Innovation and Creativity in Postgraduate General Practice Education
This report was written by Katie Carter on behalf of the NES Medical Directorate
October 2008
Foreword

It gives me great pleasure to share this report with you.

Innovation occurs when a creative idea is put into practice. Despite the fact that most creative thoughts never see the light of day – creativity without innovation – postgraduate general practice education is a beacon within NES of how enabling creativity can result in a plethora of innovations, the impact of which are felt across the wider NHS in Scotland and beyond.

John Ruskin described quality as the result of intelligent effort. Education and training in the UK has felt the benefit of the efforts of many described in this report. Much of this success is due to the team-based working practices in the GP section of the Medical Directorate, models for which could be aspirational for others in the NHS.

*Better Health, Better Care* sets out the direction of the NHS in Scotland for the next decade or so. In this context NES strives to manage a constructive balance between educational provision, educational development and innovation. Sound leadership at many levels and judicious investment of limited resources have enhanced the culture of professionalism and excellence which the work outlined in this report exemplifies. The NHS in general and general practice in particular are the richer for it.

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October 2008
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Introduction

General practice, perhaps more than other medical specialties, has professionalised its teaching and learning generating a wealth of imaginative and rigorous ways of developing GPs in partnership with their practice teams and other healthcare professionals throughout their careers.

NHS Education for Scotland (NES), which is responsible for providing educational solutions for workforce development in Scotland, was formed in April 2002 from the merger of three professional bodies, all of which had been involved in educational research and development to a varying extent. The Scottish Council for Postgraduate Medical and Dental Education had a particularly strong ethos of research and development and provided invaluable support to researchers and educators in general practice. NES has continued to support general practice and NES priorities are clearly evident in the innovations in teaching, learning and research now being led by GP educators in Scotland. The NES 2007/8 Corporate Plan emphasises the importance of delivering MMC and specialty curricula. It includes amongst its national clinical priorities child health and rural healthcare and in its priorities for its educational infrastructure - educational research, training and CPD for GPs and GP trainers. It places great emphasis on the importance of inter-professional approaches to the delivery of education and training. GPs work in primary healthcare teams, environments ideally suited to the exploration of inter-professional activities; many of the recent GP-led initiatives in Scotland involve other members of the primary healthcare team and some, trainers in secondary care, pharmacists and dentists.

GP educators in Scotland have been responsible for innovations in GP education that have been adopted UK-wide including summative assessment, the first compulsory end point assessment for postgraduate medical trainees in any specialty. Three of the four components of summative assessment were developed and piloted in Scotland in the early 1990s. More recently, multi-source feedback and patient satisfaction questionnaire tools, also developed in Scotland, have been approved for use in the work-place based assessment component of the new MRCGP.

This report highlights some examples of recent developments in GP education in Scotland. NES and its GP Unit have a positive and productive relationship with the RCGP in Scotland and many of the innovations described in the report have benefited from this relationship. A significant proportion of these activities have been written up for publication in peer-reviewed journals. A list of relevant publications is included in an annex to this report.

The breadth and quality of the activity described here demonstrate that there exists in the NES GP Unit, and in the wider general practice community in Scotland, an environment in which innovation in education and training can and do flourish, where multiprofessional activity is a priority, standards are high and academic rigour applied. It is hoped that the Report will inspire GPs and other healthcare professionals in Scotland and beyond.
Innovative ways of learning in partnership with other professionals

GPs work in primary healthcare teams - environments ideally suited to the exploration of inter-professional activities. GP educators and researchers in Scotland are developing innovative ways of learning in partnership with other members of the primary healthcare team and other healthcare professionals. They are identifying and developing teaching and learning skills generic to a range of healthcare professionals. Group learning techniques are being explored and models of clinical audit and peer assessment, used for many years in general practice, are being adapted and tested with other professions.

The Learning Practice Programme
The Learning Practice Programme is defining and developing team and collective learning skills in primary healthcare teams.

The Programme began in 2002 with the development of a learning practice diagnostic inventory to help individual team members identify the extent to which their practice possessed the qualities of a learning organisation. This work was done in collaboration with researchers at St Andrews University. Subsequently a facilitated learning programme for practice teams, based on the philosophy of collective prioritising, decision making and direction setting, was developed and trialled with the support of a Process Consultant. A year long pilot of the Programme with six practices and one Community Health Partnership was completed in April 2008. Practices involved in the pilot have taken part in six half-day facilitated workshops and some in-house quality improvement activities. There are plans to extend the project into other areas of healthcare.

Feedback from the pilot was overwhelmingly positive. Practices were able to self select their quality improvement projects thus ensuring relevant content. External facilitation was a key feature of the success of the programme. Pilot teams introduced a range of quality improvement activities which they felt impacted positively on the care of their patients. This programme offers a different approach to quality improvement one which is local, gives responsibility to practice teams and encourages collective working and learning.

Practice Based Small Group Learning
In 2007/8 NES funded a one-year research project that investigated the value of Practice Based Small Group Learning (PBSG Learning) in practice nurse and multi-professional (practice nurse and GP) groups. Qualitative analysis of the experience of participants in two nurse and two multi-professional groups demonstrated that PBSG Learning was a popular and effective way of learning. The results have been submitted for publication in three journals: the Journal for Interprofessional Care; Nurse Education Today and Medical Teacher. PBSG Learning is described in more detail later in this report.

Inter-Professional Steering Group
In 2005 the GP associate adviser responsible for CPD in the East Deanery set up an inter-professional group - the Inter-professional Educational Steering Group - comprising tutors from nursing, general practice, pharmacy and allied health professions, as well as clinical governance managers to undertake research into the use of protected learning time for inter-professional education in Tayside.

The Group’s research into attitudes towards inter-professional education was published in Medical Education in May 2006 and in 2007 a qualitative study examined existing methods of delivering inter-professional learning and developed best evidence operating principles. The work has been submitted for publication and in October 2008 was at the press stage.

1. Reid, Ross; Bruce, David; Allstaff, Katie; McLernon, David. Validating the Readiness for Interprofessional Learning. Medical Education, Volume 40, Number 5, May 2006 , pp. 415-422(8)
Multi-disciplinary and multi-agency educational structures
NES is involved in a piece of work led by a GP educator and Community Health Partnership (CHP) lead from the West supporting the development of CHPs through the formation of multi-disciplinary and multi-agency educational structures and networks to support organisational learning and change.

Clinical audit and peer assessment for practice managers, nurses and pharmacists
The GP Unit at NES is piloting the introduction of educational models of clinical audit and peer assessment for practice managers, nurses and pharmacists in the West of Scotland.

Taster Workshops
NES funds “Educational Taster” Workshops which introduce training models, problem solving scenarios and role play situations to all staff within a GP training practice. The workshops are delivered locally by the GP units within deaneries with local facilitators who are generally the GPs involved in the development and delivery of the Scottish Prospective Trainers Course.

Inter-professional training the trainers courses
Since 2007 GP educators in South East Scotland have been running courses teaching groups of trainers in general practice, dentistry, nursing, pharmacy and practice management how to train. Participants are working with the Deanery to identify a series of training skills generic to all the professions involved.

Educational Skills for Medical Tutors Course
GP educators in the North Deanery bring together teachers in primary and secondary care at an annual, three day residential course for GPs and hospital consultants responsible for training undergraduate and postgraduate trainees. Participants work in small groups to explore and develop generic educational skills. Participants view and analyse videos of their tutorials with individuals and groups of trainees.
Educational research and development

Whilst research has not always been a priority in UK general practice, there is strong GP Unit input into NES research programmes. In 2006/7 seven of the thirteen NES Educational Research Governance Committee funded research projects were led by GPs; in 2007/8 six of the eleven projects. Of those thirteen GP-led projects eleven involved other members of the primary healthcare team and/or pharmacists and allied healthcare professionals. The appointment of a GP as NES Lead for Educational Research is further evidence of the quality and relevance for NES of the research being undertaken in general practice and by GPs.

The GP section of the Medical Directorate in NES provides encouragement and support to GP educators at trainer level and above who wish to study for a research degree. The NES Lead for Educational Research assists in the formulation of research proposals and NES often funds part of the university tuition fee. Eight of the senior GP educators working for NES or in deaneries have research degrees in education; nine more are currently, or are about to start, studying for a research degree. The NES Lead for Educational Research is developing proposals to enable more GP educators in Scotland to become accredited as fellows of the Higher Education Academy.

The Medical Directorate in NES considers research to be one of the most effective ways of facilitating joint working between NES Directorates and the dominance of multi-professional activity in the research programme reflects the priorities in the NES 2007/8 Corporate Plan. Patient safety is another theme that runs through the research described here and the GP Unit is working with the National Patient Safety Agency on a project to develop guidance on the use of significant event analysis in primary healthcare teams UK-wide.

Much of the GP-led research in Scotland is managed and funded centrally by NES. Research is also taking place locally within deaneries. Evidence of the strength and success of the research programme is seen in the list of publications annexed to this report.

Specialty training

The NES 2007/8 Corporate Plan stresses the importance of delivering Modernising Medical Careers (MMC) and specialty curricula and NES has put resources towards research into trainer development and improving the delivery of specialty training.

Scotland continues to play a prominent role in the development of national tools for assessing the competence of GP StRs. Multi-source feedback and patient satisfaction questionnaire tools, both developed in Scotland, now form part of the work-place based assessment component of the new Examination for Membership of the RCGP. Using trainers and GP trainees from nine UK deaneries, the Scottish deaneries evaluated the reliability of eight tools all of which were then mapped to the attributes of a good GP. The results of the evaluation were published in Medical Education in January 2008 and a second paper has been published in Advances in Health Science Education. Research is continuing into the use of the tools.

A literature review has shown that a significant percentage of participants find the process of receiving multi-source feedback demoralising. The East Deanery, in collaboration with Dalhousie University, Canada has developed a model aimed at improving the giving and receiving of feedback and, with the assistance of 12 GP

3. The Higher Education Academy is UK body whose mission is to be a nationwide focus for enhancing teaching, learning and students’ experiences in higher education. It works with institutions, discipline groups and individual staff in all four countries of the UK. http://www.heacademy.ac.uk/
4. Multiple-choice questions, objective structured clinical examination, video, significant event analysis, criterion audit, multi-source feedback, case analysis and patient satisfaction questionnaires
5. Murphy, Douglas J; Bruce, David; Eva, Kevin W. Workplace-based assessment for general practitioners: using stakeholder perception to aid blueprinting of an assessment battery. Medical Education, Volume 42, Number 1, January 2008, pp. 96-103
StRs and 12 GP trainers in England and Scotland, is testing its use. The research is being funded by the National Patient Safety Agency and Quality Improvement Scotland and was presented at the AMEE Conference in Prague in September 2008.

Another recent project sought GP trainers’ views on the changes to the GP training programme introduced by MMC and a paper describing this research and its conclusions has been published in *Education for Primary Care*.

GP educators in all four Scottish Deaneries are working with their peers in the Northern Ireland and Wales Deaneries to monitor GPs who have recently completed specialty training to see how well they fare in independent practice with a view to offering more educationally relevant training in the future. Data collection will begin with the cohort who complete training in August 2009.

The South East Scotland Deanery is working with its GP StRs to establish what constitutes a good learning environment in general practice. Five themes emerged from the views of trainee focus groups, collected in the spring of 2007: issues with the training practice (such as relationships, teamwork and practice ethos); issues with the GP trainer; with learning; with stress; and with tutorials. From these five areas, 47 statements were developed, some of which relate to areas in the PMETB standards and others to the ‘softer’ aspects of the training experience at a level of detail not explored by the PMETB questionnaire or the new NES on-line StR questionnaire.

The Deanery has developed a questionnaire based around these statements that will enable GP StRs to rate their experience of training and will produce a more sensitive and focused picture of GP training in the Deanery than has been possible to date. The Deanery plans to pilot the questionnaire across Scotland with a view, longer term, to it being used as part of the Deanery’s quality management of training practices.

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8. Association for the Study of Medical Education in Europe
Collective Learning for Quality Improvement

Researchers and GP Educators in the West are involved in a broad programme of work on collective learning and quality improvement. They are undertaking empirical research into collective learning, change and improvement in primary care (general practice, pharmacy and dentistry) and more recently secondary care. They have also developed the Learning Practice Action Research Programme - a series of externally facilitated workshops delivered during protected learning time and designed to enhance collective learning, working and decision making and support practice teams in finding solutions to their own problems and in making improvements in patient care10,11.

Clinical audit and significant event analysis

Researchers at NES have researched and defined two methods of clinical audit – criterion based audit and significant event analysis (SEA) – which form two of the five core categories of GP appraisal in Scotland12. A peer review instrument for SEA has been developed and a review of the evidence base for SEA completed and published13. GP educators are currently working with the National Patient Safety Agency and the RCGP to develop guidance on effective SEA for primary healthcare teams UK-wide. The research and development work on SEA has been shared and adopted by the pharmacy and dental professions in Scotland as part of their CPD arrangements. Pilot work is ongoing with the allied health professions.

Practice-Based Small Group Learning

NES is supporting the implementation of Practice-Based Small Group Learning (PBSG Learning), a Canadian approach to Continuing Professional Development for GPs. With the aid of a trained peer facilitator, small groups of GPs work through modules selected by the group. Each module opens with several clinical problems, and contains a review of relevant evidence. The aim of this form of learning is not to solve the presented problems, rather the problems act as a stimulus for the group members to help them identify and address similar problems in their day-to-day practice.

Evaluation of a pilot in 2003/4, involving five groups in the West and North of Scotland, demonstrated positive change particularly in participants’ understanding, skills and confidence in interpreting medical evidence and applying that evidence in day-to-day practice. A further qualitative analysis of the success of the pilot identified the key elements of PBSG Learning that help to explain its success as


“PBSG Learning’s success is due in large part to the role of the facilitator in encouraging learning and creating a culture of openness, honesty and willingness to acknowledge ignorance as a precursor to learning”.

an approach to CPD for GPs. These include the small group format and the crucial role of the facilitator in encouraging learning and creating a culture of openness, honesty and willingness to acknowledge ignorance as a precursor to learning. As a result of these findings NES agreed to provide funding, from April 2006, to support the roll-out of PBSG Learning in general practice across Scotland. The roll-out has been very successful and currently almost 65 groups with over 570 members are participating.

PBSG Learning is delivered in remoter parts of the country using video-conference or web-cam technology.

A number of papers have been published describing PBSG Learning and its implementation in Scotland\textsuperscript{14}.

**GP Appraisal**

Considerable resource has been devoted to research into GP appraisal in Scotland. A description of the process and an early evaluation was published in 2005\textsuperscript{15}.

The process of formally evaluating the impact of GP appraisal began in 2006/7 with a large-scale survey of 1200 GPs in Scotland which invited participants to say whether or not appraisal had altered their practice. 46% reported that as a result of the appraisal process they had altered their educational activity and almost half reported that constructing a PDP had influenced their learning. A paper describing the conclusions was published in the *British Journal of General Practice* in February 2008\textsuperscript{16}.

The views of appraisers and CPD advisers on the appraisal process have been collected and analysed and the findings published\textsuperscript{17}.

NES has agreed to support further research into GP appraisal and an analysis of the GP Appraisal Survey is underway to discover what trends are discernible in GPs’ responses to appraisal. Interviews are taking place with a sample of the GPs across Scotland who completed the survey to find out more about their attitudes to appraisal and the factors which affect their engagement with the process.

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\textsuperscript{15} Hunter, C. Blaney, D, McKinstry, B. Shaw, J. Mac Donald, C. General Practice Appraisal – A Scottish Solution. *Education for Primary Care*. 2005 16. (4) 434-440

\textsuperscript{16} Colthart, Iain; Cameron, Niall; McKinstry, Brian; Blaney, David. What do doctors really think about the relevance and impact of GP appraisal 3 years on? A survey of Scottish GPs. *British Journal of General Practice*, Volume 58, Number 547, February 2008, pp. 82-87(6)

\textsuperscript{17} Kelly D. Perceptions of Scottish Appraisers and CPD Advisers on: GP appraisal, continuing professional development and revalidation. *Education for Primary Care* 2007; Volume 18 No 6: 693-703.
Multi-source feedback for established GPs

A multi-source feedback (MSF) tool that will enable GPs in Scotland to obtain feedback from members of their primary healthcare team is also being researched and trialled. The intention is that the feedback will feed into the GP appraisal process; specifically the core category - Working with Colleagues.

The tool will provide individual GPs with information on areas for development and how to obtain support where it is needed. It will provide NES with the information it needs to design and fund that support. MSF may well also empower other members of the primary healthcare team and encourage more collaborative, inter-professional activity within GP practices.

The tool was developed by a team of researchers, assisted by the primary healthcare teams in ten GP practices in Scotland. It has been piloted and feedback was positive. Some refinements are being introduced and further work is needed on support systems, the use of MSF in small practices and with sessional doctors. Research will also be undertaken on how the information obtained from the process could link with other aspects of the Scottish GP appraisal process. The further work, needed to develop MSF to its full potential, will provide opportunities for GP educators in Scotland to undertake research fellowships and gain a higher degree. Research fellows might also be involved in evaluating the tool, extending it into small practices and including other members of the primary healthcare team in the process.

GP practice safety culture

A professional researcher in the GP Unit at NES has developed an eight domain, 48-item questionnaire to assist GP practices in evaluating their “safety culture”. The questionnaire covers the areas of practice organisation that affect patient safety, for example systems for investigating errors and for managing hand-over between locum and GP partner. Practices complete the questionnaire and send the results to their deanery for analysis. The psychometric properties of the questionnaire are currently being tested using a sample of training practices in the West and following testing the questionnaire will be made available to all practices in the Deanery.

The development and testing of a trigger tool to audit levels of harm in patient records in general practice

In another piece of research looking at patient safety, the West of Scotland Deanery is developing a tool which practices will use to check patient records to detect and measure potential harm to patients. Practices compare a patient’s record against a short questionnaire with a view to finding out if medical problems have been adequately followed up and, where they have not, if there was potential to do harm. Trigger tools are well established in North American healthcare, particularly in acute settings, and West of Scotland researchers believe that they can be used to good effect in primary care. This is the first time this tool will have been used in the UK.

The diagnosis and management in primary care of acute and chronic conditions

A GP educator in the West and a NES researcher have developed and evaluated a model for assisting in the promotion of appropriate referrals, from primary to secondary care, of patients with acute and chronic conditions. The initiative has provided an opportunity to review existing guidelines on referrals and clinical practice and aims to improve dialogue between primary and secondary care health professionals.
Fellowships in academic medicine
NES is encouraging an interest in research early in a GP’s career. A number of academic fellowships in general practice for doctors recently out of specialty training ran until the end of 2007/8. The fellowships were one year, full time in locations throughout Scotland. Fellows were allocated a host general practice and spent part of their time engaged in clinical work and part on research working towards a higher degree.

Peer review of video-taped consultations
The GP Unit in NES is developing, testing and evaluating an instrument for the peer review of video-taped consultations of GPs and community pharmacists working in general practice. As a result of this work, community pharmacists have begun formal training in consulting skills supported by the GP Development Team.18, 19

18. Cameron N, McMillan R. Enhancing Communication Skills by Peer Review of Consultation Videos. Education for Primary Care 2006 Volume 17 No 1: 40-48
19. McMillan R, Cameron N. Factors influencing the submission of videotaped consultations by general practitioners for peer review and educational feedback. Quality in Primary Care 2006 Volume 14 No 2: 85-89
Building workforce capacity and quality

NES and deaneries are working with the service to attract GP trainees, to retain them when they have finished training and to encourage career development in the established general practice workforce across Scotland, in particular in areas where recruitment and retention have been difficult.

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Fellowships

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The fellowships are one year, full time. Each year around 18 doctors, recently out of GP training, have used fellowships to enhance skills in these specific areas as well as further refining their skills as GPs. A bespoke educational programme is associated with each fellowship along with targeted workplace-based experience and learning. The 2008/9 academic fellowships were transferred to the four Scottish medical schools as part of the Scottish Clinical Research Excellent Development Scheme (SCREDs) initiative. The rural and paediatric fellowships continue and new fellowships have been created in medical education and health inequalities.

GPs with Special Interests

Since 2006 NES has supported the development of level 2 GPs with Special Interests in partnership with Health Boards across Scotland, the aim being to match practical education and workforce development with local service priorities. NES has allocated significant resources to support education in a broad variety of clinical areas including surgical specialties (ENT, minor surgery, orthopaedics, ophthalmology), paediatrics (including child protection), learning disability, ultrasound scanning, dermatology, diabetes, rheumatology and palliative care.

Career Start

Career Start is a North Scotland initiative that develops the skills of recently qualified GPs and encourages them to continue their careers in the North.

Career Start provides an additional element of training in an area of special interest relevant to the service needs of a locality, for example rural healthcare, occupational health, public health, sexual health or substance misuse; at the same time enabling the GP to consolidate his/her skills in general practice. For each individual the Scheme lasts for two years.

Clinical supervisors support the development of specialist skills and mentors support work in general practice. Areas of special interest are identified in consultation with local Community Health Partnerships and applicants for posts are given a choice of specialisms and localities. Placements are distributed amongst a range of urban and rural practices in the North of Scotland.

The Scheme was evaluated and written up in Education for Primary Care in September 200720.

Innovative GP VTS Scheme in Angus
There has been an innovative GP training Scheme in Angus in the East Deanery for some years set up in response to a formal review of the provision of healthcare services within Angus and the development of an ambulatory diagnostic and treatment centre to replace the traditional district general hospital. The Scheme ensured the survival of local secondary care services. Throughout the second year of GP specialty training GP StRs spend one day a week in general practice and the remainder working in the treatment centre with regular attachments to a broad range of out-reach specialist clinics. An evaluation undertaken in 2006 demonstrated that the Scheme was highly valued by participants and teachers. The evaluation was written up as a research paper and published in Education for Primary Care in February 2007. It was also the subject of an editorial in the British Journal of General Practice in October 2006.

Community Healthcare Education Strategy
The Community Healthcare Education Strategy is a NES initiative led by the GP Director in the South East. The Strategy is designed to align NES activity with education and training for community healthcare staff in the acknowledgement of shift in emphasis in the provision of care in NHSScotland from the acute sector to the community.

Monitoring performance throughout a GP’s career

GPs in Scotland are using and continuing to develop innovative ways of monitoring performance throughout their careers. All the activities described here are underpinned by research. The NES External Peer Review Model has been adapted for use by other healthcare professionals.

Revalidation

GP educators in Scotland have developed a “Revalidation Toolkit” designed to help GPs provide evidence for revalidation. A randomised, comparative study of two revalidation models was completed in the East Deanery between September 2000 and January 2003: a minimum criterion based model with revalidation as the primary purpose; and an educational outcome model which combined revalidation with continuing professional development.

The study involved 61 GPs, a patient representative, representatives from secondary care, the RCGP, the Local Health Care Council and a non principal GP.

A study of the pilot was published in the BMJ in 2004 and the criterion model went on to form the basis of the Scottish Revalidation Toolkit which is published by RCGP (Scotland) with the endorsement of the GMC and the GPC in Scotland.

Following publication by the Secretary of State for Health of Trust, assurance and safety—the regulation of healthcare professionals in the 21st century alternative models of revalidation are being explored in the East and West of Scotland Deaneries.

Appraisal

All GPs in Scotland participate in a standardised appraisal process led by NES, managed by Health Boards and funded by the Scottish Government Health Department. In this respect, general practice is unique among medical and non-medical specialties in Scotland. It is anticipated that the evidence collected for GP appraisal will be accepted as evidence for revalidation. The process was developed in partnership with the RCGP and BMA in Scotland, Trust and Health Board management and the Scottish Executive.

GP appraisal has a dedicated web site containing all the resources needed to complete the appraisal process and a GP Appraisal Toolkit has been developed to help those being appraised to gather evidence on their practice for discussion at the appraisal interview.

Each year, those being appraised select one of five core categories on which to base an in-depth reflection on their professional practice and development needs. The five core categories are linked to Good Medical Practice.

Appraisers are formally selected and trained, and are assessed and appraised annually. There is a re-training programme based on feedback from appraisees. NES runs an annual GP appraisers’ conference.

Local Appraisal Advisers oversee the process locally supported by NES. GP appraisal is underpinned by a research programme, described earlier in this Report.

NES External Peer Review Model
Feedback delivered by trained peers under the auspices of the NES External Peer Review Model is increasingly being used to inform the appraisal process. The Model, which has been developed over ten years in the West, involves trained GPs in reviewing the Continuing Professional Development (CPD) of others. CPD is a NES priority and the Model is innovative and unusual in that, whilst doctors throughout the UK routinely provide evidence of CPD to satisfy accreditation, appraisal and contractual demands, the quality of these activities is rarely checked or verified. The characteristics of ‘good’ feedback – feedback that is confidential, informed, positive, fair, specific and developmental - are central to the educational philosophy underpinning the Model.

Over 15 peer reviewed studies of the Model have been published and around 40% of eligible doctors in the West of Scotland have used it. Feedback from participants suggests the Model is valued because it provides an external check on the quality of CPD by informed and trusted peers.25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36

From 2008 the Model will be available throughout Scotland and elements of it have been adopted by the pharmacy and dental professions in Scotland.

33. McMillan R & Cameron N. Factors influencing the submission of videotaped consultations by general practitioners for peer review and educational feedback. *Quality in Primary Care* 2006 Volume 14 No 2: 85-89
Establishing and sustaining the educational infrastructure - learning resources

GPs in Scotland, supported by NES and deaneries, are developing learning support services and resources for the whole primary healthcare team and others.

**Specialty training – the E-learning Platform**

The South East Deanery and University of Edinburgh are developing a modular electronic resource of clinical and non-clinical information for the use of GP StRs in all years of training. A wide range of secondary care professionals throughout the UK are working with the Deanery to develop and draw together this information.

From August 2008 The Deanery’s GP StRs will meet “virtually” in small groups during their secondary care placements and, with the support of a training programme director, study modules of their choice to supplement their knowledge of the GP curriculum.

**Specialty training - video conferencing**

The formal teaching programme in the first two years of GP specialty training in the North West of Scotland, where training sites are widely dispersed, is delivered using video-conferencing. GP StRs travel to a centre close to their practice where video-conferencing facilities are available. At any one time seven remote sites can be linked and participating in the teaching programme.

This innovative approach to the geographical challenges faced by trainees living in remote areas of the UK was highlighted by the PMETB as an area of good practice following its visit to the Deanery in June 2007.

**Training on the design, delivery and evaluation of educational activities**

A GP Assistant Director in NES regularly trains groups of primary healthcare professionals, including practice managers, in the design, delivery and evaluation of educational activities with a view to ensuring that educational events in primary care throughout Scotland are underpinned by tried and tested educational theory.

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**“QUEST (Quality Education and Service Delivery Through Teamwork) is a NES initiative that helps those working in primary care in a variety of disciplines, to identify their non-clinical learning needs”**.

**QUEST**

QUEST (Quality Education and Service Delivery Through Teamwork) is a NES initiative that helps those working in primary care in a variety of disciplines, to identify their non-clinical learning needs. QUEST packs are available for GPs, nurses, allied health professionals and non-clinical practice staff. The learner and a close colleague complete a learner Training Needs Survey and then, together, draw up a development plan for the learner with areas of need prioritised. The learner selects the learning method(s) of his/her choice. Areas of need recently identified by QUEST have included quality & clinical governance, delegation, leadership and team working & managing performance.

Versions of QUEST have been developed for dentists and mental healthcare workers.

The effectiveness of QUEST has been evaluated and the evaluation published37.

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The Educational Partnership
The Educational Partnership is a NES initiative providing clinical and non-clinical CPD activities and resources to GPs and practice staff throughout Scotland.

Those involved in running and advising the Partnership include a CPD Adviser, 20 GP associate advisers across five health board areas, and representatives from practice management, nursing, midwifery, allied healthcare professions, and the health boards.

Course Organisers’ Registration and Assurance Scheme (CORAS)
The North Deanery manages a NES-approved Course Organisers’ Registration and Assurance Scheme. CORAS is designed to improve the quality of educational activity in primary care in the Deanery by ensuring that it is planned, delivered and evaluated consistently and according to set criteria, with reference to the standards outlined in the Department of Health Knowledge and Skills Framework and the RCGP’s GP Curriculum. Feedback from courses and the results of evaluations are published to assist in future course development and recruitment. The Scheme is designed to be used in the planning and delivery of all primary care educational events whether for GPs, or other healthcare professionals or non medical staff working in primary care38.

eMSc in Clinical Education
The GP Unit in the South East Deanery, in partnership with the University of Edinburgh, has developed the first on line eMSc in Clinical Education in the world. Novel Adobe technology is used to support students. The course website is at www.clinicaleducation.mvm.ed.ac.uk

Peer Reviewed Publications 2002-08

Publications referred to in the report


Bowie P, McKay J, Dalgetty E and Lough M. A qualitative study of why general practitioners may participate in significant event analysis and educational peer review. *Quality & Safety in Health Care* 2005; 14: 185-189

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McMillan R & Cameron N. Factors influencing the submission of videotaped consultations by general practitioners for peer review and educational feedback. Quality in Primary Care 2006 Volume 14 No 2: 85-89


Kelly D. Perceptions of Scottish Appraisers and CPD Advisers on: GP appraisal, continuing professional development and revalidation. Education for Primary Care 2007; Volume 18 No 6: 693-703


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