

The Flemish model of training and supervision

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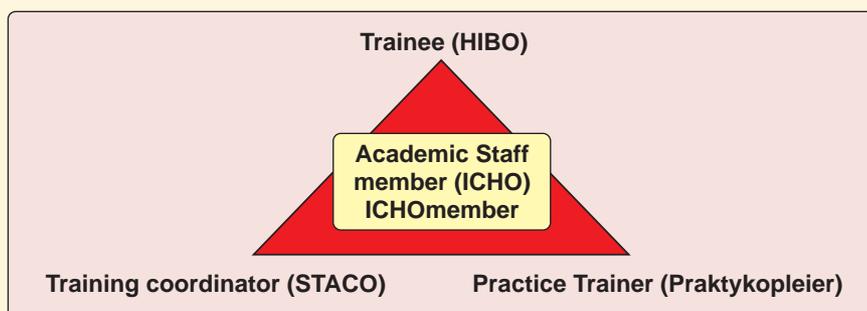
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Introduction

Students in undergraduate training in Flanders have the choice in their seventh year which is a form of internship to get jobs in various specialist departments. Those entering the Family Medicine Department in Year 7 are regarded as being in the first year of GP (general practitioner) training. This year is organised independently of one another by the four university departments. Correspondence: Gielis G. Director ICHO. 2005 Jan.

The trainees can continue in Year 8 and 9 as their second and third year of GP training. This segment is organised by the interuniversity consortium: ICHO (Interuniversitair Centrum voor Huisartsopleiding) and ISHO (Interuniversitair Samewerkingsverband voor Huisartsopleiding). Trainees (known as HIBOs) apply to various accredited GPs known as Practice Trainers (Praktykopleiers) for the 'trainee jobs' in their practices in a free-market fashion. Popular Practice Trainers can get many applications; they then interview and choose their Trainee. Trainees then subscribe at one university, but only after they have registered with the central secretariat of ICHO. They are then distributed on a regional basis into different seminar groups (NOT according to their respective universities). **(SA Fam Pract 2005;47(10): 10-13)**



The Flemish System²

This is based on a three tier model:

- The Trainee (HIBO - huisarts in beroepsopleiding),
- The Trainee Coordinator (STACO, stagecoördinator) and
- The Practice Trainer (Praktykopleier).

Staff members of the Flemish university departments of Family Medicine (through ICHO) have training and supervisory functions towards the above.

A small group of highly trained academic GPs - Trainee Coordinators

(Stage Coördinator -shortened to STACO) - from ICHO facilitate two-weekly afternoon seminars for regional groups of trainees. This vocational training is based on a system of adult learning / education, with the global aims corresponding to the task profile of the general practitioner, defined by the scientific college (Wetenschappelijke Vereniging voor Vlaamse Huisartsen). Those global aims are laid down in a text called "Eindtermen voor de beroepsopleiding".³ The function of the Trainee Coordinator is crucial in the

second and third year. S/He follows a group of Trainees with an afternoon seminar every two weeks in structured encounters based on critical reflection of concrete experiences, personal growth and group atmosphere. The Trainee Coordinator is always available for advice both for the Trainee and the Practice Trainer but most of the rest of the learning is between the Trainee and Practice Trainer in their practice work setting. Both the Trainers (the Trainee Coordinator and Practice Trainer) are almost invariably all busy practicing GPs.²

ICHO training thrust

The ICHO programme consists mostly of the regionalised two-weekly seminars with Trainees (managed by a small group of Trainee Coordinators and a psychologist) as well as the Practice Trainer programme (mostly three full-day training meetings) for Practice Trainers per region, per annum led by

an educationalist. ICHO 'Staff Members' are mostly GPs with part-time university appointments, responsible for the practical training.

There is a pool of 367 Practice Trainers developed (as at the end of 2004) for the expected intake of 273 Trainees in 2005. This allows one Practice Trainer for each Trainee. The Trainee Coordinators are in a ratio of 1 per 12 Trainees (totalling approximately thirty Trainee Coordinators) and there is one ICHO Staff Member to 3-4 Trainee Coordinators

Each one of the above will be discussed in more detail.

The trainee (HIBO):

The trainee is attached for two years to a trainer in his/her practice in the 8th and 9th year of medical training. The emphasis is on self-directed learning with support and supervision by both the trainee coordinator and the trainer. Every trainee:

- Is registered with a Flemish university family medicine department of his/her choice.
- Works with an approved trainer family physician in his/her practice.
- Works overtime in an after-hours regional call group.
- Gives a daily patient report to the trainer, in person, telephonically or electronically.
- Has a weekly discussion with the trainer, the so called "leergesprekken" or learning conversation. This mainly takes the form of patient discussions
- Attends two weekly afternoon seminars run by the trainee coordinator with 10-12 other trainees. (50 hours per year, 80% attendance required).
- Reports on seminars are to be submitted by trainees to the trainee coordinator. All documents are available on the ICHO website.
- Has a monthly learning agenda discussion with the trainer and 6 monthly with the trainee coordinator.
- Must register 50 consultations in trainee / patient unmet needs (TUN / PUN) trainee / patient actually met needs (TAN / PAN); trainer / doctor educational needs (TEN / DEN) format. This will be discussed further in article four.
- Must keep records of all training activities, the so-called "Stageboek".

(Learning portfolio).

- Attends TOB (tematische opleidingen byeenkomste / thematic educational meetings), TOL (tematische opleidingen lyn / thematic education lines), and iTOL. These are learning opportunities on specific topics either direct contact sessions, internet distance learning modules or a combination of both. Four topics must be done in one year. Examples of topics are: depression, wound care, lung functions, and palliative care.
- Has an interview with trainee coordinator 3 x per year i.e.
 - Intake/introduction,
 - Mid year functional,
 - End year evaluation interview.
- Submits two patient studies per year one of which is presented to the trainee coordinator and fellow trainees at a 2-weekly seminar.
- Submits a yearly practice project



with the help of the trainer and trainee coordinator, and presents this to his/her local seminar and to ICHO. This takes the form of a quality improvement project in the training practice.

The Trainer (Praktijkopleier)

This is a general practitioner and registered Family Physician who undertakes to employ a trainee for two years in his/her practice. The trainer:

- Has to undergo educational training pre-selection. S/he is expected to attend ongoing training sessions
- His / her practice must conform to certain criteria e.g. 7 years experience, sufficient primary care spectrum in practice, and appropriate record system in practice.
- Has to pass a selection process.
- Gets a university appointment through ICHO. The appointment is initially for 2 years and thereafter for

4 year periods. Provision is made for a "sabbatical" period.

- Employs the trainee in his/her practice and is remunerated by ICHO/Government for the equivalent of the trainee's salary.
- Is not responsible for the academic curriculum of the trainee.
- Is available daily to discuss problems and attends to the daily patient report.
- Has a weekly discussion of problem patients.
- Has monthly discussions with trainee of his/her learning agenda.
- Is involved in trainee practice project.
- Attends planning meeting (VP) three times per year with trainee coordinator and staff member (ICHO) of the seminar his/her trainee attends in order to discuss the training of the trainees, the training agenda and evaluation of the trainee and the practice projects.

Trainee Coordinator (STACO)

This is a general practitioner and registered Family Physician that is responsible for the training, support and supervision of a group of 10-15 trainees. The training coordinator:

- Undergoes specific educational training initially and then ongoing in Education (ROP) Meetings.
- Organises two weekly seminars for the trainees allocated to him/her.
- Has individual interviews with trainees 3 x per year, namely: intake, midyear and end of year evaluation.
- Helps with planning, implementation and reporting of practice project.
- Attends Regional Planning (PV) meeting 3 x per year with 3 other trainee coordinators and a university staff member.
- Visits trainee practice once per year for end of year evaluation of trainee with trainer.

Staff Members:

These are academic staff members of one of the family medicine departments that are contracted by ICHO to support and supervise both the practice trainers and the trainee coordinators. The tasks are divided between training of the trainee coordinator, seminar support and support for the practice trainer. They have meetings 2-3 x per year with the practice trainers and the trainee

coordinators (PV and ROP meetings). They also organise regular training sessions for the practice trainers and trainee coordinators.

The whole programme is managed by the ICHO and Staff Members with A) Three Planning Meetings (Plannings Vergaderen (PV)) with all the Practice Trainers in each Region, the Trainee Coordinators for the Region and a Staff Member discussing the learning plans, assessment and progress of Trainees. B) Three to four Education Meetings (Regionaal Overleg & Planning (ROP)) per year between Trainee Coordinators and Staff Members in each Region to develop the Trainee Coordinators skills.

The Practice Trainer pool is constantly under review. The Practice Trainers accreditation process involves registration with the Federal Ministry of Health AND the University. The accreditation process involves an introductory meeting and a two part 'train the trainer' course. They are then slotted into the three regionalized planning and educational meetings per year for Practice Trainers. The training uses a considerable amount of educational theoretical input managed closely by ICHO's educationalist.⁴

The motivation for GPs to involve themselves as Practice Trainers is considered to be: financial and academic. The trend towards forming group practices has simplified it further.

ICHO website

The ICHO website at www.icho.be acts an important and open portal of communication with Trainers and Trainees. The site contains (only in Dutch) an introduction to ICHO, an explanation (mostly for the aspirant trainees) of the training process, brochures with information/ documentation (mostly for beginner Trainers) as well as 'Formulieren': (mostly for ongoing support of Trainers) where various documents like clinical protocols are available for training support.

There are also a list of useful links, a document archive, e-library access and a discussion forum for ICHO and HIBOs. The iTOL is an added element of e-learning with restricted entry.

ICHO also produces educational materials, e.g. handbooks for the trainee, group trainer, practice trainer and examiners and information packages

about special topics in general practice.⁹

Reflections and ideas

The system described above has gradually developed since the early 1980's. The above discussion is intended as an overview and lacks the finer details. It must also be borne in mind that there are many regulatory role players in the system e.g. the departments of health and education, the professional regulatory bodies and the university departments and ICHO.

The following are reflections from a South African perspective:



- The involvement of Family Physicians that are in full time (private) practice in the training of trainees is commendable. There are incentives for FP's to become trainers. It provides them with an additional doctor in their practice as many are still in solo practice. They have access to academic support. Payment means that they do not suffer financially.
- The standard of family practice in Flanders has been raised through the involvement of FP's in training.
- FP's involved in training i.e. both the trainers and training coordinators are remunerated. This compensates for the time spent in training.
- The system has slowly developed over 20 years and still needs continual reflection and adjustments.
- Family physicians in Flanders are primarily practise based and do not work in hospitals (ziekenhuise) unlike in SA in major cities.

- A three-week visit can at best give a partial understanding of the system!

Ideas for the South African context

South African family medicine training has up to now been mainly distance learning with minimal contact time at universities. The new specialist recognition of family medicine requires on-site supervision of trainees (registrars). We can learn from the Flemish system of training of family physicians especially as it is totally practice based in the 2nd and 3rd years. Two contextual differences stand out, namely that:

- Training of trainees in SA is at present mainly in the public sector
- Trainers are at present not or poorly remunerated for training unless university employed when it is seen as part of their job description.

The challenge in the SA system is to augment the present distance learning with supervised on-site training. The role of the local supervisor in relation to distance learning program needs to be discussed and defined. There also needs to be a greater effort at the training of trainers, as is done in Belgium.

Taking the Worcester training complex as an example, an attempt is being made to propose the implementation of some ideas from the Flemish system.

The Worcester complex in South Africa consists of a regional hospital with a senior Family Physician (FP) who has a joint appointment with Stellenbosch University, Department of Family Medicine and Primary Care. In addition there are 5 district hospitals and one community health centre (CHC) with Family Physicians posts. Community service doctors and trainees with local GP's in managerial capacities as well as sessional appointments mainly to help with after hour cover, man the district hospitals. Only one FP post is filled at district hospital / CHC level. There are currently 6 trainees in the complex, three based at the regional hospital and three at district hospital level.

Taking the Flemish example, in the present situation, the following model is being implemented..

The trainees are medical officers at both the regional hospital and district

hospitals enrolled as family medicine students at Stellenbosch university.

- The senior FP fulfils the role of the *trainer* for the trainees at the regional hospital with daily availability for the trainees.
- The FP also fulfils the role of the *training coordinator* for both the regional hospital based trainees as well as the trainees based at district hospitals i.e. 2-weekly seminars and visits to the peripheral sites.
- The Stellenbosch Department of FM is responsible for the theoretical input through the internet based modular



distance learning program.

- The university department fulfils the function of the *staff member* to some extent.

Adapting the Flemish model to the Worcester training complex, the following reflections and suggestions are made:

- *Trainers* are needed in the district hospitals/CHC. Qualified FP's can fulfil this role, but none of these posts could be filled. Trainee/trainer ratio should be 1:1 or 1:2 at most.
- At some district hospitals part time GP's are qualified FP's. Consideration should be given to employing them as part time trainers with part time

university appointments to remunerate them for time spent in training and being trained.

- The local (Stellenbosch) university FM department should take on the role of training the trainers. (*Staff member* function, training of trainers.)
- The *trainer* (private GP or FP) could coordinate local CPD activities for both the GP's and trainees.
- The regional FP should fulfil the role of the *trainee coordinator* for the region, organising 2-weekly seminars and monthly practice visits to the trainees at the district hospitals.
- The regional FP can fulfil some of the functions of the academic *staff member* in supporting and supervision of the trainers.
- The university department of FP can fulfil the role of the *staff member* responsible for the training coordinators, responsible for training of the trainers, supervision of seminars and setting and maintaining standards.
- The university department of FM will be responsible for the summative assessment of trainees; the regional FM can responsible for formative assessment of the trainees.
- FaMEC has the potential to become an ICHO-like organisation in future, becoming responsible for standards in postgraduate FM training in SA.

In conclusion

The Flemish model has very definite relevance to the South African system. The wealth of experience in especially the training of trainers gained over 20 years should be utilised and adapted in the South African context. 🙌

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