Report to EU TACIS

EC Support to Primary Health Care Reform: Phase II

Retraining of medical workforce for Kakheti Region, Georgia

Evaluation and appraisal of Family Medicine Centres and retrained FM doctors and nurses in Adjara and Imereti Regions

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Introduction:

John James and Anita Underwood, international primary care consultants visited Georgia 12 – 25 November 2006 as part of their continued support to this EU primary care FM retraining in Kakheti region project. Details of the project, and progress to date are described in the draft final report of the first phase of the project[1]. In earlier visits, the consultants and their national counterparts had developed a workplace appraisal and clinical evaluation methodology for retrained FM doctors and nurses. In June, selected FM trainers attended a workshop (facilitated by the consultants) where they were introduced to the methodology, and its implementation. They learned to conduct appraisals and clinical evaluations, which they then trialed successfully on FM-trained colleagues in their own FM training centres[2].

As part of the ongoing EU project, it had been anticipated that the appraisers would field test the methodology would in Kakheti in October. However, the Kakheti FM Centre refurbishment programme has experienced severe delays; none of the refurbished facilities have opened (they are not expected to open until early 2007). However, in parallel with the EU, the World Bank is also supporting FM development in Adjara and Imereti regions (WB Primary Health Care Development project). In addition to retraining doctors and nurses, the project has also involved the renovation/ new build of FM Centres. Their refurbishment programme is more advanced, and much of the work has been completed. A collaboration between the EU and World Bank projects was agreed; the appraisal and workplace evaluation tool would be field tested in Adjara, where FM teams were already working in new family medicine centres.

Irma Khonelidze, the World Bank PHC Primary Care project manager, also asked the EU project team to appraise the two newly-established Regional FM training centres. She also invited John James and Anita Underwood to participate in a two-day workshop held by the World Bank "Revision of the Residency Programme in FM for Tbilisi State Medical University" to be held in Gudauri, 18-19 November.

The consultants, in summary, had three tasks:

- Oversee the field-testing and further development of the workplace appraisal and clinical evaluation tool in Adjara region.
- Appraise the newly established Adjara and Imereti Regional Training Centres
- Participate in the WB workshop on the proposed Tbilisi State Medical University FM Residency Programme

These are described briefly in the sections that follow. The final section outlines recommendations for the future.

At the end of their visit, the consultants presented their findings and recommendations to the EU and World Bank project managers.

Workplace appraisal and clinical evaluation

The appraisals were conducted in Adjara region 20-22 November by four teams of appraisers. All had attended the July appraisal workshop, and had conducted further

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[1] Simpson D, Shanidze T: Draft final report of the EC Support to Primary Health Care in Georgia: Retraining of Medical Workforce from Kakheti Region (phase 1). HLSP, November 2006

2 James J, Underwood A: EC Support to Primary Health Care Reform: Retraining of medical workforce for Kakheti Region, Georgia: Evaluating the Six-month Primary Health Care Retraining programme for doctors and nurses. Report to EU Tacis: HLSP, August 2006

appraisals in Tbilisi. Each team comprised a FM doctor and nurse trainer. The consultants and Dr Irina Karosanidze, Director of the National Family Medicine Training Centre and President of the Georgia Family Medicine Association, worked closely with the appraisers, holding discussion and feedback sessions every evening. 10 FM teams were appraised during the three-day visit. One appraisal team acted as observer, in order to provide additional feedback. The teams gained confidence during the exercise, and by the third day, could complete a FM team appraisal in around two hours. They received positive feedback from all those they appraised; all found the experience helpful. The findings revealed that the FM teams wanted further training in a number of key areas. The figure below details the needs of each of the 10 doctors and nurses. Learning about the newly approved primary care disease management protocols, the proposed new FM patient records, further training in the use of their new equipment, and more computer training were almost universally identified by both doctors and nurses. Most doctors requested further clinical training; minor surgery, hypertension, diabetes and women's health were also identified. The appraisers were able to observe consultations and to review patient records. They found that the consultations were excellent, with the teams demonstrating an holistic approach to the problems encountered, and saw evidence that preventive and promotive opportunities were being utilized. The appraisal teams agreed personal development plans (PDPs) with each individual appraised.

Collation of the findings proved simple, leading to the results already described, and shown below. These were fed back to the Regional FM training centre; a CPD programme addressing their needs will be developed (provided WB funds are made available) early in 2007. The findings will also inform future modifications of the 6-month retraining programme.

In conclusion

- The appraisal tool provides an effective means of identifying individual needs, and for planning future CPD; the appraisal and clinical evaluation can be conducted in around 2 hours.
- It is important that protected time is made available for the appraisal (may appraisals were interrupted by clinical demands on appraisees).
- In future, appraisees should have greater awareness and understanding of the appraisal process before they undergo the process. An introduction to appraisal and clinical evaluation could be incorporated in the 6-month retraining programme.

Figure:

Adjara Region Appraisal and Clinical Evaluation summary CPD needs of 10 FM teams

Family Doctors

Family Nurses

Appraisee number	1	2	3	4	5	6	7	8	9	10	No.	%
Using new records											10	100%
											10	100%
New disease protocols											10	100%
											10	100%

Equipment training	9	100%
	8	80%
ECG interpretation	9	90%
	10	100%
Clinical examination	7	70%
	0	0%
Minor surgery	6	60%
	5	50%
Women's health	5	50%
	4	40%
Diabetes	5	50%
	3	30%
Hypertension	4	40%
	6	60%
Thyroid disease	2	20%
	0	0%
Care of elderly	4	40%
	6	60%
Computer studies	10	100%
	10	100%
Emergency care*	0	0%
	1	10%

Appraisal of the Regional FM Training Centres

The consultants first developed an appraisal tool (detailed in annex 1). Five key areas for assessment were identified;

- FM Centre delivering model FM care: delivering care to adults, women and children; adequate number of patients; effective teamworking between doctors and nurses; effective use of HMIS; well- appointed and equipped premises.
- Trainers: well-qualified, sound and up to date medical knowledge, and excellent clinical skills
- Training course: comprehensive; ensuring high-quality clinical teaching; providing effective teaching materials and resources; responsive to trainees' needs; delivered by a range of modern teaching methods; trainees complete the course successfully.
- Trainees: individual needs met, with regular assessments; enjoying the course
- CPD activities undertaken by the Regional FM training centre.

The methodology involves
1: discussions and meetings with:

- Director of the FM training centres
- FM doctor trainers
- FM nurse trainers
- Nurse trainees
- Doctor trainees

2: Tour of FMTC

3: Observation of training sessions for nurses and doctors
- small group sessiona
- clinical training

4: Inspection of training materials and resources

5: Feedback session to FMTC staff at the end of the appraisal

The consultants, again accompanied by Dr Irina Karosanidze, appraised Imereti Regional FM training centre 14-15 November, and Adjara Regional training centre 22 November. The findings for the two centres are detailed in annex 3.

The consultants were impressed with the standard of training provided at both centres. The trainers were committed, hard-working, and had excellent rapport with the trainees. The training sessions observed were lively, clearly enjoyed by the trainees, and excellent training materials were in evidence. The trainers worked well as a team, and had included joint training sessions for doctors and nurses. The team felt that the trainers would benefit from additional training in clinical examination (a suggestion supported by the trainers themselves).

There were, however, significant differences between the two centres. In Adjara, the Regional Training Centre – even though it had opened just 3 weeks earlier – was providing true FM services. Adults and children were registered, and attendance rates were already high (compared with national figures). The centre held a FM contract with SUSIF, ensuring that they were recompensed for all FM services. All the doctors and nurses had completed FM training, and were receiving the augmented payscale. In contrast, Imereti Regional FM training centre did not have a contract for FM services. Less than half the doctors and nurses had had FM training; no children attended the centre. Attendance rates were less than half those in the Adjara centre. A nearby polyclinic will be contracted to provide clinical teaching in paediatrics. Although the trainers were able and committed, it is questionable whether trainees will gain as much experience as their counterparts in Imereti.

Summary conclusions
- Enthusiastic trainers, providing good teaching, and appreciated by their trainees
- Trainers would benefit from additional training in clinical examination
- Regional training centres well-appointed and well-equipped
- Imereti Regional FMTC will need systematic change if it is to provide comprehensive FM services. FM teams are unable to provide the care they have been trained and equipped to deliver.
- The appraisal methodology was effective, and could be used for assessing FM training centres (and FM Centres) in the future

WB Residency Training Programme in FM Conference

The consultants attended the workshop, held in Gudauri 18-19 November 2006. They presented an outline of the workplace appraisal and clinical evaluation methodology developed in the EU project, and described the framework for appraising the regional FM training centres. Their PowerPoint presentation is found in annex 4. They also participated in the small- and large-group workshops held during the conference. They had useful discussions with the Director of the FM faculty at Tbilisi State Medical University, and Tamar Ugulava, project manager for

Oxford Policy Management (supporting MoH in policy development on behalf of DFID).

Recommendations for the future:

Appraisal and clinical evaluation process:

- Ensure the process is carefully organised in order to allow protected time, whilst ensuring that workplace clinical practice can be observed
- Appraisal and clinical evaluation should be introduced as a topic (in the management module) in the six-month retraining programme. FM doctors and nurses will be better able to complete the appraisal form prior to their appraisal, and consider options for their personal development plan
- Establish a national and regional database of FM doctors and nurses, detailing their CPD activities (as a first step towards re-accreditation)
- Georgia Family Medicine Association should undertake responsibility for monitoring the process (see below)

Georgia Family Medicine Association (GFMA)

- Formal establishment of GFMA as respresenting all FM doctors and nurses (election of officers, membership rights, regional representation etc)
- Establish a database of FM doctors and nurses, including their CPD activities
- Establish a GFMA website: activities, training programmes, downloadable educational materials, useful sources on information etc
- Professional fora: regular meetings for all interested members (clinical updates etc)

Trainers

- Ensure trainers have necessary clinical skills to teach their trainees
- Programme of CPD for trainers (teaching skills, clinical updates, PDP etc)

Training-of- trainers programme (doctors and nurses)

- Include clinical skills training in the programme (additional 5 days intensive training, perhaps)

World Bank and EU collaboration

- EU project to support follow-up appraisal in Imereti region (to asses the impact of the proposed CPD programme) late 2007.

Annex 1: Family Medicine Training Centre Appraisal Form

Family Medicine Training Centre Appraisal

FMTC:
Date appraised:
Appraisers:
Date established as FMTC:
Date current training cohort commenced:
FMTC Director:
FM training coordinator:

Registered population	
Doctors All doctors Specialists FM doctors (all) FM trainers (backgrounds) Therapeutists Paediatric doctors Nurses All nurses FM trained nurses FM trainers	
Daily attendance rates (total number/ average for FM doctor	
Source of information above	

Model delivery FM services

Licensed to provide FM (date)	
Registration of patients	
Consultation rate (per doctor/day)	
Adult/ paediatric/ WH services	
Includes preventive/ promotive services (examples)	
Collaborative working doctors/ nurses/ allied health professionals/ support staff	
Appropriate Infrastructure, equipment, commodities	
Dignity, privacy and confidentiality of patients	
Services based on community needs assessment	
HMIS used to improve FM services (examples)	
Additional comments	

Retraining for doctors and nurses

Trainers	Doctors	Nurses
CPD: training updates, training practice appraisals, courses attended (dates) etc		
Regular evaluation of individual trainees		
Trainers working as an		

integrated team		
Active FM practitioners		
Protected time as a trainer		
Training provision		
Comprehensive and adequate -clinical experience: adults, paediatric ob/gyn		
Teaching methods employed: Small group/ seminars/ one-to-one/ self-directed learning etc		
Clinical teaching: one-to-one supervision/ small group/ other		
Range and quality of training materials available Handouts/ library/ journals internet/ other:		
Training content ensures individuals' training needs are met		
Training content responsive to advances in medical science, and service provision		
Trainer's training plans		
Providing external teaching resources (examples)		
Provision of Joint training (doctors/ nurses)		
Training infrastructure and equipment (seminar rooms, library, examination rooms)		
Trainees trained Number Number successful, %		
Trainees		
Number, backgrounds		
Individual training needs assessed and progress monitored		
Relationship with trainers		
Clinical responsibilities		

CPD, appraisals and evaluation of clinical activities in the region

Training courses provided / planned		
Appraisals conducted		
Clinical workplace assessments conducted		
FMC Performance monitoring		

Additional comments

Conclusions

Signed:

Date:

Annex 2: Appraisal of Imereti and Adjara Regional FMTCs

Family Medicine Training Centre Appraisal

FMTC: Imereti Regional FM Training Centre, Kutaisi
Date opened as FMTC: 9 September 2006
Date appraised: 14-15 November 2006
Appraisers: John James, Anita Underwood, Irina Karosanidze
Date FMTC training activities commenced: 16 October 2006
Director: Dr Merab Kvicaridze (not present)
Training coordinator: Dr Anjela Ordjonikidze

Registered population	35,000 adults; 1,200 children under 14; 6 pregnant women (attending specialist gynaecologist – not FM trained)
Doctors All doctors Specialists FM doctors (all) FM trainers (backgrounds) Therapeutists Paediatric doctors Nurses All nurses FM trained nurses FM trainers	 32 11 surgeons (2); dentists (2); cardiologist (1); endocrinologist (1); ENT (1); ophthalmologist (1) 7 5 therapeutists (3); dermatologist (1); paediatrician (1) 14 0 18 4 8 currently undergoing FM training (4 in Kutaisi; 4 in Tbilisi) 3 all theraeutists.
Daily attendance rates (total number/ average for FM doctor	5 -6 consultations per day; this includes home visits. Information gathered from FM doctors daily diaries
Source of information above	Dr Anjela Ordjonikidze (verbally)

Model delivery FM services

Licensed/ contracted to provide FM serviced (date)	No. FM doctors not contracted to provide FM services, and not receiving augmented FM doctor and nurse salaries (because not all primary care staff trained yet)
Patient registration	Yes
Consultation rate for doctors	Low. 5-6 consultations per doctor per day
Adult/ paediatric/ women's health services	Adult services only (specialist gynaecologist sees pregnant women)
Includes preventive/ promotive services (examples)	Yes; FM doctors said they do discuss health-seeking behaviours
Collaborative working doctors/ nurses/ allied health professionals/ support staff	No; training centre effectively functions as an adult polyclinic. FM doctors and nurses are individually certified to practice FM, but work alongside non-trained therapeutists, seeing only adult patients. They continue to refer patients to the specialists. We found that otoscopes were not routinely used "we are not confident", so referrals to ENT specialists continue
Appropriate Infrastructure, equipment, commodities	Excellent refurbishment (although the heating had not been turned on, so all the doctors' and nurses' rooms were very cold). Laboratory re-equipped; they hope to become a referral laboratory, thereby increasing the range of investigations they can provide. Comprehensive range of equipment (including defibrillator) provided by World Bank and other donors. X-ray facilities on-site. Donors had also given them an outdated Coulter-counter (sophisticated, initially expensive, blood analysis machine) and an ultrasound scanner. Neither had worked

	since they had been delivered
Dignity, privacy and confidentiality of patients	Yes, from the few consultations that we saw
Services based on community needs assessment	No needs assessment carried out yet (though this has been planned)
HMIS used to improve FM services (examples)	Not yet
Additional comments	The training centre opened as a clinical centre just two months ago

Retraining for doctors and nurses

Trainers	Doctors	Nurses
CPD: training updates, training practice appraisals, courses attended (dates) etc	Euract teacher training course (joint doctors and nurses) – 70 hours (WB funded) Short courses: depression, asthma, hypertension, TB, ischaemic heart disease	Euract and courses as doctors
Regular evaluation of individual trainees	Formal evaluation after each module	ditto
Trainers working as an integrated team	Yes; share problems, share training materials 12 8-hour joint training sessions with nurses	ditto
Active FM practitioners	See above; see around 5 adult patients/day	FM nurses now conducting home visits with greater autonomy. No change in clinical practice in the FMTC
Protected time as a trainer	Yes; not a problem, as two trainers per group, and minimal workload	ditto
Training provision		
Comprehensive and adequate -clinical experience: adults, paediatric ob/gyn	Not on day-to-day basis Plan to contract paediatric polyclinic to provide teaching (clinical only), delivered by a FM trained paediatrician. No ante-natals; no gynaecology (though gynaecology not formally part of FM – MoH policy anyway)	ditto
Teaching methods employed: Small group/ seminars/ one-to-one/ self-directed learning etc	All methods used We observed small group sessions, and two clinical sessions; all were excellent; well-facilitated, ensuring trainee participation. It was clear that the trainees enjoyed the sessions	All methods We observed two small group sessions. Extremely interactive; strong rapport between trainer and her trainees
Clinical teaching: one-to-one supervision/ small group/ other	336 hours as per syllabus; 80 hours of one-to-one training (clinical) planned (this exceeds “norms” of the accredited syllabus). Clinical session observed involved 3 trainees, a trainer, and a patient with diabetes. History-taking excellent; more clinical opportunities could have been taken (time constraints?) One-to-one sessions not observed.	160 hours in syllabus. Detailed content not determined yet. (Formal FM nursing re-training syllabus recently revised, and submitted to MoH – detailing clinical topics required - and awaiting formal approval from Ministry). Trainers will determine the programme then.
Range and quality of	Internet available; library	Internet*, library

training materials available Handouts/ library/ journals internet/ other:	Excellent training materials used in training sessions (Georgia FM textbook used by all; handouts/ overheads principally NFMTC training materials). We also saw materials trainers had prepared themselves: FM, evidence-based medicine, asthma, breaking bad news, patient-orientated services. Also using Georgian textbook of internal diseases – based on Clark's clinical medicine- published 2002. Trainees had bought this textbook themselves Mannequins for developing practical skills	Excellent training materials Mannequins for developing practical skills
Training content ensures individuals' training needs are met	Trainers said that they had modified the training syllabus – some trainees had weak areas of knowlege	Ditto Courses planned include: IT skills to ensure trainees can use internet and follow self-directed learning*; practical demonstrations using mannequins
Training content responsive to advances in medical science, and service provision	Trainers were using internet to keep up to date, and developing their own materials to reflect advances	ditto
Trainer's training plans	Yes; joint planning; two months ahead	ditto
Providing external teaching resources (examples)	Yes; involving paediatricians (see above) gynaecologists, ENT and opthalmologists	Unsure
Provision of Joint training (doctors/ nurses)	12 8-hour sessions planned	ditto
Training infrastructure and equipment (seminar rooms, library, examination rooms)		
Trainees trained Number Number successful, %	First cohort still training	First cohort still training
Trainees		
Number; background	14 doctors in two groups; from Kutaisi and villages	12 nurses in two groups; from villages and Kutaisi
Individual training needs assessed and progress monitored.	Yes, informally (would like to develop this with self – assessment tools)	Ditto e.g., introducing IT training
Relationship with trainers	Excellent (see above	ditto
Clinical responsibilities	None (as yet)	None (as yet)

CPD, appraisals and evaluation of clinical activities in the region

Training courses provided / planned	Not yet	Ditto
Appraisals conducted	Not yet	ditto
Clinical workplace assessments conducted	Not yet	Ditto
FMC Performance monitoring	Not yet	Ditto
		Ditto

Additional comments

The FMTC is unable to deliver comprehensive FM care at present. Just 7 of the 32 doctors have been trained in family medicine; no paediatric services are being

provided. Consultation rates remain low – an average of 5 or 6 patients per doctor per day, including home visits. FM nurses do not appear to have any more responsibilities. In effect, service delivery is little changed from that of the adult polyclinic it has replaced. Until all the FM doctors have been retrained, it appears unlikely that it will be contracted to provide comprehensive FM services.

Despite these difficulties, the FM training appears excellent, with enthusiastic, committed trainers and trainees. It is critical that the plans to provide clinical teaching in paediatrics at the paediatric polyclinic are implemented.

We were unable to assess the clinical skills of the trainers themselves, but suspect that they could benefit from additional training – particularly in the use of otoscopes (seemingly unused) and ophthalmoscopes

Conclusions

The FMTC is not delivering comprehensive FM care. The FM training is excellent (provided trainees gain clinical training in paediatrics). The trainers may benefit from additional skills training.

Signed:

Date:

Family Medicine Training Centre Appraisal

FMTC: **Adjara Regional FMTC, Batumi**
Date appraised: 22 November 2006
Appraisers: John James, Anita Underwood, Irina Karosanidze
Date established as FMTC: 1 November 2006
Date FM training commenced: 16 October 2006
Director: Dr Koba Kunchulia
FM Centre manager Dr Tengiz Mshvidobadze
FM training coordinator Dr Tamaz Mkhatvari

Registered population	Around 1,000 (since opening). Catchment 22,000 adults, and 3,500 children
Doctors All doctors Specialists FM doctors (all) FM trainers (backgrounds) Therapeutists Paediatric doctors Nurses All nurses FM trained nurses FM trainers	 18 7 cardiologists (2); gynaecologist (1); surgeon (1); neurologist (1); ENT (1); endocrinologist (1); ophthalmologist (1) 11 paediatricians (10); paediatric cardiologist (1) 8 paediatricians (7); paediatric cardiologist (1) 0 0 20 4 additional 10 nurses will complete FM training spring/summer 2007 4
Daily attendance rates (total number/ average for FM doctor	10- 15 (including home visits)

Model delivery FM services

Licensed/ contracted to provide FM (date)	Yes; November 2006
Patient registration	Yes
Consultation rates (per doctor)	Acceptable (10-15 per doctor per day)
Adult/ paediatric/ women's health services	Adult and paediatric. Director has applied for a licence for gynaecological / obstetric services to be provided by the specialist gynaecologist (who is not a FM trainer)
Includes preventive/ promotive services (examples)	Yes; health lifestyle – smoking, alcohol, family planning, immunisations
Collaborative working doctors/ nurses/ AHA/ support staff	Yes; they propose to give FM nurses greater autonomy
Appropriate Infrastructure, equipment, commodities	Yes. Well-designed and well-appointed clinic. 7 computers – will also be used in consultation rooms. Comprehensive equipment. Laboratory able to provide wider range of services (already using glocometer to measure blood sugars, urine dipstick tests)
Dignity, privacy and confidentiality of patients	Consultations not observed, but, from discussions, likely to be achieved
Services based on community needs assessment	Not yet. Practice manager has already made plans to monitor management of chronic diseases
HMIS used to improve FM services (examples)	See above. Director also keen to develop his own software for age-sex register, record prescribing etc. "An IT friend has already agreed to help us without charge"
Additional comments	

Retraining for doctors and nurses

Trainers	Doctors	Nurses
CPD: training updates, training practice appraisals, courses attended (dates) etc	Euract trainers refresher course (with FM nurse trainers). 70 hours	Euract, see doctors
Regular evaluation of individual trainees	Not yet. Planning to use joint assessment forms (under development by GFMA with EU international consultant support)	See doctors
Trainers working as an integrated team	Yes; close Teamworking (and between doctor and nurse trainers). Discus training plans, share materials they have developed, discuss individual trainee problems, and seek solutions. We were given specific examples	ditto
Active FM practitioners	Yes; see adults and children. Conducting small number of antenatals (though see above re, women's health	As doctors. Director plans to give them greater autonomy
Protected time as a trainer	Yes	Yes
Training provision		
Comprehensive and adequate -clinical experience: adults, paediatric ob/gyn	Yes; adults and children attend the FMTC. Potential opportunity for women's health experience (through gynaecologist)	ditto
Teaching methods employed: Small group/ seminars/ one-to-one/ self-directed learning etc	Yes. We observed both groups of doctors being trained (on screening programmes). Excellent, interactive, enthusiastic teaching, with excellent teaching materials	Yes. As doctors.
Clinical teaching: one-to-one supervision/ small group/ other	336 hours defined in the syllabus. We did not observe any clinical teaching, but trainers have outlined a programme	160 hours defined in the present syllabus, but contend unclear. Clinical teaching programme awaits MoH approval of revised FM nurses syllabus, which defines the specific clinical content. Trainers will devise the programme after that
Range and quality of training materials available Handouts/ library/ journals internet/ other:	Internet connection awaited	
Training content ensures individuals' training needs are met		
Training content responsive to advances in medical science, and service provision		
Trainer's training plans		
Providing external teaching resources (examples)		
Provision of Joint training (doctors/ nurses)		
Training infrastructure and equipment (seminar rooms, library, examination rooms)		

Trainees trained Number Number successful, %	First cohort still training	First cohort still training
Trainees		
Number of trainees	12 doctors in two groups; from village and Batumi environs	12 nurses in 2 groups; some from Batumi FMC; remainder from villages
Individual training needs assessed and progress monitored	Not yet, but plan to use self-assessment forms (under development by GFMA assisted by EU international consultants	ditto
Relationship with trainers	Excellent	Excellent
Clinical responsibilities	None (as yet)	None (as yet)

CPD, appraisals and evaluation of clinical activities in the region

Training courses provided / planned	Not yet; awaiting results of the workplace appraisals (conducted Nov 20-22)	
Appraisals conducted	Yes; 10 teams appraised Nov 20-22 2006	
Clinical workplace assessments conducted	Yes; as above	
FMC Performance monitoring	Not yet	

Additional comments

Conclusions

The Regional training centre appears to be delivering comprehensive FM services – despite having opened just three weeks ago. Patient numbers are high by national standards.

The training programme appears to be excellent, providing exposure to both adults and children (and a license to provide women's health services has been applied for). We were particularly impressed by the training materials we saw. We were not able to asses the trainers' or trainees clinical skills, but suspect that the trainers would benefit from additional clinical skills training.

Signed:

Date: