiative, and that the length of the programme should be up to a year.

CONCLUSION

This extension programme has demonstrated that on completing training for general practice, spending an extra few months in a training and non-training practice can boost confidence, facilitate ‘readiness’ to practise, identify learning ‘blind spots’ and better prepare participants to embark on a career in general practice. The accounts from participants showed that the nature of the learning experienced refocused their awareness of need towards non-clinical areas, the currency of which is so often overlooked in the GPST3 year. This programme has further demonstrated that there is a need for relevant, facilitated, peer group learning of this sort after qualification and that it can be delivered on a modest budget. Participants’ retrospective reflection on learning during the GPST3 viewed it as being driven by ‘jumping through hoops’ created by the assessments, something that only became apparent for them at the end of traditional GP training. Whilst on the one hand demonstrating that timeliness and variety in the structure of the GP experience provided can help newly qualified GPs address their learning needs, the findings of the evaluation should also prompt a second look at the aims and purpose of the GP curriculum and assessments currently in use, to ask why so many needs seem to persist. Extended GP training provides an opportunity to address learning needs by not doing more of the same, but it is unlikely to make a difference to trainees if the hoops they are still required to jump through are moved too. The experience of the Wessex Extension Programme was powerful for our participants by virtue of not being linked to formal training, supervision and assessment. The WEP provides an example of structured experience combined with ‘hoop-free’ learning that could form part of an extended post-CCT specialty training programme or First5 scheme. We believe such experience should be considered as having a place in specialty training or shortly thereafter, and hope that our findings will inform the debate.

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Conflicts of interest

None

References

5 Dixon H and van Zwanenberg T (2001) GP registrars’ views on extending the general practice element of vocational training and higher professional education: a


26 Lewis T (2002) Senior GP Registrars: a survey into their experiences; NHS Executive South West.


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