

Framework for Continuing Educational Development of Trainers in General Practice/Family Medicine in Europe





Framework **for Continuing Educational** **Development of Trainers** **in General Practice/Family Medicine in Europe**

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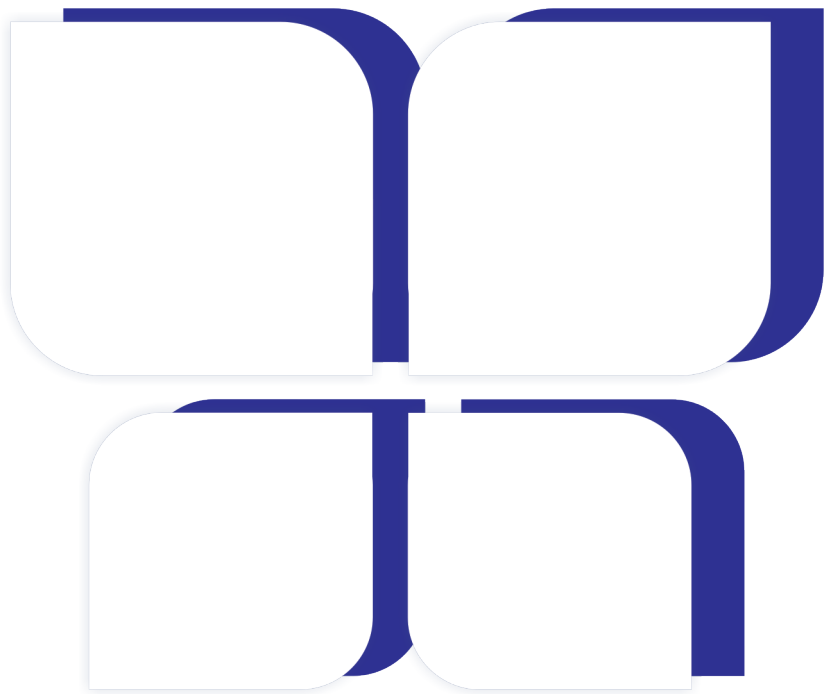
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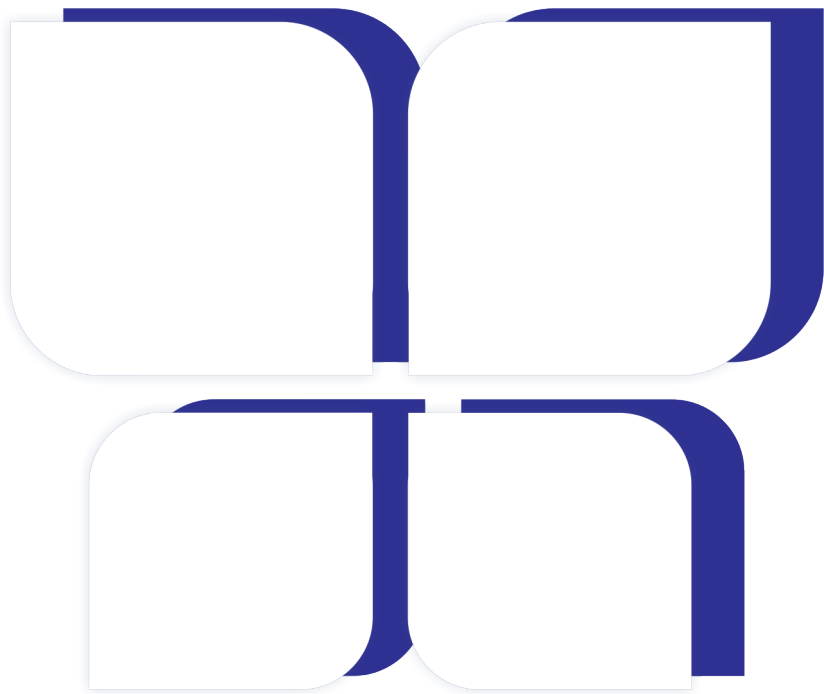
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Foreword

The importance of general practice/family medicine as a pivotal part of primary care systems is widely recognized all over the world^{1,2,3}. In Northern and Western Europe it is well established as a medical discipline, while in the Southern and Eastern part of the continent it still struggles for its place⁴. The future of the discipline depends on many factors^{5,6}, but certainly these include the quality of training at all level of medical education in this field. Only professional teachers with relevant background and training can provide the education required at a sufficiently high level. Awareness of these facts brought together several institutions and organizations from different countries to set up a project aimed at development of a uniform concept, which might harmonize medical education in general practice/family medicine in Europe. A crucial role in the project is played by the European Academy of Teachers in General Practice (EURACT), which has the constitutional aim to foster and maintain high standards of care in European general practice/family medicine by promoting the discipline by learning and teaching. The partners of this project are building on their previous experiences and achievements, especially in numerous Leonardo EURACT courses for trainers in general practice/family medicine, developed within a previous Leonardo da Vinci project. The key product of the current project, also supported by EU Leonardo da Vinci Programme, is this document, which is trying to guide the professional development of general practice/family medicine educators all over Europe.

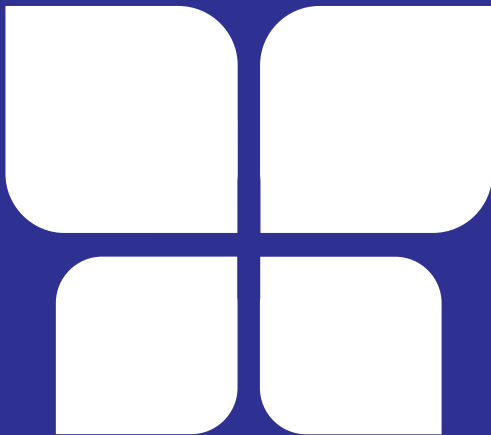
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BACKGROUND INFORMATION

- ❖ Origin of the Concept
- ❖ European Educational Landscape
- ❖ Multidimensional Approach



Origin of the Concept

Since practice based training is an essential element of specialist training in general practice/family medicine (GP/FM), the shortage or even lack of teaching knowledge, skills and competencies among those practising GPs who act as trainers was a crucial deficit in this field. EURACT developed a number of courses to help promote the further professional development of those practising GPs who play a key role in the vocational training of future primary care physicians⁷. The first Leonardo EURACT course was developed within the Leonardo da Vinci programme run by the College of Family Physicians in Poland. This course provided the basic knowledge and skills needed by GP/FM trainers teaching in their own practices, unified on a European level. Its success demonstrated the feasibility of the project which had been developed; that it was a great success was as a result of several factors:

- ❖ The methodology used for the development of the course and its actual delivery gained a great deal of interest and proved to be very attractive to GP teachers from across Europe. This was as a result of the relevance of the topics, the preparation of high quality course materials and the use of the most up-to-date educational methods.
- ❖ The strategy was to train groups of teachers from individual countries, with the aim of them disseminating the knowledge, approaches and skills throughout Europe by running the course in local settings.
- ❖ This proved to be very efficient, with the result that the course has run 5 times internationally on a European level, and there have been large numbers of in-country courses across Europe with more than 1,500 GP trainers having participated.

The course raised lots of interest in the educational methods used, which relied on learner participation

largely using small group techniques and the provision of suitable teaching materials. It also revealed further needs in this field and EURACT received a number of requests to develop further courses addressing different topics of training for GP trainers. As a consequence, further courses were developed; an assessment course focusing on assessment methods and an advanced training the trainers' course which looked in depth at teaching from consultation, small group leadership and facilitation, and the management of underperforming trainees. Further requests for the similar courses continue to come to the organisation.

The appreciation of the progress of the trainers through the educational modules and programmes raised the question of the concept of there being different levels of expertise of GP/FM trainers – an issue which is not currently being considered in GP/FM training in Europe. Although educators in different medical schools in Europe may be considered experts in GP/FM training, there is neither a definition of the levels of competence or specific skills required, nor an actual framework that would support the understanding of the need for educational experts in the field of family medicine. A discussion on the development of such a framework of educational expertise was started in EURACT Council and is the basis for the development of this document.

European Educational Landscape

The challenge of caring for an increasingly aged population, with its burden of chronic disease, and the escalating costs in providing health care is being faced by all European countries⁸. Evidence has shown that health care systems based on effective primary care provided by trained general practitioners working in the community is cost effective and provides effective care for patients⁹. This has been recognised in Europe, where, for the majority of European countries, GP/FM is a fundamental part of the health care system. The European Union has built general practice into its healthcare policies and it is

being developed by non-member states as a means of providing cost-efficient healthcare for their citizens^{10,11}. GPs play a pivotal role in ensuring that patients acquire appropriate health care provision. One of the major issues facing all family medicine systems is that of system change and teachers of GP/FM will have to be able to adapt their personal teaching to meet the needs of each new group of learners¹².

Although there has been a great deal of progress in the development of general practice in Europe there remain large differences in the way this has been done in different countries and in the manner in which family doctors are integrated into the health care system. There is a similar variation in the way GPs are trained across Europe, with wide variations in access to GP/FM training in basic medical education, and in the content, format and length of specialty training¹³. There was a big step forward in 2002 when WONCA^[a] Europe, the academic body for general practice, published the European Definition of General Practice¹⁴. This set out the fundamental characteristics of the discipline of general practice, which are common to all countries and independent of the health care system, and also the core competencies required to practice as a specialist general practitioner. This paper defined “core” as being “...essential to the discipline, irrespective of the health care system in which they are applied.” EURACT developed this thinking further and produced its Educational Agenda in 2005 which is a blueprint for a common curriculum based on the common competencies. This now makes it possible to design training programmes to meet the core competencies¹⁵ and to start working towards a truly harmonised GP/FM training programme across Europe.

Multidimensional Approach

When the learning and teaching of general practice is considered, several factors should be taken into the consideration. One of the critical issues is the target audience and the desired level of competence at the end of

[a] World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians.

the training. These factors should strongly determine the educational content and educational methods applied. At the basic medical education (BME) level, all students, irrespective of their future professional career choice, should follow a curriculum, which is directed at enabling them to understand the role and specificity of primary care and general practice¹⁶. The time devoted to undergraduate training in family medicine substantially varies between countries. The form that such education takes and its contents also differ considerably between those medical schools which include this subject in their curricula¹⁷. This might be reflecting the different position of the discipline in these countries and academic freedom of the universities. Efforts are being undertaken to expose all students to family medicine as early as possible in their medical studies, preferably already at the preclinical phase of medical training, and also to harmonize the content of the education¹⁸. Although there is very little evidence on the influence of BME training in general practice on the future career choice of medical graduates, experts agree that high quality training at that stage may improve recruitment to the specialty. Teachers providing education at this level, both in universities and in the GP workplace, are usually expected to teach students the principles of the discipline¹⁹.

The in-depth preparation of medical graduates to gain the competencies of family physicians takes place during vocational training (VT). This part of medical education, usually lasting several years, and in the EU a minimum of three years²⁰, challenges GP teachers and trainers with the need to use more comprehensive methods to allow trainees to acquire the knowledge, skills and attitudes which are essential for safe and effective professional general practice. Elements of such programmes may be provided in university departments, often working in small groups of peers, but a large part of the programme will be based on teaching practices with a trained education supervisor²¹. Continuing Professional Development (CPD), which is the longest phase of professional education (life-long learning), requires different competencies from the teachers involved in its delivery²². Programmes need to be

flexible both in content and format to meet the diverse needs of this group of GPs.

Another important factor is the teaching environment in which educational interventions are developed and provided. General practitioners developing their educational competencies have to be aware of the specificity of the educational milieu in which they might apply them. This environment will be also influenced by various country or system specific determinants, such as cultural habits, professional conduct or legal regulation. A large part of education in family medicine takes place in GP offices, where daily clinical care is provided to patients seeking primary care. Practice based teaching is essential for specialty training and very important for BME²³. However its role is gradually growing and is becoming more and more appreciated also within CPD. University departments of family medicine or general practices are natural training settings for medical students. Specialty training for GP/FM is predominately work based and trainees are employees and provide service to patients. In many countries this training is also provided in university departments and their network of teaching general practices. In other countries vocational training is provided in settings other than the universities. Special training centres may play this role, as do other training settings, such as hospitals, specialist clinics, emergency services or social care institutions. All doctors teaching GP/FM in such settings need to possess the personal qualities and teaching skills to carry out this task²⁴.

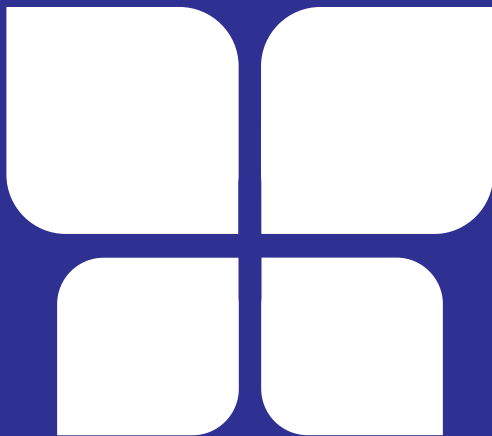
The role of most GP/FM teachers is confined to teaching students and/or trainees in their practices²⁵. However a limited number of GP/FM teachers will have special responsibilities which may include the management of teaching settings at different levels, programme delivery, faculty support and development, curriculum development and implementation. These and other responsible tasks may be at a local, national or even international level.



AIMS and OBJECTIVES

The aim of this Document is to develop, implement and sustain in a long-term perspective a Framework for the Continuing Educational Development of Trainers in General Practice/Family Medicine (GP/FM) in Europe.

This important development can only be achieved by joining the current knowledge of GP/FM training, current approaches and existing expertise within European region, in order to develop a new high quality conceptual framework. This framework in future would be expected to guide development of GP/FM educators and set the basic standards for training the trainers of different levels, monitoring their progress and assessing their achievements in developing their competencies as GP teachers. This should develop a sustainable background for the harmonization of GP/FM training throughout Europe, supported by a European network of highly trained teachers.





INTEGRATED FRAMEWORK

OF EDUCATIONAL EXPERTISE IN GENERAL PRACTICE/FAMILY MEDICINE

- ❖ Elements of the Framework
- ❖ Defining Teaching Expertise
- ❖ Developing Teaching Expertise
- ❖ Applying the Expertise Model to GP/FM Teachers
- ❖ Domains and Levels of Teaching Expertise

Elements of the Framework

In order to deliver high quality patient care an education programme which provides basic medical education for all doctors, and appropriate and relevant specialty training and continuing education for all European GPs is a crucial matter. Such education and training programmes require a skilled workforce of general practitioner teachers, who need to be trained to the appropriate level for their tasks⁷. In order to achieve this in a sustainable way they will need to develop a self-directed learning approach to acquiring and maintaining their teaching skills.

There are four main elements to this framework:

- ❶ A structured survey of perceived needs of GP teachers in Europe
- ❷ An integrated programme of courses for teachers of general practice based on the expertise model
- ❸ A network of trained GP teachers using a web-based platform hosted by EURACT
- ❹ An Educational Expertise Framework document (this one) which describes a comprehensive and lifelong approach to developing expertise as a GP teacher.

1. A structured survey of perceived needs of GP teachers in Europe

A baseline study was performed. This contained a literature review, an analysis of the evaluations of former EURACT courses and a survey. The survey performed a needs/wants analysis of GP trainers in Europe. The survey questionnaire was constructed in English and in two versions, one for novice GP trainers who work in primary care basically and one for expert GP trainers. GP trainers from 15 countries were invited to take part in the study. Seventy one trainers responded. According the study results the educational needs of the novice GP trainer were further development of their abilities in:

- ❖ supervision and feedback skills,
- ❖ enhancing the learning environment,

- ❖ how to individualize training,
- ❖ how to manage training in a busy clinical practice.

The educational needs of the expert GP trainer were further development of their skills in:

- ❖ assessment,
- ❖ teaching,
- ❖ management,
- ❖ educational research.

It was noteworthy that although the participants came from different countries and had different backgrounds, working and training conditions, they shared a number of similar problems, needs and expectations. Novice and expert trainers were also found to share opinions to a large extent.

2. An integrated programme of courses for teachers of general practice based on the expertise model

The objective of the courses developed as part of this project is to promote a sustained development of expertise in GP teaching in Europe through designing a series of courses aimed at different levels of ability and experience in GP/FM educators. These courses use an expertise model based on that described by the Dreyfus brothers²⁶.

The courses use a four stage model of expertise passing from novice to competent, proficient and expert. They are aimed at any and all family medicine teachers working in GP education in Europe whether they are working as practice based teachers, or in university departments or in a combination of both. Some will be teaching medical students, others specialty trainees, and some may be providers of Continuing Professional Development. The context is not relevant – it is their level of skills as a medical teacher.

The framework provides the basis for the development of educational courses for GP/FM teachers at three levels, and is based on an expertise model:

- ❖ Level 1 course (facilitating the development from novice to competent educator),

- ❖ Level 2 course (facilitating the development from competent to proficient educator),
- ❖ Level 3 programme (facilitating the development from proficient to expert educator).

The project has developed each of these courses; they have provided participants with a range of the educational interventions necessary for GP trainers towards reaching these levels.

3. A network of trained GP teachers using a web-based platform hosted by EURACT

The implementation of the framework will lead to the construction of a European Network of trained GP/FM teachers, supported by an innovative Internet based educational platform. The leading role in maintaining the sustainability of the project results will be the European Academy of Teachers in General Practice and Family Medicine (EURACT) with its representatives from over 40 European countries.

Linked with the EURACT website (www.euract.eu), this platform is a free of charge programme for distance learning, serving as a discussion and consultation forum. The participants of the courses and other teachers are able to download all the educational materials, express their opinions and receive the most up-to-date information on the European GP/FM teachers network events, regularly updated.

It is intended to become the basis for a pan-European network, leading to joint international projects and aiming to improve the quality of Family Medicine education in Europe.

Defining Teaching Expertise

Usually the simplest way to define something is to seek the opinion of experts – in this case the Oxford Dictionary, which defines expertise as “expert opinion or skill or knowledge in something” and an expert as a “person

having special skill or knowledge” – in this case the special skill is in teaching. Doctors are accustomed to the long medical training needed in order to gain sufficient competence to treat patients and their illnesses. During that training GPs will have been taught by many different teachers and all will recognise that there is a wide variation in level of their teaching skills. The teaching of the expert can be recalled vividly, and its impact, as can the feelings of boredom and dread (but nothing of the content) of the bad teacher.

In the middle ages skilled craftsmen, such as goldsmiths, apothecaries (became physicians), or barbers (became surgeons and dentists) were known as masters of their craft. They trained apprentices in the basics of their craft; apprenticeships lasted for five or more years, after which they became “journeymen”; carrying out particular tasks for their masters and preparing their own “masterpiece” which would, if good enough, allow them to become masters in their own right²⁷. This type of approach persisted in medical education well into the second half of the twentieth century but it is now recognised as only being part of the picture. Family medicine has become so complex that the simple apprenticeship/mastery model is no longer able to provide the whole answer.

It is customary to think of a hierarchy of educational outcomes described by Miller and illustrated with his triangle²⁸:

DOES – works independently using knowledge and skills appropriately in real practice

SHOWS HOW – develops skills in applying knowledge, and can demonstrate that ability

KNOWS HOW – applies knowledge under supervision

KNOWS – primary task is to acquire knowledge, and learn how to apply it.

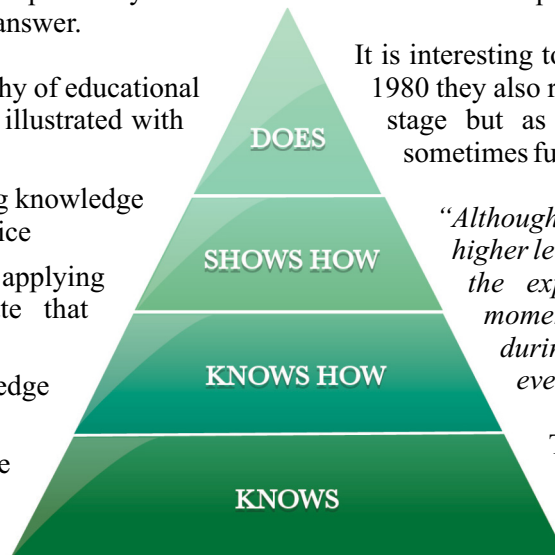


Figure 1. Miller triangle

Medical teachers need to be able to help their learners, whether they are students, trainees or working GPs, to acquire the necessary knowledge skills and attitudes to move up the pyramid to perform at the “does” level.

Developing Teaching Expertise

The model that is used to underpin this framework is that first proposed in 1980 by the Dreyfus brothers from the University of California/Berkeley. Stuart Dreyfus was in the Department of Industrial Engineering and Operations Research and Hubert Dreyfus in the Department of Philosophy²⁹. Their work, supported by a grant from the US Air Force, was looking at the ways that complex skills are acquired and used, such as in piloting aircraft.

They proposed a 4-stage model^[b], defining the characteristics of functioning at each level:

1. Novice,
2. Competent,
3. Proficient,
4. Expert.

It is interesting to note that in their original report in 1980 they also referred to “Mastery” not as a further stage but as a higher level at which experts sometimes function:

“Although, according to our model, there is no higher level of mental capacity than expertise, the expert is capable of experiencing moments of intense absorption in his work during which his performance transcends even its usual high level.”

The following table is an illustration of elements of functioning using a 4-stage Dreyfus model.

^[b] Subsequently an extra stage between Novice and Competent, that of Advanced Beginner, was inserted but we will be using the original model.

Table 1. Adapted from the professional standards for conservation, Institute of Conservation (London) 2008 based on the Dreyfus model of skill acquisition

	Knowledge	Standard of work	Autonomy	Coping with complexity	Perception of context
NOVICE	Minimal or „text-book” knowledge without connecting it to practice.	Unlikely to be satisfactory unless closely supervised.	Needs close supervision or instruction.	Little or no conception of dealing with complexity.	Tends to see action in isolation.
COMPETENT	Good working and background knowledge of area of practice.	Fit for purpose though may lack refinement.	Able to achieve most tasks using own judgement.	Copes with complex situations through deliberate analysis and planning.	Sees actions at least partly in terms of longer terms goals.
PROFICIENT	Depth of understanding of discipline and area of practice.	Fully acceptable standard achieved routinely.	Able to take full responsibility for own work (and that of others where applicable).	Deals with complex situations holistically, decision-making more confident.	Sees overall ‘picture’ and how individual actions fit within it.
EXPERT	Authoritative knowledge of discipline and deep tacit understanding across area of practice.	Excellence achieved with relative ease.	Able to take responsibility for going beyond existing standards and creating own interpretations.	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease.	Sees overall ‘picture’ and alternative approaches; vision of what may be possible.

This model was used extensively in nurse education particularly in the United States^{31,32}, and has been slowly gaining support recently in relation to medical education. The key to understanding its importance is to understand that experts work differently, expressed in Table 1 as *“Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease.”* The sudden switch to an intuitive approach can seem random and can be confusing; this has been described in relation to general practice consultations carried out by experienced doctors as “seamless, easy, relaxed, or sometimes puzzlingly unpredictable”³³. Experts can carry out complex activities intuitively, without the need for conscious thought, using their enormous wealth of prior experience, but when faced with a new problem can switch to a conscious analytical approach.

The expertise framework fits with the EURACT experience of and reflections on the teaching skills courses that they have provided (as described earlier). The original courses were aimed at providing knowledge and skills to those GP teachers who could be regarded as novice teachers. As their expertise grew they developed an appetite for courses exploring specific aspects of their role, in greater depth, for example assessment skills. The challenge is now to move from facilitating the development from novice to competent to proficient GP teacher to take it to the final stage – that of expert GP teacher. In developing and exploring the Dreyfus model of skills acquisition it has been shown that training can facilitate the process.

Applying the Expertise Model to GP/FM Teachers

In order to target skills training for GP teachers it is important to be able to determine their current level. To do this the expertise model, described earlier in the Table 1, has been adapted in the several stages procedure. Firstly

the domains^[c] of competence that are important for teaching general practice have been defined. Secondly all of them have been described for each Dreyfus level.

The domains of teaching expertise are derived from a number of sources, including the EURACT publications “Teachers and Trainers in General Practice: Attributes and Learning Areas”³⁴, and “The EURACT Educational Agenda”³. Another important source of information were results of the survey assessing the educational needs, conducted in 15 countries, where 71 GP trainers responded to the extensive questionnaire. Following the analysis of the responses, an invitational conference of experts in general practice education was organized in Greece, where outline of this document was designed. The draft version was presented to the Council of EURACT, which established special task force to work further on it. Concept of the document was presented and debated also during 17th WONCA Europe Conference in Warsaw in September 2011 and afterwards again discussed by EURACT Council. In-between these events the document was discussed by project partners during several special meetings and via on-line communication. The final version of the document was approved by the EURACT Council in March 2012.

Domains and Levels of Teaching Expertise

All educational domains have been divided into the three following major categories:

- ❖ Learning environment,
- ❖ Provision of education,
- ❖ Educational process.

For each of the domains level of expertise was described for novice, competent, proficient and expert GP/FM educator. The division of the domains of teaching expertise is provided in Table 2.

[c] Domain in this context can be defined as an area of expertise as a teacher.

Table 2. Domains of Teaching Expertise

I. Learning environment				
DOMAIN	NOVICE	COMPETENT	PROFICIENT	EXPERT
Patient safety	Ensures highest standards of patient safety at all times.	Balances the needs of service delivery with education. Applies patient safety systems to the training environment.	Is involved in the development of systems of ensuring patient safety in the training environment. Involves patients as educators.	Has responsibility for overseeing the impact of education programmes on patient safety.
Management of learnings	Is keen to teach.	Organises teaching in his or her own practice.	Teaches in local practices and in other settings. Adapts and implements all aspects of teaching programmes.	Organises delivery of teaching in local practices and in other settings. Modifies and develops programmes. Communicates well with all stakeholders.
Educational resources	Aware of the education resources needed for GP teaching.	Able to use available education resources for GP teaching optimally.	Able to develop and provide resources for GP teaching.	Able to plan, coordinate and supervise the development and provision of educational resources.

II. Provision of education

DOMAIN	NOVICE	COMPETENT	PROFICIENT	EXPERT
Teaching skills	<p>Has experienced a variety of methods as a learner and is able to reflect on them.</p> <p>Able to teach in an area of personal expertise.</p> <p>Uses a personal learning plan (PLP) as a future teacher.</p>	<p>Knows a variety of commonly used teaching methods.</p> <p>Regularly uses common teaching methods effectively.</p> <p>Able to help a learner to develop a PLP.</p>	<p>Capable of using a wide variety of teaching methods, selecting these appropriately to a variety of learner groups, including teaching skills to other teachers.</p> <p>Knows and understands the literature on teaching skills, can help learners including trainers with problems in developing a PLP.</p>	<p>Has a deep understanding of GP education including teaching methods and education research, and is able to promote these.</p> <p>Develops teaching skills in self and others.</p> <p>Understands and is able to teach other teachers in the application of PLPs.</p>
Educational supervision and support	<p>Supervises a learner in an area of personal expertise.</p> <p>Self-motivating as a potential teacher.</p> <p>Participates in feedback with other teachers.</p>	<p>Supervises the clinical performance and education progress of an individual learner.</p> <p>Able to give helpful and constructive feedback to learners.</p> <p>Provides a role-model.</p>	<p>Supervises groups of trainees, trainers (and other learners).</p> <p>Understands the theoretical frameworks which underlie giving feedback in complex situations: uses with trainees and trainers.</p> <p>Supervises individuals and processes.</p> <p>Involved in development of support systems for trainers and trainees. Capable of responding to special need of trainees.</p>	<p>Supervises whole programme and individual elements within it. Supervises other teachers providing appropriate feedback.</p> <p>Gives successful feedback to learners with complex difficulties, using outside agencies where appropriate.</p>

II. Provision of education - cont.

DOMAIN	NOVICE	COMPETENT	PROFICIENT	EXPERT
Management of problems	Aware of potential impact on patient safety of problems in training.	Able to recognise early in training difficulties experienced by trainees and trainers. Responds to concerns raised about difficulties in training and seeks further help when necessary.	Able to manage complex difficulties in training, and to provide support to trainees and trainers. Responds to concerns raised, working within available systems of support.	Ensures availability of support systems in the organisation either locally or within external sources. Able to arrange and supervise remediation of problem learners identified (this will include teachers with problems).
Assessment and feedback	Demonstrates reflection on personal experiences of positive and negative feedback and the methods used.	Knows and is able to apply the assessment methods used for workplace based assessment (WBA). Understands their own responsibilities as a teacher and assessor in summative assessments.	Understands the common methods used in GP education and is able to participate in their use at a departmental and/or programme level. Able to participate, under supervision, in the development/design of assessment questions. Able to supervise and assist practice based assessors in WBA.	Wide knowledge of assessment methodology and is able to select these appropriately, supervising the process and the individuals concerned. Develops and maintains assessment strategies.
Teaching theory	Reflects on the education and assessment processes personally experienced.	Knows the education and assessment theory that underpins the methods that they use as teachers.	Understands and applies the theory of the education and assessment methods in use in their programme, selects them appropriately and is able to teach them to others.	Has a wide understanding of education theory as it applies to GP education and in the wider context of medical education in general, and that of allied professions.

II. Provision of education - cont.

DOMAIN	NOVICE	COMPETENT	PROFICIENT	EXPERT
Working in educational teams	<p>Able to participate as a member of an educational team.</p> <p>Able to identify and gain immediate access to a support network when needed.</p>	<p>Understands the rationale and structure of the educational teams in which they work.</p> <p>Involves other team members in practice based teaching.</p> <p>Contributes to the overall programme.</p> <p>Provides and receives peer support.</p>	<p>Works regularly in educational teams, motivates other members and is able to lead different teams as needed.</p> <p>Develops, maintains and participates when needed in a peer support network.</p>	<p>Creates and maintains an appropriate team structure, delegates tasks appropriately.</p> <p>Supports individual team members in these functions.</p> <p>Identifies and resolves problems in team function.</p> <p>Ensures a peer support structure and process, is functioning in the organisation and monitors its effectiveness.</p>

III. Educational process

The curriculum	<p>Is aware of the importance and the content of the GP curriculum.</p>	<p>Uses the GP curriculum in everyday practical teaching.</p> <p>Reflects and provides feedback on curriculum design within their area of expertise.</p>	<p>Able to adapt the curriculum to specific learning needs and to develop elements of the training programme.</p> <p>Participates in designing and improving the local curriculum.</p>	<p>Involved in the design and development of the GP curriculum.</p> <p>Understands the context in which the curriculum has been developed.</p> <p>Supervises the delivery of teaching programmes based on the curriculum.</p>
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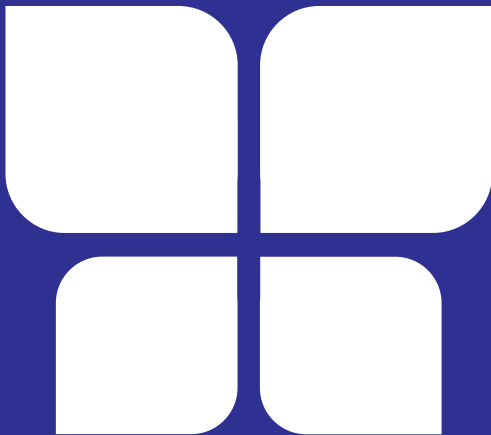
III. Educational process - cont.

DOMAIN	NOVICE	COMPETENT	PROFICIENT	EXPERT
Evaluation	Understands the importance of the evaluation of training processes.	Actively reflects and evaluates their own teaching, involving the learners. Contributes to the evaluation process of the training programme.	Able to evaluate trainers and different elements of the programme. Contributes to overall programme evaluation.	Able to design, implement and supervise the evaluation of whole teaching programme. Analyses evaluation results and takes appropriate action.
Educational research	Aware of the importance and relevance of educational research.	Participates in educational research on request. Acquainted with educational research being carried out in their area of educational interest.	Familiar with the important relevant education research findings. Understands the techniques of education research relevant to their educational role. Able to develop and conduct education research.	Experienced in educational research. Supervises research projects in others. Translates significant research findings to the delivery of programmes.
Quality improvement	Understands the processes of quality improvement as applied to medical education.	Is actively involved in improving own teaching. Promotes excellent practice.	Organises and provides the improvement process of the programmes being delivered. Identifies problems and initiates improvement measures and appropriate follow-up. Identifies problems in education provision at all levels and undertakes remedial action when needed.	Takes overall responsibility for the quality, assessment and improvement of educational programmes. Able to deal with complex quality improvement problems and supervise the application of appropriate solutions.



IMPLEMENTATION STRATEGY

- ❖ Personal Expertise and Organisational Expertise
- ❖ Teaching Educational Expertise
- ❖ Using the Framework Document



Personal Expertise and Organisational Expertise

It is important to understand that the model does not apply to all activities or attributes of the individual concerned – no one will have the same level of expertise in all areas of an activity, e.g. as a GP teacher. They may well be performing at the level of a novice in some areas and that of an expert in others. An expert GP/FM teacher will not necessarily be an excellent researcher, or even an expert clinician! Expertise is a personal feature and context specific. This becomes more important as we consider the Level 3 course aimed at developing expert medical teachers – each will have their own pattern of expertise determined by their personal features and the context in which they work.

A further consideration is that of personal expertise (the expert in a particular field) and organisational expertise. As previously stated, not every member of an organisation, for example the Faculty staff of a Department of General Practice, will be equally expert in all aspects. However the successful Faculty, if it supports individual staff members in developing their particular expertise, will have at its disposal a wide range of different types of expertise, for example some with research skills, and others with in depth knowledge of assessment.

The inherent variability in personal expertise can be demonstrated graphically. If we consider the following four Dreyfus levels:

- ❖ novice,
- ❖ competent,
- ❖ proficient,
- ❖ expert,

and then consider at which level we should place ourselves in relation to the key domains listed in Table 2 above, we can then plot our personal pattern of expertise using the

following template (Figure 2), indicating the domains in which we are novices and also those where we have considerable expertise:

Figure 2. Domains of teachers' expertise

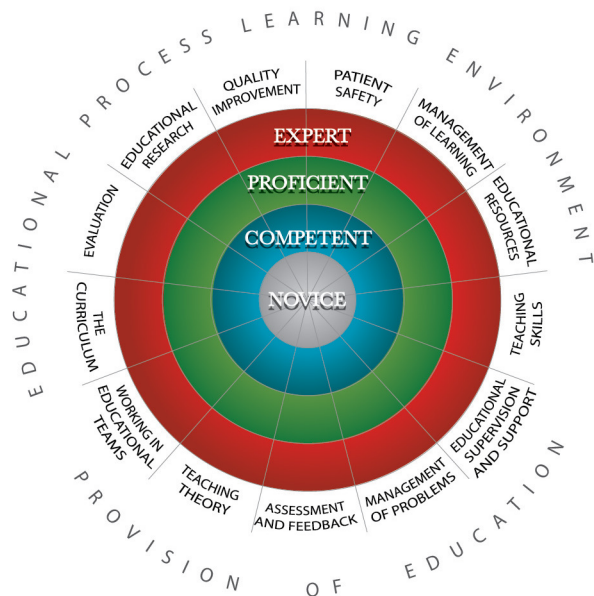


Figure 3. Possible pattern of expertise of practice based teacher

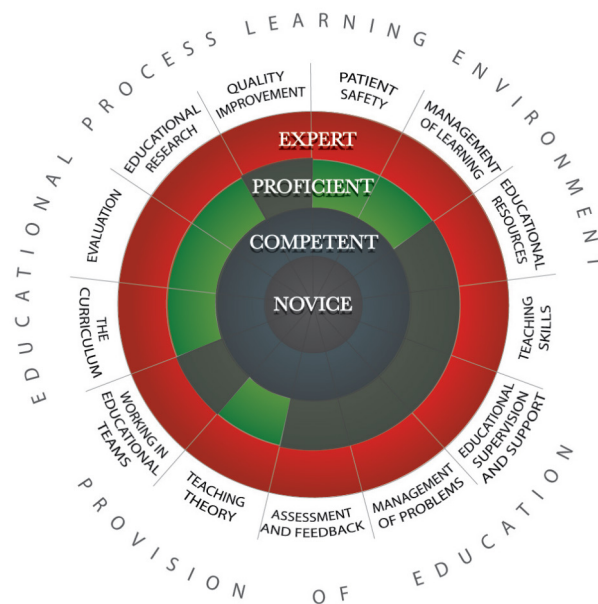
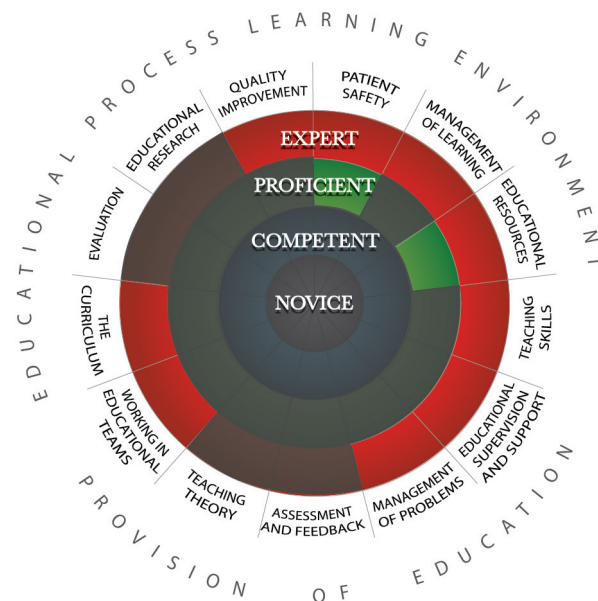


Figure 4. Possible pattern of expertise of university teacher



Doing this may reveal marked variation. In the following examples the first (Figure 3) is of a practice based teacher, with considerable expertise in teaching methods and proficiency in organisation of teaching, learning needs assessment and feedback, but assessment and education theory is at novice level.

The second (Figure 4) is the profile which might be typical of a university research fellow, with little direct, e.g. practice based, teaching activity but an expert on education research and teaching theory and proficiency in curriculum design and in assessment.

The model should not be regarded as totally comprehensive but as a starting point for the development of appropriate individual teaching and learning needs. Not everyone will want to move in every domain from competent to proficient, or from proficient to expert, but there needs to be a continuing programme of personal development as a teacher available to all. Some teachers will develop considerable expertise and may become very expert in a very narrow field of general practice education, and others may wish to remain at a level of proficiency over a broader area of activity. It has to be reemphasised that teaching expertise is not determined by context but by teaching ability and that there is no academic hierarchy of expertise. However one of the higher level skills for teachers who manage departments or programmes is to know the strengths of staff members and ensure a balance of talent so that the organisation has all types of expertise at its disposal.

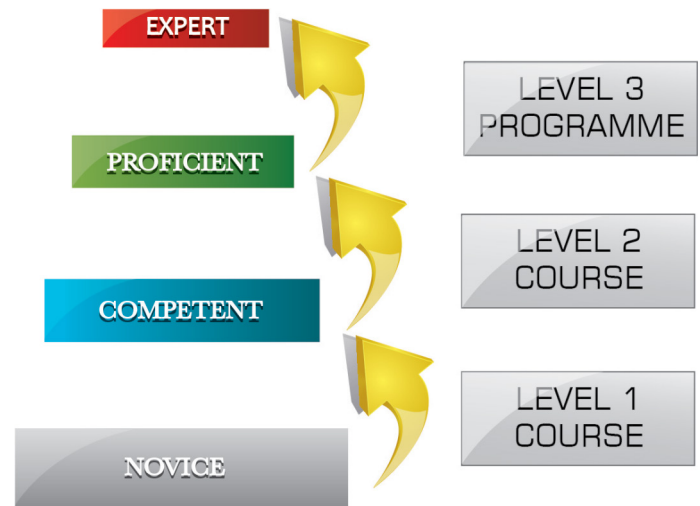
Teaching Educational Expertise

For each particular level of education and the teaching environment specific competencies may be required. Some are purely related to the development of the training environment, like the preparation of the curriculum or teaching materials, organization of the training place, provision of the teaching staff etc. Other competencies are required to provide effectively the teaching or conduct the assessment of the students or trainees. These might require knowledge of certain educational theories or teaching and assessment techniques. It is most likely that other competencies are needed to assure a high standard of education is provided. This includes the continuing evaluation and improvement of the educational process and specific educational research.

The main aim of the proposed courses is to help participants to move along a trajectory which could lead from novice to expert. Figure 5 shows the three programmes designed to facilitate this.

The Level 1 course is aimed at entrants to practice based

Figure 5. Course facilitating expertise development



teaching with no prior teaching skills training. It consists of six 3-hour modules delivered over three days. However each module can be delivered separately and may be delivered to a different schedule of educational interventions. Each participant is able to access course materials for each module prior to the course. The course materials for each module include a timetable, the learning aims, learning methods, a description of the module, a module evaluation form, references, further reading, hand-outs and equipment needed. A minimum of presentations are used and most learning is active and participatory, predominately in small groups. Participants are invited to note and reflect on the methods used and encouraged to use the materials in teaching and learning with colleagues at home.

The Level 2 course is aimed at competent teachers who have participated in a Level 1 course (or its equivalent), and be actively involved in GP/FM teaching. It runs for three days and participants are able to choose from a menu of modules to study in greater depth. Each module lasts two sessions (one day). Each module provides course materials as for the Level 1 course, and use similar

methods. Participants are encouraged to deliver courses in their home environment, both to novices and to their peers where appropriate.

The Level 3 programme is a larger undertaking with pre-course work, a study day followed by personal study and preparation for a final 2-day meeting. It will be pitched at the level of a Masters/Doctorate module. Participants are expected to produce a written assignment, to deliver their proposed education package, and seek publication. They will be invited to develop new modules for future Level 2 courses and to act as Faculty for the delivery of their materials.

This integrated provision of skills training will help to produce a cohort of GP/FM teachers on a European scale who will become a self-educating and self-sustaining group, developing and delivering GP teacher training in the future.

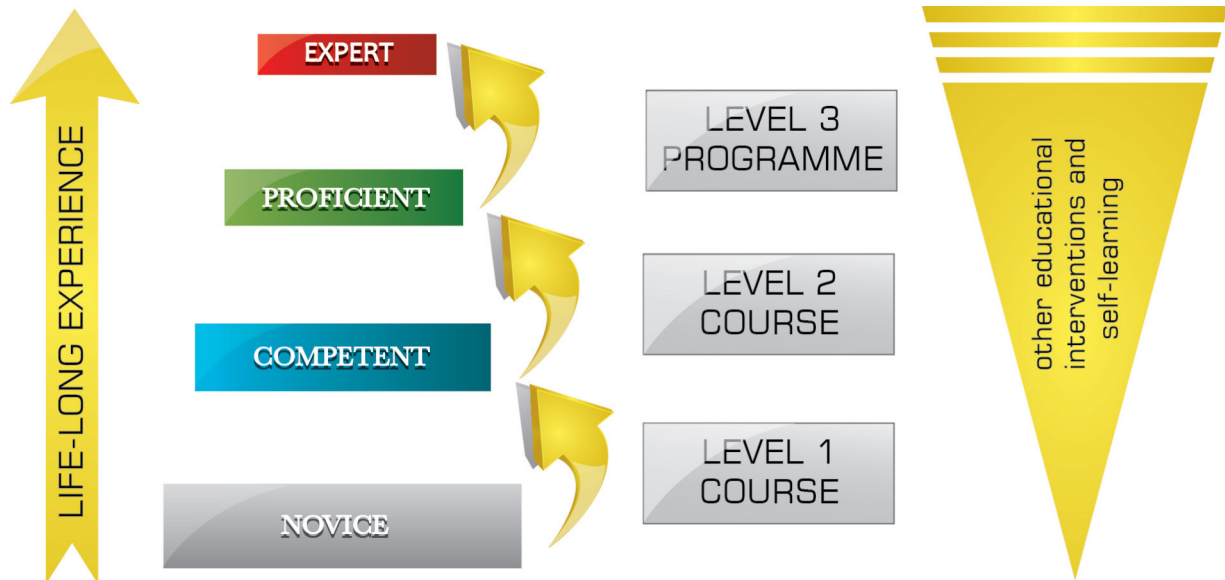
It must be understood that these programmes are only part of the story. Teachers and trainers in general practice develop as other professionals through gradually building

their competencies. In order to successfully move along the trajectory from novice to expert GP teachers must incorporate their learning into their practice as a teacher, and gain experience through “learning by doing”, incorporating and integrating their experiences as a teacher with the learning experiences that they may meet during their career. They should gain knowledge and skills through special educational interventions like courses, seminars, conferences or self-education and reflection. Naturally this theoretical background must be enriched by the experiences collected in various teaching environments. They may learn from peers, superiors or finally by completing various educational tasks independently. Progress from novice to expert may occur at different rates and will require a mixture of taught courses, personal study and constructive feedback from mentors.

The life-long and complex development of educational expertise of teachers in general practice is presented in Figure 6.

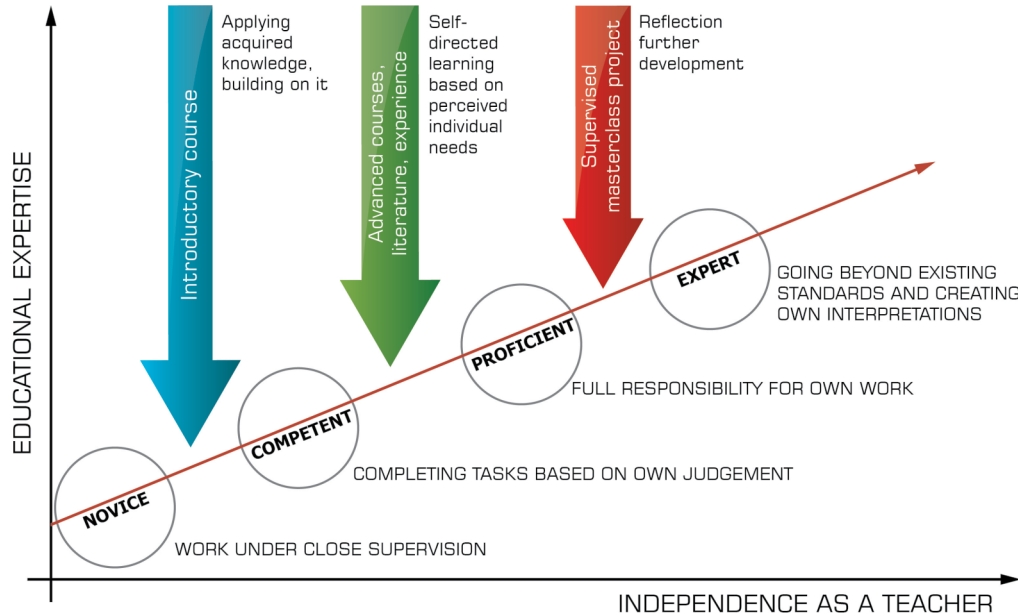
One can develop professional expertise as a GP/FM

Figure 6. Model for a comprehensive framework for the development of teachers' expertise



teacher using a variety of educational interventions as well as gaining an experience from various professional settings. Gradually can move forward developing simultaneously his level of educational expertise and independence as GP teacher. This development is presented in Figure 7.

Figure 7. Model for the development of educational expertise in GP/FM



different levels of GP/FM educators' expertise and defines necessary competencies for these levels. In this way, the document may serve as a guidance for personal development plans of family medicine teachers in the area of medical education and also as a guidance for heads of faculty on how to develop a strategy of faculty development in their own institutions.

As a result of the project, three courses have been developed, aimed at addressing the competencies required to gain expertise in teaching. The three courses are intended as an example of such a strategy and serve as an illustration of how the framework can be applied in a practical situation. Such courses will promote the personal development of expertise as a teacher, and encourage all teachers to become truly self-directed learners and enable them to achieve their maximum potential.

Using the Framework Document

The document is aimed at professionals, involved in the development of family medicine teaching institutions around the world, but particularly in Europe. The authors believe that there are now many institutions that are involved in organising the teaching of family medicine at different levels and institutions are beginning to define competences and set standards for their medical teachers³⁵. In order to do this these institutions need to develop a strategy of supporting the educational development of their own teachers who usually work at different levels of expertise and in different contexts. The framework defines

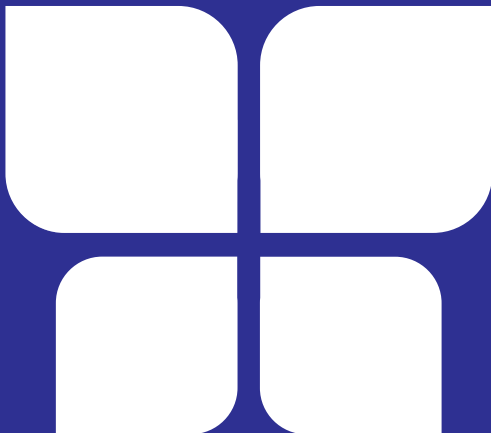
In order to maximise the resource that their teachers provide institutions such as universities or specialty training programme providers need to provide support for personal development for their faculty. This includes identification of their individual learning needs as teachers, and providing courses to meet those needs where possible, or support for attending such courses elsewhere if there is no possibility of "in-house" provision.

The European teacher network provides an opportunity for academic departments to identify and share specific expertise in GP/FM education, leading to the possibility of collaborative research and quality assurance activities.



FUTURE CHALLENGES

- ❖ What Sort of Teacher?
- ❖ Evidence of Teaching Expertise
- ❖ Accrediting Teachers
- ❖ Quality Control and Accreditation of Courses
- ❖ Sustainability



The processes described in this Framework can only be the first step on the road to growing new educational experts. The momentum must be maintained and increased to ensure that future generations of family doctors in Europe are properly trained by GPs who are expert teachers. It is clear that simply participating in courses will not, on their own, convert a novice to an expert teacher. The knowledge skills and behaviours learnt will have to be integrated into the personal work as a teacher in the home context, and continuously refined and developed. So what are the challenges that European general practice education must resolve?

What Sort of Teacher?

One of the first requirements is an understanding and acceptance that expertise as a GP teacher may be expressed entirely in a practice based setting, teaching one-to-one; indeed most GP teaching should be in the GP workplace, and this is where the greatest need for experts lies. Many working GPs will attest to the value that an expert GP trainer in the practice brought to their experience of training. This type of educational expert should be valued every bit as much as those who move into university departments or health care managerial settings. Those who move into academic departments may specialise in specific areas such as assessment, educational research, quality management or curriculum design. Should there be teachers' courses for such special areas of activity in the future?^[d] A limited number may move into leading and managing academic departments. Each type of teaching expertise will need to have the necessary competences defined at each level, as has been done in Table 2 of this Framework Document. This work will need to be continued and revised as the requirements of health care systems change.

^[d] Courses on Small Group Learning, Consultation Based Teaching, curriculum to Programme, and Managing Problem Learners were provided by the Level 2 course in this project.

Evidence of Teaching Expertise

Gps embarking on the path towards becoming a GP educator will need to collect evidence of their experiences; the skills training they have received, assessments, and appraisal by supervisors, peer reviews and feedback from students and trainees they have taught. To assist in this process an educator's portfolio would be valuable, particularly if this used a common format to allow experiences to be shared. This portfolio may be in paper or electronic format and should not just consist of records of evidence at conferences or courses, but should contain evidence of reflection on teaching expertise acquired and a commentary in its application in the actual teaching of students or trainees. Such a reflection should inform a personal learning plan as a teacher in family medicine. This portfolio would facilitate a more meaningful appraisal of the level of expertise reached and of personal development needs as an educator³⁶. Developing such a portfolio using an agreed common format for GP/FM teachers in Europe is a major challenge for the future.

Accrediting Teachers

To be truly regarded as an expert GP teachers will be required to demonstrate that they have reached that level of expertise. This demonstration should include evidence that they have learnt and applied the knowledge and skills of the expert teacher, for example by the development and delivery of new European teaching skills training modules.

How should this be judged? Should there be a qualification, the award of which will certify, at a European level, that a teacher has reached a particular level (competent, proficient, or expert) of expertise in GP/FM teaching? If so, how should this be determined and who should be the body awarding such a qualification?^{7[e]} Is

a formal assessment process needed and if so at what level should it be set? Would it help the academic advancement of the discipline of general practice/family medicine to give academic titles to those who achieve?

Quality Control and Accreditation of Courses

The development and staging of the teaching skills courses was done on a pan-European scale. There are advantages to this approach with the pooling and sharing of knowledge and the promotion of best practice. However such international courses can only reach a minority of those who would benefit from them. EURACT has promoted the running of its teachers' courses on an individual country basis, and this process of cascading from European to individual country activity will have to continue. At present there is no quality control of such local course provision and consideration also needs to be given as to whether a European process of evaluating the quality of course provision (e.g. developing outcome criteria, ensuring these are met, reviewing outcomes – as has been part of the courses of this project) needs to be introduced.

Sustainability

It is clear that the opportunities for international teaching skills courses staged in different parts of Europe are limited and are too costly to be the only answer. EURACT continues to support the delivery of its courses as often as it can, and pioneered the model of designing courses to be cascaded to regional or individual country levels by providing a pack of quality course materials. This has proved successful in the past but a number of challenges remain. New courses need to be developed and the high

^[e] In the United Kingdom many universities are accrediting GP trainer courses at Masters Level.

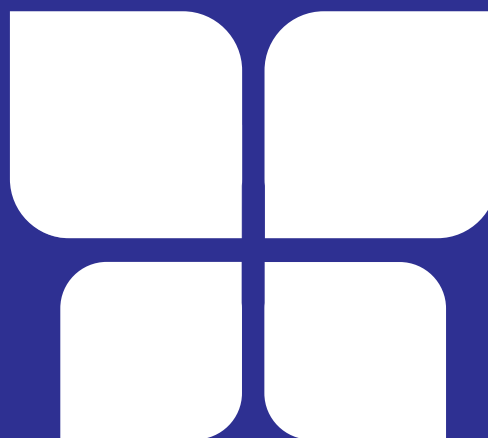
quality course materials have to continue to be produced. This process takes time and commitment. Teachers for these courses need to be identified at a country as well as at a European level that must be able to master the course content and also have the skill to teach their teacher colleagues. LdV Project 2010-1-PL1-LEO05-11460 Framework for Continuing Educational Development of Trainers in General Practice in Europe has identified a cohort of young, enthusiastic GP teachers from seven European countries with the skills to take this forward. They will require mentoring and support in their own teaching environments and the peer support that may be accessed from the web-based network of expert GP teachers.



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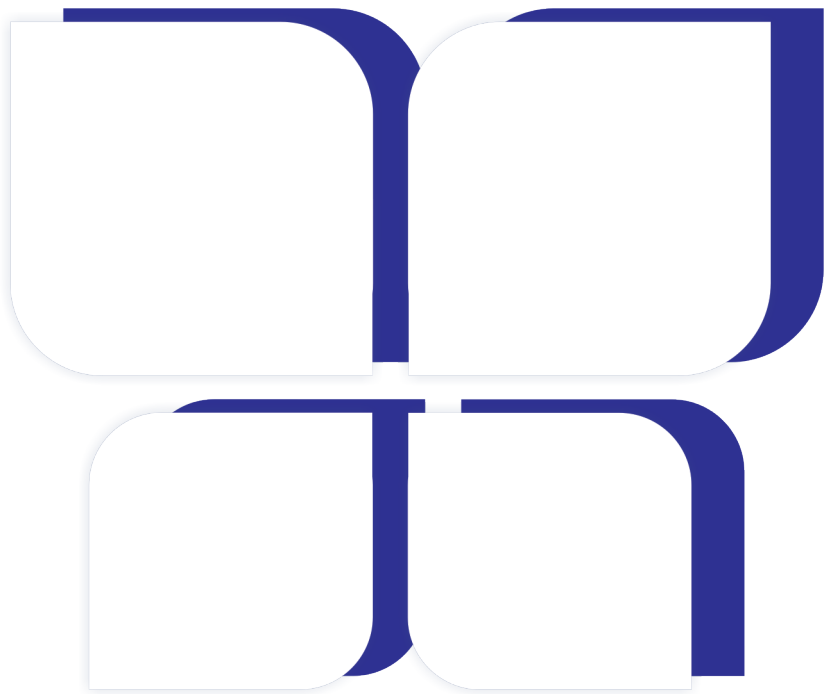


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