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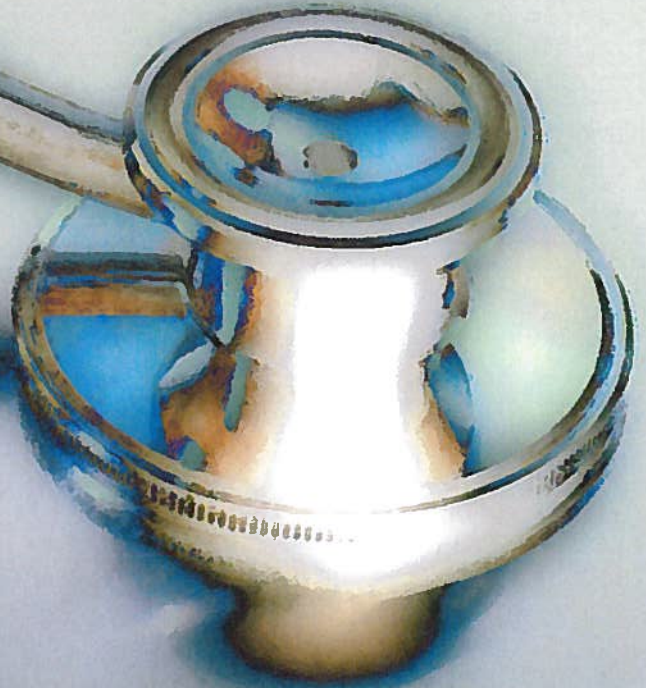
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# Professional Development

A GUIDE FOR GENERAL PRACTICE

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# Meeting educational and development needs

Now that you will have identified your educational and development needs, you may wish to consider ways of meeting these needs. Remember that everyone learns in different ways. We can assimilate information *didactically*, e.g. in lectures, or *experientially* in our work.

## Formal and informal methods

Many methods can be valuable, such as:

- Lectures
- Workshops
- Small-group work
  - Young principals
  - Peer support groups
- Practice meetings
- Clinical assistantships/Individual attachments
- Clinical audits
- Research
- Journal club
- Medline/Internet searches
- Using e-mail
- Distance learning courses
- Individual reading
- Appraisal
- Working in another practice
- Working with other professionals
- Diploma or Masters courses.

This list is by no means exhaustive and some other methods are discussed in more detail on the following pages.

## Mentoring

Mentoring is defined as:

The process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor, who often but not necessarily works in the same organization or field as the mentee, achieves this by listening and talking in confidence to the mentee.

Mentoring can form a valuable part of a framework of support for GPs but should be entirely voluntary and not imposed, with confidentiality an essential part of the process. Both mentors and mentees should fully understand the purpose and limits of the mentoring relationship, and those volunteering to become mentors should be given appropriate assistance to

develop their skills. Associate Directors and GP tutors may be contacted for advice.

Different kinds of support are likely to be needed at different points in someone's career. Extra support may well be necessary for newly appointed GPs but can also be valuable for other members of the PHCT.

A suitable time and place is important, and thought should be given to building appropriate amounts of time into people's work programmes. The length and frequency of mentoring meetings is likely to depend on individual needs and preferences.

Mentoring must be separate from the external monitoring and assessment of performance, promotion and remuneration.

### **Self-directed learning groups**

Many GPs may be familiar with this style of working in preparation for the MRCGP examination.

Essentially, a small group (ideally four or five) of like-minded GPs may wish to meet on a regular basis to share some of the workload of meeting their educational needs. This may also be particularly relevant to non-principals who may not regularly have the opportunity to ruminate over clinical situations in a practice setting.

The group could decide which needs may be met. Examples could be:

- researching evidence-based topics;
- therapeutics;
- journal review; and
- case discussion, e.g. clinical, ethical, etc.

It may be appropriate for each group member in turn to prepare material in advance.

### **Non-principals**

Non-principals are an important and growing part of the GP workforce, comprising:

- assistants;
- locums;
- retainer scheme doctors; and
- GP registrars.

Wherever possible, non-principals should be invited to participate and contribute to team activities, such as significant-event auditing, team away days and PPDs. Although non-principals may lose remuneration through attending these, they can gain much insight into primary care and enhance their personal portfolios and lifelong learning; the team will gain by the fresh insights non-principals can bring.

Non-principals should build on their registrar workbook or portfolio to develop the concept of lifelong learning, use the PDP section of this book, and attend as many team events as they can, recording these using reflective practice principles. This living, ongoing record of lifelong learning will stand them in good stead with the eventual introduction of revalidation.

### **Portfolio careers**

Portfolio careers are a concept familiar to many GPs. A portfolio career GP frequently spends time outside the practice in activities that use a broad range of skills in different environments. Examples are occupational health