Non Principal Group-led initiatives

This section aims to show the benefits of group learning and provide tips on how these can be maximised

A new non-principal group (NPG) is starting on average every other week. Being part of a non-principal group has many advantages - not just educational. Such groups offer the opportunity to meet with fellow non-principals from your local area, thereby reducing the isolation often felt by non-principals. Support, whether it be clinically orientated or just plain social, is a major function of these groups. Whether the precipitating factor for a group was educational or social, there are major educational benefits to be had from belonging to a non-principal group.

Methods available

- ⇨ **formal sessions**
  - **either organised by local educationalists specifically for non-principals, or by the non-principal group themselves**
  - *can take form of GP refresher courses or meetings, regular sessions (daytime or evening) covering clinical and management topics*
  - *often follow 'traditional' continuing medical education (CME) lines – presentation by an 'expert' followed by a question & answer session*
- ⇨ **informal sessions**
  - **non-principal group-led discussion and peer-support work**
  - *can be 'free-standing' but often follow on from formal sessions*
- ⇨ **journal clubs**
  - **group discussion of recent peer-reviewed papers**
  - *impact on practice and maximising learning benefits by interaction*
- ⇨ **networking**
  - **raising profile of non-principal issues with fellow health professionals**
- ⇨ **skill-based sessions**
  - **utilising special skills of group members or an outside facilitator/ speaker**
- ⇨ **co-mentoring**
  - **using group members' personal learning portfolios**
  - **many areas now have trained GP mentors ready and willing to take on new mentees - ask your GP tutor**

Benefits

- ⇨ **lessens isolation of group members providing co-mentoring and peer support**
  - **socially and clinically, with other non-principals, GPs and health professionals**
- ⇨ **raises self-esteem and confidence in a non-threatening learning environ-**

Non-principals as Individuals

This section aims to provide individual non-principals with pointers towards more effective self-directed learning.

Most non-principals care passionately about their continuing professional development (CPD). Professional isolation often fosters a feeling of slipping behind and an inability to stay in touch with recent advances. Lack of resources often forces non-principals to be self-reliant and adopt self-directed learning techniques by default *or* to neglect their learning needs.

Methods available

- ⇨ **reading**
  - *both peer-reviewed journals and popular medical press*
  - *for keeping up to date with recent advances, news and current thought*
- ⇨ **case studies**
  - **generated by interesting patient-contacts**
  - *raises awareness of clinical, prescribing and management issues*
- ⇨ **significant-event audit**
- ⇨ **'problem' cases or unexpected occurrences**
  - *assessment of present performance to identify weaknesses and facilitate future improvement*
- ⇨ **interaction with and shadowing of other professionals**
  - **other GPs, practice staff, hospital and community healthcare professionals**
  - *ad hoc, case-directed discussions with others involved in that patient's care*
- *at practice, postgraduate centre, or hospital initiated meetings and by one-on-one discussion at time of the event, mentoring*
- ⇨ **formal educational courses or long distance learning**
  - **participation in postgraduate qualification (MSc, Diplomas)**
  - *expand your knowledge in an area of particular interest – either clinical or managerial*
- ⇨ **compile and maintain a personal learning plan**
  - *evidence of your learning plan and how this has affected your personal practice within a reflective portfolio, is both a record of your achievements and a learning tool in itself*

Tips

- ⇨ **Self-motivation is the key to this form of learning**
- ⇨ **Variety is the spice of life**
- ⇨ **Be open to any opportunity for learning that might occur**
  - *either privately or triggered by interaction with others*
- ⇨ **Do not restrict yourself to a single educational method**
- ⇨ **Seize the moment**
  - *opportunistic, problem-solving learning can be very effective*
- ⇨ **Network wherever possible**
  - *with other professionals, in all available settings*
- ⇨ **Get your name on all available mailing lists for educational meetings**
- ⇨ **Check if your 'local' university department offers MSc or MBA courses to Non-principals**
- ⇨ **Put some funds aside for education on a regular basis**
- ⇨ **Use the portfolio sections of this Filofax to record your learning**

ment
  - **allows group members to interact without feeling devalued**

⇨ **group-directed learning exposes members to a variety of topics**
  - *one often gains more from tackling a subject not of your own choosing, that still has relevance to non-principals*

⇨ **networking and communication**
  - **group members are part of the information cascade**

⇨ **Non-principal groups help facilitate dissemination of information – both informal non-principal matters and formal Health Authority/Board circulars**

⇨ **official recognition of educational value of meetings, at present only by PGEA certification**
  - *The current educational allowance system (PGEA) will no doubt be superseded by personal or practice-based professional development plans by CME. Until this occurs, non-principal group meetings can be PGEA accredited. Whilst acknowledging that PGEA funding excludes non-principals, collection of such certificates acts as a register of an individuals commitment to learning. Such a 'log' will become important with the advent of clinical governance*

⇨ **career support/development; from peers and educationalists**

⇨ **stress relief – you are not alone!**

⇨ **some Health Authorities give bursaries for non-principal education**
  - *it is worth applying*

Tips

⇨ **Identify all local non-principals from whatever sources are available**
  - *this takes time and effort*

⇨ **Forge early links with official sources**
  - *practices, Health Authorities/Boards, Postgraduate centres, Directors of Postgraduate Medical Education (DPGMEs) in general practice, drug reps etc.*

⇨ **Appoint a group co-ordinator with good organisational and facilitating skills**

⇨ **Choose topics relevant to non-principals for meetings**
  - *brainstorm initially to identify these*

⇨ **Utilise group members' skills**

⇨ **Relaxed, non-threatening atmosphere**

⇨ **Flexible, family-friendly format**

⇨ **Use the portfolio sections of this Filofax to record your learning**

How GP educationalists, Health Authorities/Boards and Primary Care Groups can help

This section aims to advise how those involved in postgraduate teaching in general practice can make the process more accessible to non-principals.

As the preceding two sections show, many non-principals have found many different ways of keeping up to date by active learning. The single biggest obstacle to this is isolation, closely followed by funding. Non-principals accept that GP educationalists and Health Authorities/Boards do not have all the answers – especially where funding is concerned – but there are ways in which you can help.

Remember, each non-principal involved in active learning in your area is striving to maintain quality – of their work and of patient care.

Ways to help

- **adopt a 'sympathetic' ear to non-principals in your area**
  - *Non-principals are used to working on their own initiative and have become very resourceful – harnessing this quality will be mutually beneficial*
- **include non-principals in your mailings to health professionals**
  - **non-principals can not access education if they do not know about it**
  - *include mailings such as copies of the BNF and changes in hospital policy or staff*
  - *don't forget all GPs are entitled to receive free copies of the BNF*
- **provide non-principals with access to decision support and clinical effective-ness material, including Information Technology**
- **compile an accurate database of non-principals in your area**
  - **if you do not know who or where they are, you can not keep them informed**
  - *a 'locum list' is not the same thing and it quickly becomes out of date*
- **provide administrative support to non-principal groups**
  - *Non-principal groups run on limited or no funds – they are driven by the members' enthusiasm – providing help with mailings, or a room to meet, is in-valuable*
- **appoint a non-principal GP tutor**
  - **a focal point where non-principals (either individuals or groups) can access information, education, mentoring and support**
  - *this individual need not be a non-principal but they should be familiar with non-principal issues*
- **provide non-principals with access to training in facilitation techniques**

- *co-mentoring within non-principal group educational sessions will then be more effective for all concerned*
- *are there any funds or courses that you have access to that would help local non-principals?*

⇨ **lessen the financial burden of education on non-principals; cut costs of courses to non-principals**
- *timing of sessions and courses are important – weekday-time courses hit non-principals three ways; the fees, the loss of earnings and the cost of child care*

Tips

⇨ **Compile as accurate a database of non-principals as possible**
- **This is by far *the* most important obstacle to overcome**
- *Start by contacting NANP central office with a request for access to their database relevant to your area*
- *Mail all the practices in your area, requesting names of any non-principals that have worked for them in the past six months – practice managers will be more prepared to do this if they realise they will benefit from the process - by virtue of obtaining a more accurate picture of the pool of available non-principals*
- *Liase with other organisations in your area to ensure the list is both accurate and avoids duplication*
- *Contact any non-principal group co-ordinators in your area for a transfer of information – you might be surprised to find just how many non-principals there are*
- *If there is no non-principal group, consider encouraging one to start – dealing with one group rather than several individuals is more cost-effective*

⇨ **Mail all non-principals and non-principal groups on your new database, informing them of what CPD opportunities there are in your area**
- *notify non-principals of all activities going on in your area, all health professionals benefit form interaction within multi-faceted teams*

⇨ **Advertise your 'non-principal friendly' CPD policy**
- *if your policy is inclusive, be proud of this – education and maintaining quality is important for all GPs and could help avoid local manpower problems*

⇨ **appoint a non-principal representative to your organisation; voting member or observer, as appropriate**
- *empowering non-principals and allowing feed-back will benefit your organisation in the long term*

⇨ **ensure GP tutors have enough capacity to work up educational plans**

⇨ **accredit your non-principals' learning portfolios - such as this one - to allow them to prove their participation in the processes of clinical governance or revalidation**

Conclusions

Non principals are part of the "team" providing general medical services to National Health Service patients. They form a disparate group of individuals who provide that care in many different ways.

As for all doctors working within the NHS, it is behoven on non-principals to keep abreast of developments in medical practice, both personally and professionally. Clinical governance is not an issue we can ignore or regard as being inapplicable to non-principals.

Both Non Principals themselves and the organisations concerned with maintaining quality in general practice, have a duty to not only participate fully in all aspects of continuing professional development and clinical governance, but to show evidence of this participation to our colleagues and our patients.

Excluding Non Principals – or any other health professional – from this process, whether by default or design, is unacceptable, if for no other reason than that of maximising human resources. This document shows what committed individual non-principals, groups and organisations are *already* doing to maintain quality and suggests how others can do the same.

As with any collection of "best practice" the contents of this guide are not necessarily universally applicable. The guidance given in this document is drawn primarily from the experience of non-principals. Someone, somewhere in the UK is already doing this.

It is up to you, the reader, to judge provision of educational services to non-principals in your area, against that which is possible. Only by working together on a local, regional and national basis, will all Non Principals be brought within the pale of continuing professional development.

Then, and only then, will progress towards quality provision of general medical care – throughout the health service – be a fully inclusive process.

Further reading

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Notes