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Developing the system for GP Trainer re-approval in Dorset: a pilot

Dear Editor,

We are writing to share an innovative pilot in the way training practices are approved in Dorset. Literature exploring the process of practice visiting as part of trainer approval is sparse,^[1-4] but generally indicates that the process is valued by trainers for both the formative aspects as well as for managerial purposes. The context of the change we report here arose from local challenges around the volume of approvals and the geography of Dorset; it being a large county. Dorset currently supports over 100 qualified GP trainers for GPST training and in excess of 150 GP trainees spread across all 3 year groups. In our pilot, instead of the 'visitors' going out to the practices, groups of trainers and key practice staff were invited to visit the Dorset GP Education patch office based at Bournemouth University (BU), and to spend a half day engaged in educational reflection and development, as well as completing the requirements for re-approval. Educators were keen to maintain the personalised, face-to-face aspects of meeting the training team, as well as to manage the re-approval of a number of GP trainers at one time. Facilitating trainers in meeting colleagues and to share ideas about good practice were also a priority, and so too was the opportunity for members of the practice administration team to meet the patch administrators in order to help improve communication between them.

Prior to the re-approval meeting, GP trainers were required to complete the standard Wessex re-approval documentation, and to submit it as they would normally.¹ The re-approval half day was introduced by a welcome and explanation session given by the Associate Dean (AD). After this, the GP trainers and lay visitor moved around several 'meeting stations' where they discussed particular areas of the re-approval process with training programme directors (TPDs), following the sections they had completed in the re-approval documentation (for example 'The GP Trainer,' 'The GP Learner') as well as discussing specific aspects of training such as the ePortfolio and Educational Supervisors' Reports (ESRs). In addition, trainers were asked to bring along a video recording of a teaching session and this was reviewed in a small group setting with one TPD and groups of 2-4 GP trainers. Time was allocated for a TPD to meet the GP trainee and to gather feedback about their

1

http://www.wessexdeanery.nhs.uk/docs/ApprovalandReapprovalReportforTrainers_FINALupdated_Dec14.docx

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experience of training, and for the AD and administration team to meet the practice managers to discuss the management of GP training, paperwork and any other training issues.

Evaluative data was gathered for three of these sessions over a month - involving 32 participants from 15 practices. All participants were asked to complete an online questionnaire before and after the re-approval meetings.

The results indicated that the advantages of the new format included:

- meeting other GP trainers (72% of practice staff and 80% of GP educators /TPDs were positive about this);
- meeting more members of the educational team (66% practice staff were positive about this); and
- watching GP trainers' tutorial videos in small groups (80% GP educators /TPDs and 50% of practice staff were positive about this).

The ability to share reflection on practice at the meeting was highly rated, and participants appreciated receiving constructive and helpful feedback from the TPDs. Travel to BU (especially from West and North Dorset) and the re-approval team not seeing the training practice 'learning environment' were cited by 65% of practice staff as disadvantages of the new format. Practice staff commented on the absence of several team members, particularly GPs, as it was more challenging to arrange for several team members to be out of the practice for the BU visit than it was to 'be around' for a traditional practice visit. Overall it was felt that the new approval process was adequate, timely and met the standards required.

All participants reported they would be happy to participate in this format of re-approval again, but the GP practice staff did not want it to replace the existing one. The GP Education Team identified improved efficiency as an advantage of the new format in terms of time, cost and management. Practice staff valued the lack of interruptions during re-approval at BU compared with re-approval at their home practice. In response to this feedback the next steps are to:

- consider running similar re-approval sessions at different locations across Dorset;
- consider alternating this style of re-approval with the existing format; and
- use new re-approval documentation to help reduce the workload for GP trainers prior to re-approval, and the GP education team post re-approval.

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We recognise the importance of the lay visitor and GP trainee perspectives on GP training, but note that both were underrepresented in our pilot. We hope the new format will encourage greater lay visitor representation more generally, and improved access to documentation and the opportunity to contribute in written form will help in obtaining the trainee perspective if they are unable to attend in person.

Yours faithfully,

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