

The Diary project 2009 – giving direction for the Curriculum development

This is a short summary of the Diary Project 2009, and a description of how the results are being used in the development of the GP Curriculum. The project runs every year to allow direct user feedback to the Curriculum as well as building a contemporary history of GP training in the UK.

Between 23 February and 31 April 2009 the RCGP Diary Project 2009 invited all involved in GP training to describe a day working within the RCGP Curriculum. Anyone who works with the GP curriculum was invited to share their views, including trainers, trainees, general practice surgery staff, educational supervisors, clinical supervisors and course organisers.

We invited participation in The Diary Project via the NAPCE website, UKCEA website, UKCEA newsletter, RCGP website, RCGP News, Seven Days, RCGP e-Bulletin and the e-Portfolio. An email was sent to all deanery directors asking for their support of the project also.

A total of 84 responses were received. Six of these were duplicates. 51 responses were received from trainees; 20 responses from trainers, and seven responses from individuals involved in GP training in other capacities (course organiser; educational supervisor; associate adviser in GP education).

The 2009 project had fewer entries than the 2008, but all entries were far more reflective on the training within the GP Curriculum.

What the diaries told about GP training in 2009

In the diaries of the trainers, training within the GP Curriculum was described as an integrated part of a constant stream of patients and delivery of services in team working surgeries. Nurses were described as an important teaching capacity, even though we had no entries from nurses. The year before, in 2008, the trainers expressed an uncertainty with how to use the assessments, and how to judge if their trainees were in fact up to the mark. In 2009 the worry was not about their own skills to assess, but how they as trainers could help their less skilled trainees to get through the exams.

The diaries of the educational supervisors and course organisers were mainly reflections on educational methods and their roles as teachers in the training. The variety of teaching methods spanned role playing, patient groups as teachers, reading and discussing poetry and giving power point presentations. Trainee led sessions were mentioned several times as the best, but also the most demanding way of teaching, sometimes not succeeding in the way they were intended.

The Curriculum documents were not commented on at all by the trainers and educational supervisors.

The trainees described training in collaboration with their trainers. In their descriptions help is always there when they need it, and it consists of seeing a broad spectrum of patients in the surgery, in supervised out of hour services, on visits in patients' homes, but always with the "life line" of the

trainer or the GP partners.

With the trainer they debrief, go through the patients they have seen during the day, get support for making plans for their patients, they have tutorials on specific topics, trainers pointing them in the direction of good books or articles to read, doing the COTs together, training for CSA by doing joint surgeries with their trainers sitting in and giving feedback afterwards.

Many trainees described the demands on them as doctors working in the unpredictable job that general practice can be, but also how it is at the same time rewarding and challenging, both professionally and personally. The time strain of the training is however balanced with a friendly, supportive learning environment of trainers, and surgery staff.

The trainees' descriptions of training in hospital posts were more challenging. There seemed to be no time for reflection, as the number of patients and tasks leaves dictation on patients to the end of the day, or even days after, and there is just not time for writing reflective entries for the e-portfolio. The few trainees who wrote diary entries while in hospital posts, were struggling to find support in their search for a balance between learning and assessments.

The written Curriculum was described by the trainees as being too large and difficult to find out where to start and how to work with.

The e-portfolios were described by all as time consuming. Some trainees described an uncertainty about how to use the portfolio, others just the lack of time to reflect and write. In most of the trainers' and educational supervisors' entries the e-portfolios were perceived as assessment tools, and described as giving them an unpleasant role as nagging parents.

Reading these entries, the assessments seem to be taking a huge amount of energy, often described as taking away the focus of the training. The trainees' entries describe substantial use of time studying for their AKT, going home early to read and revise, and worrying about their ability to pass CSA and AKT, and leaving the trainees with guilt feelings if they take time with their families instead of revising. The trainers echo this description by also having to deal with trainees in a state of anxiety, more than managing an educational task. The trainers reflect quite a lot on this; on one hand the new MRCGP is described as "tough" in relation to what the CCT holders need to master, on the other hand several of the trainers find that trainees who are not good enough to let go, would have slipped through the net in the old assessments.

Consequences of the 2009 diaries

The diary entries are used to understand how we can develop GP training and the GP Curriculum in a way that it is relevant for modern general practice. Training has to keep up with the changes in society, the changing expectations of patients, expectations of the service, and knowledge of best practice. Sharing your experiences on what it means to train or to be trained for general practice today also gives the possibility to adapt and develop the Curriculum in accordance with the needs of the training community.

Thus we are very grateful for all the entries you made last year, and the ones you will make this year.

The 2009 entries made it clear that the learning taking place is assessment driven, and not driven by the description of *Being a GP*, the Curriculum. Our interpretation is that the Curriculum has not been communicated well enough. The structure of the Curriculum needs adjustments to become easier to

understand as a Core Curriculum, with 31 interpretive statements showing how to work with the Curriculum. We have therefore started a major revision of the Curriculum to clarify the educational structure and intentions, and to make it easier to work with and understand the Curriculum. The latest version of the Curriculum can always be found on the website http://www.rcgp-curriculum.org.uk/rcgp - gp_curriculum_documents/gp_curriculum_statements.aspx

The 2009 entries also told us that support was needed to translate the GP Curriculum into the learning environments of secondary care. In cooperation with the deaneries and the organisations for the GP educators we have therefore started gathering descriptions from the deaneries delivering GP education, of educational initiatives in the translation of the Curriculum into secondary care training.

The e-portfolio has gone through a large number of revisions answering criticisms of speed, utility, ease of navigation and clarity. Some of these revisions are still in hand and will not be available until the August 2010 version. There has been a major revision of the element used by secondary care clinical supervisors and all educators are now able to add their own notes to the portfolio without the trainee's permission. The feedback from the diary has reflected that received directly through the e-Portfolio Development Group in terms of fixes. The issue of it being used as a collator of assessments rather than a journal of learning and progress is a matter for local training and use rather than design.

The Diary project is open for entries again from March 29th til April 25th 2010

Again, thank you to all of you who wrote a diary for a day last year, and to all of you who choose to do it this year. Please spread awareness of the project to all you know are involved in the GP training in the UK. It is through your interest and support to the development of the Curriculum that we can make GP training better.

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