



Enhancing GP Training in Scotland

1. About this document

Patients, families and carers in Scotland, of all backgrounds and ages, deserve access to high quality, safe and comprehensive care from their local NHS general practice. To deliver this, we need a workforce of highly trained general practitioners (GPs), with the expertise, skill and time to care for patients in their homes and communities.

The Royal College of General Practitioners (RCGP) has produced an Educational Case in support of enhancing and extending General Practitioner (GP) training across the UK¹. This provides an evidenced summary of how this new generation of GPs will improve outcomes for patients and the National Health Service (NHS). It clearly demonstrates the need for change in the present GP training and assessment framework in order to **optimise the educational effectiveness** of GP specialty training and **extend the total training period** for all GP trainees to a minimum of four years, with a minimum of 24 months in general practice placements.

This document sets out the key features of this Educational Case in the Scottish health context; in particular how enhancing and extending GP training will directly contribute to reductions in health inequalities and improve the health and well-being of patients, carers and their families in all societies in Scotland.

2. The future role of Primary Care in Scotland

Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision sets out the Scottish Government's vision that by 2020, everyone is able to live longer, healthier lives at home, or in a homely setting. This will require a patient-centred healthcare system with integrated health and social care, a focus on prevention, anticipation and supported self management. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate:

'Caring for more people in the community and doing more procedures as day cases, where appropriate, will result in a shift from acute to community-based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.'

Scottish Government and NHS Scotland, September 2011²

1 Gerada C, Riley B, Simon C (2012). Preparing the future GP: The case for enhanced GP training. Retrieved from: www.rcgp.org.uk/pdf/Case_for_enhanced_GP_training.pdf

2 Scottish Government and NHS Scotland (2011). *Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision*. Accessed via: <http://www.knowledge.scot.nhs.uk/scln/resources-library/resource-detail.aspx?id=4002697>

Within this broader vision for change, the Scottish Government's *Delivering Quality in Primary Care National Action Plan (2010)*³ has identified clear priorities for primary care over the next five years:

- Care will be increasingly integrated, provided in a joined up way to meet the needs of the whole person;
- The people of Scotland will be increasingly empowered to play a full part in the management of their health;
- Care will be clinically effective and safe, delivered in the most appropriate way, within clear, agreed pathways; and
- Primary Care will play a full part in helping the healthcare system as a whole make the best use of scarce public resources.

'The Primary Care workforce is the key to delivering these priorities. A core element of that vision is therefore that the energy, creativity and dedication of those in Primary Care will be nurtured and released for the benefit of patients.'

Nicola Sturgeon MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing, 2010

3. Our vision for general practice in Scotland

General practice is the main point of access to healthcare services for patients, carers and families. There is increased recognition of the value of a general practice-based system in delivering accessible, equitable and cost-effective care^{4,5}.

Future GPs need enhanced training because of the way care in the NHS is changing. The traditional boundaries between primary and secondary care are dissolving; care previously provided in hospital is moving 'closer to home' in the community; the ageing population and advances in medical management are resulting in increased complexity of care; integration of health and social care is viewed as essential to future care provision, financial constraints and the changing structure of the NHS bring new challenges for GPs and greater population health responsibilities in all UK nations.

Our vision for the general practice in Scotland is therefore grounded in the advantages of the GP-based primary care system⁶ which enhanced and extended GP training aims to maintain and strengthen, as identified in the Educational Case:

- Trust
- Co-ordination of care
- Continuity
- Flexibility
- Population coverage and
- Leadership.

3 Scottish Government (2010). Delivering Quality in Primary Care National Action Plan. Accessed via: <http://www.scotland.gov.uk/Publications/2010/08/16120707/0>

4 The Commonwealth Fund Report (2010). Accessed via: <http://www.commonwealthfund.org/Surveys/2010/Nov/2010-International-Survey.aspx>

5 Starfield B. Primary care: Concept, evaluation and policy. Oxford University Press (1992). ISBN: 019507517X

6 Gillies J, Mercer S, Lyon A, Scott M, Watt G. Distilling the essence of general practice. BJGP 2009; 59: e167-76

These goals are in close alignment with what people in Scotland said they wanted from their healthcare services, identified in the Healthcare Quality Strategy for NHS Scotland (2010)⁷:

- Caring and compassionate staff and services
- Clear, effective communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- A clean and safe environment
- Continuity of care
- Clinical excellence.

To produce the case for enhancing GP training, the RCGP reviewed the literature and sought evidence and submissions from a wide range of professionals, patients and organisations in all UK nations (see Educational Case). This evidence was collated and reviewed by an expert group in order to identify the priority areas of challenge for future general practice, resulting in the identification of a number of key outcomes where GP training must be enhanced (Figure 1). These outcomes are based on the core roles of the GP in the modern NHS.

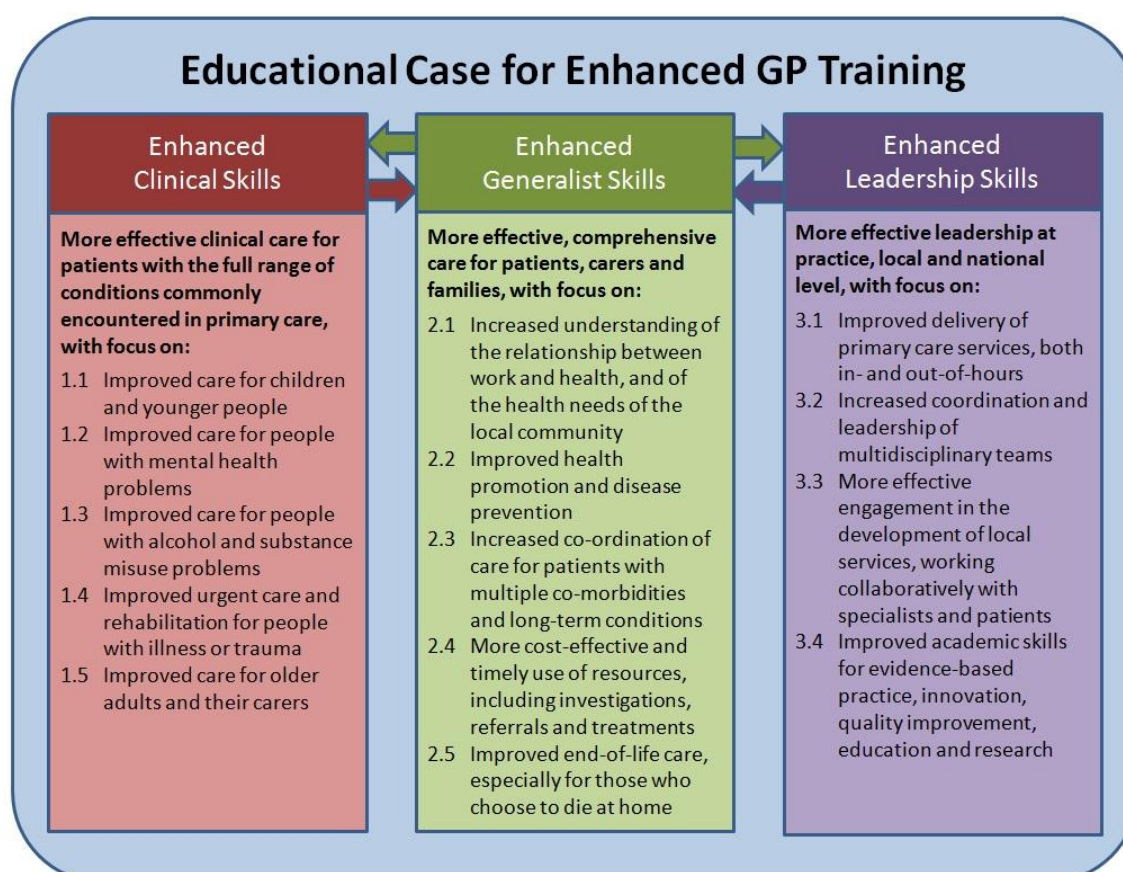


Figure 1: Framework detailing the three priority areas and fourteen outcomes identified for a four-year enhanced and extended GP specialty training programme.

⁷ NHS Scotland (2010). Healthcare Quality Strategy for NHS Scotland. Accessed via: www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf

4. Improving well-being and reducing health inequalities in Scotland

In 2009-10, the average **healthy life expectancy** (HLE) in Scotland for males was 59.9 years (16.3 years less than the total life expectancy) and for females was 62.1 years (18.6 years less than the total life expectancy)⁸.

The difference between HLE and total life expectancy reflects the expected years of life spent in 'not good' health. This is notably greater in more deprived areas. Males experience 21.3 years in 'not good' health in the most deprived decile compared with 12.1 years for males in the least deprived decile. Females spend 24.9 years of their lives in 'not good' health in the most deprived decile compared with 11.6 years in the least deprived decile⁹.

Given the central role of the GP in the NHS, as gate-keeper and navigator of care, the focus on improved cross-sector working and integrated care that will be delivered by enhanced and extended GP training will be critical to tackling these inequalities in health and improving well-being for all in society. The objective is to ensure future GPs have the skills and experience they need to encourage whole system improvement through effective partnerships between clinical teams and the people in their care:

'Irrespective of the current economic challenges, a radical change in the design and delivery of public services is necessary to tackle the deep-rooted social problems that persist in communities across the country. A programme of reform is necessary to ensure that... public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience.'

Report of the Commission on the Future Delivery of Public Services in Scotland, 2011¹⁰

Through the use of innovative integrated training posts, greater leadership training, and a Quality Improvement Project in the fourth training year, enhanced GP training will promote greater cross-working, service integration and community co-development in alignment with NHS Scotland's integrated delivery arrangements. It builds on the health-improving activities NHS Scotland is already undertaking in partnership with other bodies through the implementation of health improvement and public health strategies, as described in *Equally Well: the Report of the Ministerial Task Force on Health Inequalities*¹¹, the *Mental Health Strategy for Scotland: 2011-15 (A Consultation)*¹², and *Caring Together: A Carers Strategy for Scotland 2010-15*¹³.

8 Annual Report of the Chief Medical Officer, Scotland (2010). Accessed via: www.scotland.gov.uk/Publications/2011/12/14120931

9 *Ibid.*

10 Report of the Commission on the Future Delivery of Public Services in Scotland (2011). Chair: Dr Campbell Christie. Accessed via: <http://www.scotland.gov.uk/Publications/2011/06/27154527/0>

11 Scottish Government (2008). *Equally Well: the Report of the Ministerial Task Force on Health Inequalities*. Accessed via: <http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

12 Scottish Government (2011). *Mental Health Strategy for Scotland: 2011-15 (A Consultation)* Accessed via: <http://www.scotland.gov.uk/Publications/2011/09/01163037/0>

13 Scottish Government (2010). *Caring Together: A Carers Strategy for Scotland 2010-15*. Accessed via: <http://www.scotland.gov.uk/Publications/2010/07/23153304/0>

5. Why enhanced GP training is needed to meet Scotland's health priorities

The role of the GP in Scotland has continually evolved since the introduction of the NHS and must continue to do so to meet the challenges and expectations of a modern health service. In addition to providing accessible and effective clinical care, the role of the GP is evolving from healthcare 'gatekeeper' to 'navigator', providing information, support and expert clinical judgement to guide patients in shared decisions about the management of their health problems. There is also an important shift to supporting the self-management of long-term conditions and support for carers. The effective performance of this role is crucial for the success and sustainability of the modern health service.

The GP's role at the centre of a hub of care is being further extended to encompass a range of responsibilities in service redesign and quality improvement. GPs also contribute to education, research, management and leadership at all levels of the health service. As the GP role becomes more complex and developed, so too must GP training. For this reason, enhanced and extended GP training is essential to equip new GPs with the opportunity to develop and demonstrate competence in the skills to provide patients with first class, effective primary care services in the future.

Although a proportion of GP trainees in Scotland undertake four year training programmes, the additional year in these pilot programmes is predominantly spent in secondary-care based posts that are not optimally configured for GP-training. These programmes will require some reconfiguration to enable them to deliver the educational experiences that trainees require to equip them for their future roles in primary care, while also meeting the needs of the service. The new four-year enhanced programmes will differ from the current pilot schemes in the following key respects:

- The new four year GP specialty training programme will be based on a **spiral model** of incremental skill acquisition and application¹⁴. To be effective, this must include early experience of working in a primary care environment (e.g. in ST1). This will build a firm foundation of skills as the GP progresses from novice to expert generalist, applying a broader and more complex set of skills, honed to the primary care environment. This approach will increasingly incorporate leadership skills to enable service integration and improvement
- The GP curriculum will be adapted to incorporate the enhanced training outcomes. Meeting these outcomes will require relevant and appropriately supervised training opportunities throughout all four years of the programme. All trainees will gain specialist-led exposure to patients with child health and mental health problems
- The mechanisms of assessment currently in use will be adapted for enhanced GP training, with the summative elements of the examination (the Applied Knowledge Test and Clinical Skills Assessment) extended to accommodate the expanded curriculum. There will be an enhancement of Workplace-based Assessment with the addition of an externally-assessed Quality Improvement Project in ST4. Both the MRCGP and CCT will be awarded at the end of ST4, following successful completion of the required assessments and training placements.

In addition, enhanced GP training will deliver outcomes in priority training areas where current training needs to be improved in order to meet future healthcare objectives. For example, the Scottish Government's Ministerial Task Force report on Health Inequalities, *Equally Well*, identified four key areas for reducing health inequalities where action is most needed¹⁵:

14 Harden R, Stamper N (1999) What is a spiral curriculum? *Medical Teacher* 21(2): 141-143

15 Scottish Government (2008). *Equally Well: the Report of the Ministerial Task Force on Health Inequalities*. Accessed via: <http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

- Improving **children's health**, especially in the early years, where inequalities may first arise and influence the rest of people's lives
- Reducing the high health, social and economic burden imposed by **mental illness**, and the corresponding requirement to improve mental wellbeing
- Tackling the 'big' diseases responsible for much multi-morbidity and premature mortality in Scotland, in particular cardiovascular disease and cancer, by **reducing risk factors** such as smoking and obesity, which are strongly linked to deprivation; and
- Providing effective, evidence-based community-based interventions for people with **drug and alcohol problems**, where inequalities are widening.

The educational case for enhanced and extended GP training has been designed to address these key health priorities (Figure 1) and so will directly contribute to meeting these essential outcomes for patients, carers and their families in Scotland.

Improving care for children and younger people

In Scotland, around 11% of children aged 2 years and 16% of children aged 4 years have a longstanding illness or disability¹⁶. Children living in lower income households are more likely to experience a long-standing illness or disability. GPs are the most commonly used health service by children and young people in Scotland; a survey in 2010 showed that 87% of children aged 1-2 years had been taken to see a GP in the last year and 78% of children aged 3-4 years¹⁷.

Currently, however, only around 50% of GPs undertake paediatric training during their GP training programme. Under the proposed four-year enhanced programme, all GP trainees will undertake specialist-led paediatric training and will have additional opportunities to put this training into action in a supervised primary care environment during their fourth training year. This will ensure that future GPs have the skills and experience they need to assess and respond effectively and safely to sick children, to better coordinate the care of children with long-term conditions, and to safeguard those at risk.

The 2003 Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health¹⁸ found that at any one time, about 10% of children and young people in Scotland 'have mental health problems which are so substantial that they have difficulties with their thoughts, their feelings, their behaviour, their learning, their relationships, on a day to day basis'. The report emphasised that all agencies and organisations, including primary care, have a role in supporting the mental health of children and young people - from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity. Enhanced GP training will be a central support to this process.

16 'What parents say about children's health and professional support'. Findings from *Growing Up in Scotland* (September 2010)

17 *Ibid.*

18 Public Health Institute of Scotland (2003). Needs Assessment Report on Child and Adolescent Mental Health Final report. Accessed via: <http://www.handsonscotland.co.uk/publications/snap%20report.pdf>

The wellbeing of individual children and young people is the first principle stated in the Scottish Government's programme initiated in 2008, *Getting it Right for Every Child*, which emphasised the importance of supporting parents in improving child health outcomes¹⁹. As community-based, family practitioners, future GPs will play a key role in supporting this initiative.

For detailed information on how enhanced GP training will improve child and young people's health, see Outcome 1.1 in the Educational Case.

Improving care for people with mental health problems

The Mental Health Strategy for Scotland: 2011-15 consultation document sets out the following priorities:

- Improving access to psychological therapies
- Implementing the National Dementia Strategy
- Improving children's and young people's mental health
- Examining the balance between community and inpatient provision; and
- Preventing suicide.

Through enhanced GP training, we are proposing that all GP trainees should receive specialist-led training on assessing and managing common mental health problems, including recognition of early psychosis, risk assessment, suicide prevention and improved care for people with dementia (see Educational Case for further details). Future GPs will also be better trained to improve the physical health of those with mental illness, through action on smoking, regular medical reviews and interventions on lifestyle, diet and physical activity. Enabling recovery and return to employment is a practical and effective way for a GP to help to reduce the number of people who develop long-term mental illness and reduce inequalities in mental health. Improving access to psychological therapies has been shown to help people with depression and anxiety and to reduce time out of work.

For further information on how enhanced GP training will improve mental health, see Outcome 1.2 in the Educational Case.

Improving care for people with alcohol and substance misuse problems

Per head of population, Scotland drinks around 50 million litres of pure alcohol each year, equivalent to 11.8 litres per capita for every person aged over 16. This is significantly higher than England and Wales, which has an average consumption figure of 9.9 litres per capita²⁰.

Contrary to popular belief, the majority of people who have a drinking problem are in work. This includes a significant number of healthcare professionals. UK statistics in 2007 indicate that 43% of people in 'managerial and professional' occupations exceed healthy drinking limits compared to 31% in among those in 'routine and manual' jobs²¹.

We envisage that all GP trainees will be given additional community-based training on improving their skills in the assessment and evidence-based management of alcohol and drugs misuse, including screening and brief interventions. This will be achieved through medical, mental health or A&E placements providing exposure to patients with substance misuse problems and integrated placements in specialist alcohol or substance misuse clinics (see Outcome 1.3 in Educational Case).

19 Scottish Government (2008). *Getting it Right for Every Child*. Accessed via: www.scotland.gov.uk/Resource/Doc/1141/0065063.pdf

20 Annual Report of the Chief Medical Officer, Scotland (2010). Accessed via: www.scotland.gov.uk/Publications/2011/12/14120931

21 Alcohol Concern (2009) *Alcohol and the Workplace*

*'Primary healthcare is ideally placed to offer screening for substance misuse and early intervention...
...Achieving change requires social action to reduce the acceptability of substance misuse;
professional action to improve early training, attitude consciousness and lifelong support; and
resource allocation action to match the demand for care.'*

Alcohol and Drugs Misuse Subgroup, Changing Minds Campaign, 2003²²

Improving health promotion, disease prevention and addressing multi-morbidity

In 2010, the Scottish Health Survey²³ considered how different risk factors coincide in the population:

- The authors estimated the proportion of the population with one or more of the risks measured in the Survey. Specifically, these were: excessive alcohol consumption, smoking, not meeting the physical activity recommendations, poor diet, and being overweight or obese
- In 2010, only 2% of adults in Scotland had none of these risks. The mean number of risks per adult was 2.7 and 59% of adults had three or more risks, while 24% had four or five
- When analysed by gender, young women were twice as likely as young men to have four or five risks. When all age groups were considered, however, similar proportions of men (25%) and women (23%) had four or five risks
- There has been a steady increase in the proportion of adults who are overweight or obese since the first Scottish Health Survey was published; between 1995 and 2010, the proportion of adults aged 16-64 who were overweight or obese increased from 52.4% to 63.3%
- People in more socioeconomically disadvantaged groups tended to have a higher number of risks; The age-standardised mean number of risks increased from 2.6 in men and 2.4 in women in the least deprived areas, to 2.9 in men and 3.0 in women in the most deprived areas.

Anticipating preventable ill-health has been shown to work in primary care, through evidence-based checks and early action for people with risk factors or early signs of disease. Through increased focus on clinical leadership, including the QIP project that all GP trainees will complete in the fourth training year, enhanced GP training will enable future GPs to play a leading role with their local clusters and NHS Boards to develop more integrated and effective services for their communities.

'This reform cannot succeed unless individuals, communities and public organisations work together in designing and coproducing the services they use. Both public services and communities will need to find a new balance in their relationship if health and wellbeing is to be enhanced in our society.'

Annual Report of Chief Medical Officer for Scotland, December 2011²⁴

22 Alcohol and Drugs Misuse Subgroup of the Changing Minds Campaign. Drugs and Alcohol – Whose problem is it anyway? Who cares? (2003). Accessed via: <http://www.rcpsych.ac.uk/pdf/whocares.pdf>

23 Scottish Health Survey (2010). Accessed via: <http://www.scotland.gov.uk/Publications/2011/09/22144303/0>

24 Annual Report of the Chief Medical Officer, Scotland (2010). Accessed via: www.scotland.gov.uk/Publications/2011/12/14120931

By increasing the minimum duration of general practice based training from 12 to 24 months to enable increased focus on advanced consulting and leadership skills, enhanced GP training will ensure future GPs are trained in cost-effective health promotion and early interventions and can apply these successfully to improve the health of all parts of society:

'General practices are not the only providers of health care in deprived areas, but they are the only providers which combine a large degree of population coverage with continuity, flexibility, coordination, commitment and long term relationships... General practice in deprived areas is a huge resource for addressing health and health care problems... The challenge is to harness the strengths of general practice as part of an integrated, equitable and efficient health care system.'

Time to Care: Health Inequalities, Deprivation and General Practice in Scotland. RCGP Scotland Health Inequalities Working Group, December 2010²⁵

6. Further information on enhanced and extended GP training

For full details on the educational objectives, training methods and assessment strategies proposed for the extended GP specialty training period, please see the RCGP's full Educational Case.

The Educational Case also contains detailed information on how enhanced and extended GP training will improve the coordination of care for patients with multiple co-morbidities; result in more cost-effective use of resources and better multi-disciplinary team-working; improve care for older adults, those with learning disabilities and those towards the end-of-life; and increase the quality of in- and out-of-hours primary care services.

The RCGP's Educational Case and Supporting Documents are available at:

www.rcgp.org.uk/gp_training/reviewing_specialty_training.aspx

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²⁵ RCGP Scotland (2010). Time to Care: Health Inequalities, Deprivation and General Practice in Scotland. Accessed via: http://www.rcgp.org.uk/college_locations/rcgp_scotland/initiatives/health_inequalities/time_to_care_report.aspx