

# National GP Education Programme

## ‘Responsible Trust’

Summary

GP Specialty Training Alliance in the Netherlands  
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# Introduction

Dutch General Practitioners (GPs) are trained and licensed in one of the 7 GP training centres. The National GP Education Programme (NEP) provides a common framework for all centres to build their local programmes and curricula upon. Starting 1 March 2024, an updated NEP has been effectuated. This programme has been co-created with many stakeholders, including GP trainees, supervisors, teachers, patients and educational experts.

This summary highlights the context, educational vision, five starting points and the assessment protocol.

## Context

GP trainees follow a three-year training programme. The first and third year involve GP-office placement, while the second year includes placements in secondary and tertiary care settings.

Trainees learn through supervised work at the GP office, supplemented by weekly academic days for experience sharing with peers in small group learning. Trainees self-regulate their learning through feedback collection, reflection, and planning via learning goals and personal plans.

Trainees are supervised by GP and internship supervisors at the workplace. At the training centre, groups are supervised by two teachers, one a GP and the other a behavioural scientist.

The contents of the training programme are defined by a framework consisting of a CanMeds-based competency profile and 10 Themes describing core activities in Primary Care.'

## Educational vision

Present and future GPs are constantly challenged to address a multitude of problems in the context of a continually changing society, including threats to planetary health, an ageing population, increased diversity and inequity, and rapidly evolving digital transformations. Inspired by the Dutch GP's core values of personalised, continuous healthcare, a generalist perspective, and collaborative care, the NEP aims to educate adaptive, long-learning, self-directing, responsible, and sustainable professionals.

Biesta's educational purposes of qualification, socialisation and subjectification resonate well with the requirements above. The motto 'Responsible trust' and the five starting points were defined to translate these purposes into the GP training context in which self-regulation, personal motivation and responsibility are broadly accepted core values.

# Five starting points

The motto 'responsible trust' is the overarching principle for five starting points. These starting points describe the essential educational conditions to 'responsible trust' in learning, driven by personal motivation and responsibility of all involved in a learning environment. Under these conditions we can responsibly loosen control at the benefit of motivated, skilled, responsible and adaptive professionals.

## 1. The workplace and the training centre are the main hubs in a larger network where the trainee works and learns

The GP training programme consists (in time) of approximately 80% workplace learning; approximately 20% of the time is course education, organised by the training centre. Trainees learn with and from each other, with and from their supervisors and teachers, and through self-study.

The specific care and knowledge networks in which the stakeholders (trainees, supervisors, teachers, patients, etc.) learn, work and collaborate determine the possibilities for learning.

## 2. Training is based on mutual visibility and dialogue within constructive training relationships

Seeing each other at work, mutual questioning, and feedback are indispensable for training. The NEP defines this as 'mutual visibility within constructive training relationships'.

To appear visible in constructive training relationships requires both challenges and security from the trainee, supervisor and teacher. In the trainee-supervisor-teacher triangle, the teacher and the supervisor mutually support the trainee and each other.

Trainee and supervisor observe each other in their work and learn from each other. In addition to daily learning conversations, the NEP emphasises the importance of weekly mutually observed consultation hours (taking turns).

The trainee also learns by observing and questioning the supervisor, teachers, and peers and by being observed and questioned by - and getting feedback from - the supervisor, teachers, and peers.

## 3. Self-directed learning contributes to the trainee's development into a future-proof GP

Self-directed learning is the process of planning and consciously adjusting learning during the development of a GP. Strong positioning of self-directed learning within the training programme contributes to intrinsic motivation for the trainee's active and in-depth development, even after the training programme.

Self-directed learning takes place within the framework of the training programme.

Self-direction within the training programme occurs in interaction with others: co-regulation of learning.

#### **4. Assessment and decision-making both have developmental and normative functions**

Assessing is about making regular statements about the competence level and the pace of competency development. This is a task for supervisors and teachers.

Decision-making, as a progress decision, concerns the continuation and completion of the training programme. This is the task of the head of the training centre.

Key in this decision-making is whether the trainee, in the remaining training time, is expected to develop adequate competencies - within the 10 Themes - to independently provide general medical care at the end of the training programme.

The progress decision is based on the expert judgements of supervisors and teachers.

#### **5. Skilled supervisors and teachers ensure a good education**

GP supervisors, internship supervisors and teachers are key players in ensuring a development-oriented learning environment.

The professional development of GP supervisors, internship supervisors and teachers is based on self-regulation (similar to the trainees) within a learning organisation.

The competence profiles of supervisors and teachers provide the frameworks.

In the context of the starting points of the National Education Programme (NEP), topics for the professional development plans of supervisors and teachers are defined.

# Assessment protocol

Summative assessments and decision-making are based on the concept of programmatic assessment. In the course of the programme, the local head of the training centre or a mandated delegate makes high-stakes progress decisions. To underpin high-stakes decisions, the trainee's supervisor and teachers provide decision-makers with progress advice in writing. Each progress advice includes a competency assessment, which is based on the Competency assessment tool (the Compass) and debriefing dialogues (Progress conversations) between supervisor, trainee and one of the group teachers, every three to four months. In the Compass, competency development is assessed by narrative feedback on performance for each of the competency domains. In addition, trainees must have carried out and/or passed some obligatory requirements, such as a knowledge progress test and a minimum of 20 out-of-hours shifts per year.

Observations, feedback and decisions are documented in an e-portfolio. Tools for observation, feedback and reflection are described in a National Assessment Plan.

The first high-stakes decision is made after the first year of training (9-12 months into training) to determine whether a trainee can proceed to the next year. Likewise, there is a high-stakes decision at the end of the second year. Finally, the graduation decision is made at the end of the third year. There are three possible outcomes for all progress decisions: a go, a conditional go or a no-go. In the case of a conditional go decision, a remedial procedure is effectuated (intensive coaching procedure). If needed, the training programme can be prolonged at any stage for up to 6 months.