Education – the dawning of a new era?

Over the past few years there have been considerable changes in GP education. Dr Sally Smith discusses how continuing medical education (CME) has evolved into lifelong learning through the personal development plan (PDP).

Abstract

The Calman Review of 1998 recognised that continuing medical education through the postgraduate education allowance scheme (PGEA) had failed to deliver improvements in patient care. Instead, continuing professional development (CPD) has been put forward, which is intended to identify and fulfil learning needs. The primary care team itself is recognised to be a valuable learning resource.

Key words: education, general practice, personal development plan.

Br J Cardiol 2004;**11**:495–6

Introduction

The enormous changes that general practitioners (GP) are currently experiencing as we adopt the new general medical services (GMS) contract are also reflected in the changes to the way that we are learning. However, the wheels of change in GP education were set in motion in 1998, when the then Chief Medical Officer Kenneth Calman carried out his review of continuing professional development in general practice.[1]

Calman's review defined continuing professional development (CPD) as 'a process of lifelong learning for all individuals and teams which enables professionals to expand and fulfil their potential and which also meets the needs of patients and delivers the health and healthcare priorities of the NHS'.

Until that point, GPs' learning was called continuing medical education (CME), a uniprofessional educational

'Calman saw the potential of the primary care team to become a human resource for healthcare'
Sally Smith

COPYRIGHT MEDINEWS (CARDIOLOGY) LIMITED REPRODUCTION PROHIBITED

opportunity favouring GP principals based on the postgraduate education allowance scheme (PGEA). PGEA had been introduced in 1990 as part of the then 'new contract'. There were flourishing postgraduate education centres based in hospitals and programmes for CME planned and led by GP tutors. Pharmaceutical companies also sponsored PGEA meetings. GPs simply had to attend 30 hours of educational activity each year to obtain their PGEA.

Calman recognised, as educationalists had long realised, that these arrangements for CME through PGEA had failed to demonstrate any improvements in patient care through changes in working practice. The educational activities tended to be hospital-based, largely composed of lectures delivered by specialists with a 'top down', often arbitrary, approach to the curriculum planning. There was no involvement of participants until the point of delivery.

Recommendations were made to move to CPD, primarily by adopting the practice professional development plan (PPDP), as a means of integrating the educational process. Calman saw the potential of the primary care team to become a human resource for healthcare. CPD had the potential to be truly educational; practice-based, with activities derived from a learning-needs assessment by the participants involving the whole practice team, sensitive to the needs of the local population and taking account of practice needs and national priorities. It offered an opportunity for people to become lifelong learners, engaging in self-directed, reflective practice, leading to a deeper level of learning and improving motivation.

So where are we now?

PGEA has finally disappeared and the postgraduate education allowance funding has been absorbed into the new GMS contract. GPs are now undertaking annual appraisal, which incorporates a personal development plan (PDP) within it.

Nationally, primary care trusts (PCTs) have been offering GPs, and sometimes the whole practice team, the opportunity for protected learning time (PLT). These are sessions during which service commitments will be met by the out-of-hours service and the team is freed up to 'learn together'. In my own PCT area, for example, each practice is offered a team learning-needs assessment facilitated by an independent group of educationalists; and uses this

Key messages

- Continuing professional development (CPD) aims to meet the needs of both professionals and patients
- It offers the opportunity of lifelong learning
- CPD can be practice-based and sensitive to the needs of the local population

to devise its practice development plan. The identified learning needs can then be addressed through a number of ways, including practice learning sessions, the PLT, individual training sessions and so on.

However, although GP educationalists have welcomed the reforms, some GPs have resisted making the change

> *'We finally have an education system based on sound educational principles'*

from CME to CPD. Burrows[2] suggests that the difficulty lies in finding appropriate educational experiences to fulfil the identified learning needs. Although there exists a variety of methods to identify learning needs, including facilitated sessions (as described above), reflective diaries, patient unmet needs (PUNS), doctors' educational needs (DENS),[3] and significant event analysis, the GP and practice now have to seek out appropriate activities that will fulfil the identified needs. Contrast this with PGEA, where the lecture was laid on regardless of whether it fulfilled an actual learning need. Of course, education meetings are still available, pharmaceutical companies continue to sponsor meetings, distance learning courses and refresher courses continue, but the content of these is generally outside the learner's control.

We are starting to see variation in what is on offer: for example, there are a number of e-learning sites now, including the excellent BMJ learning. We are seeing the growth of self-directed learning groups, or 'learning sets', small groups (which may be multi-professional) assessing their learning needs and seeking out appropriate activities. Often they will adopt 'problem-based learning' using real clinical problems, shared within the group. Sometimes specialists are involved but they are part of the discussion, rather than delivering didactic lectures.

The year 2003 saw the launch of *Work based learning in primary care*, a journal which is edited by Professor Neil Jackson, Dean of the London Deanery, and whose aim is to 'examine, share and support the learning of health professionals and all those involved with the organisation and delivery of primary care'.[4]

So what of the future? We finally have an education system based on sound education principles. There are rapidly developing opportunities to obtain that education. The key role of the primary care team as a learning resource has at last been recognised. Appraisal supports the principles of lifelong learning through the PDP. All in all, the future is looking bright for education in primary care.

COPYRIGHT MEDINEWS (CARDIOLOGY) LIMITED REPRODUCTION PROHIBITED

Conflict of interest

SS is a GP tutor with the London Deanery.

Sally Smith
General Practitioner
The Willows Medical Practice,
Manford Way Health Centre,
94 Manford Way, Chigwell, IG7 4DA.

Correspondence: Dr S Smith
(email: ssmith@londondeanery.ac.uk)

References

1. Calman K. A review of continuing professional development in general practice. Report by the Chief Medical Officer. London: Department of Health, 1998.
2. Burrows P. Continuing professional development: filling the gap between learning needs and learning experience. *Education for Primary Care* 2003;**14**:411-13.
3. Eve R. Learning with PUNs and DENs. *Education for Primary Care* 2000;**11**:73-9.
4. Jackson N. Work based learning and the retention and development of the NHS workforce. *Work Based Learning in Primary Care* 2003;**1**:5-9.