

# **Verbundweiterbildung<sup>plus</sup> ,**

**Allgemeinmedizin Baden-Württemberg**

**An external report on the training of General Practitioners in the  
Verbundweiterbildung<sup>plus</sup> - scheme in Baden-Württemberg**

**by Roar Maagaard, January 2012.**

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## Summary of conclusions

As an external “General Practice educationalist” I was asked to give an external evaluation of the GP-training system in Baden-Württemberg called Verbundweiterbildung<sup>plus</sup> (VWB) to the funding ministries in Baden-Württemberg. The program is supported by the “Ministerium für Wissenschaft, Forschung und Kunst und vom Ministerium für Ländlichen Raum und Verbraucherschutz Baden-Württemberg”.

This evaluation report consists of a description of the background for creating a special GP training program in Germany/Baden-Württemberg, how evidence for the evaluation was collected, which evidence came to my knowledge and what evaluation of the program this concludes in. Finally some advices are given regarding the future development of the program.

My conclusion in short is that VWB has been highly successful in creating a structured training program for General Practice, where the key elements are structured clinical rotations, linked theoretical education, educational enhanced GP-training practices and networks among GP trainees. VWB also gives the trainees much flexibility and the possibility for personal support and guidance – very important components of a well functioning training program.

The progress compared to traditional GP-training in Germany is substantial – and the program meets many of the points where GP-training in Germany has been below “Best EU Practice” until now. VWB has published many papers until now on the program and its outcome.

VWB has still many plans “in progress”, so I expect much more experiences can be obtained through this program – experiences that ought to be disseminated widely as has been the case until now. Adding to these future plans I try to give several advices on how VWB can bring GP-training in Baden-Württemberg in front – aspiring for excellence!

## Background – seen from outside

For several years the training system for GP's in Germany has been debated – both internally but also in other European countries. Many have felt that the German training system was sub-optimal compared to other European countries with similar development of health care and similar economies. In 2008 the German College of GP's (DEGAM) invited a panel of international experts to give an evaluation of the German Speciality Training Scheme for General Practice. After an on-site visit in Berlin the panel made a report in 2009 (ref. 1). I here quote from this report:

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## Comparison of German training for general practice with EU Best Practice

The length of the training period in Germany is 5 years and this is consistent with best EU standards, so in theory the possibility of good training for general practice exists. However in our view the opportunities are not fully used. We detail the relevant standard and the current gap in Germany below (in italics).

The best EU standard of GP-training will include the following:

- 1) The training programme for general practice is described by the speciality of general practitioners themselves, and recognized by the other stakeholders in the health care system.  
*Currently in Germany representatives of other specialities form the majority in the Doctor's Chamber and hold sway in this domain, they therefore have the power to specify training in a branch of practice which is not familiar to them. This makes no sense: GPs need to be recognised as equal to specialists and to have their own power of self determination.*
- 2) National training programmes for general practice are based on a curriculum/blueprint of the speciality made by the speciality and using the "European definition of GP/FM" made by WONCA Europe/EURACT as their basis.  
*We saw little evidence that an awareness of this EU consensus initiative which was completed in 2005 has been integrated into the development of training for GPs of the future in Germany.*
- 3) The curriculum/blueprint for General Practice Training describes the necessary competencies a future GP should master, together with a description of learning and assessment methods.  
*There seemed to be no overarching blueprint, but a list of competencies that trainees needed to sign off on a regular basis. most of these competencies were technical e.g. ultrasound and to an outsider working in a different EU health system they seemed to bear little relation to the holistic patient centered generalist curriculum of a general practitioner, they also changed relatively frequently and seemed to contribute little to generating an appropriate value base for GP trainees.*
- 4) The training programme is tailored to meet the educational needs of future GPs - that is training posts in GP and in hospitals should meet specified learning needs for GP trainees.  
*There appears to be little distinction between young doctors in training for a speciality and those training for general practice e.g. they seem to have parallel hospital posts when the experience and learning they require for each speciality differs appreciably and should be tailored accordingly. There seems to be a lack of recognition that GPs need these training posts to become appropriately trained.*
- 5) Abroad the future GP specialist is primarily trained in General Practice where GP patients are seen - so at least half of the training period is used to provide valuable exposure to General Practice itself.  
*Again there appears to be very little recognition of the tailoring needed to properly educate a future GP. The majority of the trainees experience should be derived from general practice optimally with exposure to more than a single GP trainer.*

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- 6) Training posts in hospitals and in GP should meet specified educational standards (type and number of patients, supervision, feedback etc.) - accreditation of training posts. Training posts should therefore be accredited and re-accredited regularly.  
*Although there was some evidence of accreditation and review it was significantly less well developed than we note in best practice EU countries. There is usually an extensive framework of regular accreditation and sign off, with internal and external validation, specified frameworks and standards. The situation in Germany is much less well developed.*
- 7) Hospital trainers and GP trainers should meet specified pedagogical standards (e.g. they have participated in trainers courses and meet accreditation standards for trainers).  
As above we feel that there is a very well developed "Train the trainers" and accreditation system abroad run by GPs which is significantly under-developed in Germany.
- 8) Trainers, trainees and training programmes should be supported by local GP educational organisers.  
*Significant development of educational networks with standards etc as described above occurred when considerable power to develop local programmes was devolved. We see a high degree of different practice in different states generally but little evidence of valuing and utilising this approach to facilitate general practice and underpin its development to have local impact.*
- 9) After entering the training programme the GP trainee should be secured a structured programme and the necessary training posts for the whole training period.  
*Although there are very few shining examples in Germany on the whole there is no real effort at capturing the obvious enthusiasm of qualifying students for general practice and channelling it into rotations of posts to train for the profession of general practice in particular. This would at a stroke increase the relevance and local application of GP training.*
- 10) Working conditions for trainees should allow a good work/life balance giving a model background for personal and social development - and time for reflection on the trainee's own professional development.  
*Due to the lack of formal rotations and changing regulations we found that trainee GPs were working under conditions of stress, carried through by their extreme optimism and commitment. In our countries GP trainees have protected time for reflective practice and training and the security of knowing that they are on a structured rotation for a number of years which assists them with planning their lives appropriately.*
- 11) Working and other conditions for GP trainees should be equal to conditions for trainees in other specialities.  
*There were repeated examples of when GPs were treated as second class relative to those in training to be specialists. There must be a move to recognise general practice as a discipline in its own right with its own values, education and research domain. This has been widely documented and accepted elsewhere.*

The status in Germany in 2009 is that GP training does not meet the above criteria (1-11).

## **Recommendations**

- 1) Reposition the GP in the health care system.
- 2) Regulate competition and unfettered public free access to care.
- 3) Revise salary scales to parity between doctors in training whether they are GPs or specialists.
- 4) Vocational GP-training schemes with guaranteed posts need to be set up.
- 5) Assessment seems relatively undeveloped and appears to need reform.
- 6) Support for trainers and training practices, not just structural but also educational.
- 7) Communication skills are a vital component of training for GPs and need to have protected time in the curriculum. A sufficient standard needs to be reached by all trainees.

Given that vocational training fails to meet international standards the role of the Ärztekammer should be questioned. International experience shows that vocational training should be the responsibility of each specialty. At present this is not the case in Germany.

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The quotations above illustrate some of the problems in German Specialist Training for General Practice.

Seen from outside the special program in Baden-Württemberg, VWB, tries to address many of the recognized problems with the German training system:

- training schemes with guaranteed posts
- support for trainers and training practices
- better salaries for trainees – and adding on top of this more valuable features:
- a linking to academic General Practice
- networking between trainees
- theoretical GP education for the trainees

## Background – seen from inside

The program is explained in flyers and on its website

<http://www.weiterbildung-allgemeinmedizin.de/content/ziele.shtml>

Defining the objectives and methods:

*Das Programm Verbundweiterbildungplus bietet eine strukturierte, kontinuierliche und qualitativ hochwertige Weiterbildung zum Facharzt für Allgemeinmedizin und trägt damit zur Hausarztversorgung der Zukunft bei. Eine optimierte Stellenkoordination, zielgerichtete Schulungen und eine bessere Vernetzung führen zu einer nahtlosen Weiterbildung ohne Zeitverluste, einer Aufhebung der kollegialen Isolation und einer nachhaltigen Identitätsstiftung und damit zu einer Steigerung der Attraktivität der Weiterbildung.*

explaining the concept:

*Das Kompetenzzentrum Allgemeinmedizin Baden-Württemberg unterstützt basierend auf den Bedürfnissen der Ärzte in Weiterbildung und aktuellen Forschungsergebnissen den Aufbau regionaler Weiterbildungsverbände. Diese verbinden stationäre und ambulante Weiterbildungsstätten in ganz Baden-Württemberg. Die gezielte Förderung von Weiterbildungsverbänden in ländlichen Gebieten wirkt dabei dem Versorgungsmangel vor Ort entgegen. Zum Programm der Verbundweiterbildungplus gehören überregionale Schulungstage, die in ein kompetenzbasiertes Curriculum eingebettet sind, die Vernetzung der in Weiterbildung befindlichen Ärzte, ein Mentoring-Angebot sowie die Anbindung an akademische Strukturen des Kompetenzzentrum Allgemeinmedizin Baden-Württemberg. Die Verbindung von weiterbildenden Hausärzten mit ihren akademischen Abteilungen ermöglicht den konstruktiven Austausch von Erfahrungen und Forschungsergebnissen. Die hierbei überregional und regional entstehenden Netzwerke aus Kliniken, Praxen, Weiterbildungsbefugten, Ärzten in Weiterbildung und dem Kompetenzzentrum Allgemeinmedizin Baden-Württemberg tragen dazu bei, eine flächendeckende hausärztliche Versorgung auf hohem Niveau nachhaltig zu sichern.*

summarizing the benefits for the trainees:

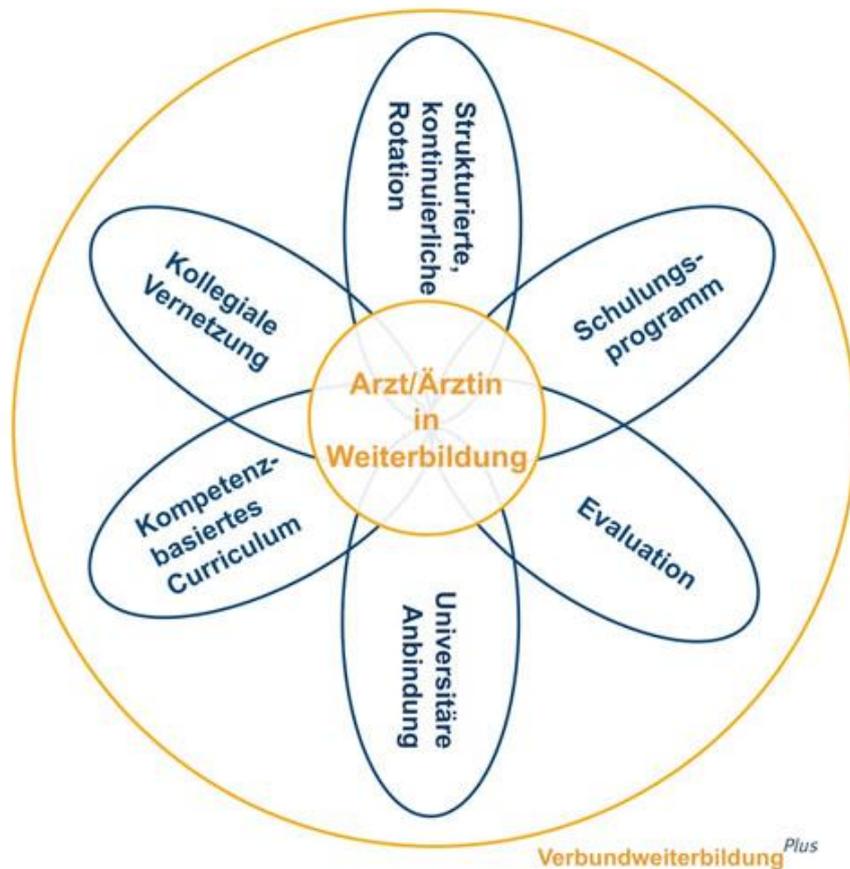
*Nach individueller Beratung vermitteln wir Ihnen als Berufsanfänger oder Arzt in fortgeschrittener Weiterbildung eine strukturierte und nahtlose Rotation durch Ihre Weiterbildungsabschnitte. Begleitend bieten wir Ihnen ein Mentoring und ein industrieunabhängiges Schulungsprogramm mit medizinisch-fachlichen Inhalten sowie Themen zu Kompetenzen wie z.B. Praxismangement oder Burn out Prophylaxe an sechs Tagen pro Jahr an.*

and finally summarizing the benefits for the trainers:

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*Das Kompetenzzentrum Allgemeinmedizin Baden-Württemberg unterstützt Sie in Klinik und Praxis gerne bei der Etablierung und Organisation eines Weiterbildungsverbundes. Zusätzlich bieten wir einen „Train the Trainer“ Kurs an, in dem Sie wesentliche Informationen rund um das Thema Weiterbildung erhalten und ihre Kompetenzen als Weiterbilder vertiefen können.*

The program is nicely illustrated as this flower:



## Collecting the evidence

### a. Advisory Board Member, University of Heidelberg, Dpt. of Family Medicine.

Since 2009 I have been a Member of the Advisory Board for the Department of Family Medicine of the University of Heidelberg and has had the opportunity to follow the program “on distance”, at Board meetings in Heidelberg and at meetings at International Conferences with the academic persons of the program. This allows me to have some insight into the program and its achievements.

### b. Taking part in a “Schulungstag” in Stuttgart 25.2.11 – and interviewing trainees individually at this meeting.

#### The teaching:

I took part in a centralized educational day in Stuttgart this winter and had the opportunity to experience the teaching this day consisting of lectures, working in small groups and networking among the trainees.

I experienced well planned teaching, the educational level seemed relevant for the groups of trainees and a group of engaged trainee doctors.

#### The interviews (all audiotaped):

I interviewed several trainees (both sexes, from different locations in Baden-Württemberg and with different length of training) and I will here bring some quotations from several of the trainees and a summary of major points.

#### Trainee 1:

- the fact that there **is a program** is a big step forward – in reality there is no program outside this special set-up
- regarding structure: structured and coordinated program are major benefits – and the many benefits of networking, as the trainees of GP's are identified by this program – otherwise these trainees are not identified until very late in their training period
- regarding content: a big advantage we have these “Shulungstage” – also important that these days help me to focus on what I shall try to learn in my hospital posts – helping me to sort out what is important for my future work as GP
- any disadvantages in the program? I would prefer even much more networking – but some of the trainees do not wish to be networking... - it is a personal problem for them I think
- I would suggest some case-work in between the schoolingdays – also to stimulate the networking
- I would like to show the advantages of our program also outside Baden-Württemberg

- mutual practice visits for GP-trainees would be very stimulating, I think

Trainee 2:

- the structured and organized training is the major benefit for all of us
- the program gives also flexibility: for example I can do research half time – and follow the program half time – my program would not be possible doing it “free-style”
- the program gives also flexibility for other reasons than research: the program can be made flexible to your own needs professionally/personally
- very nice to be able to be networking with colleagues “in the same boat” – and we can learn from each other
- this program might also make it possible for us to promote the speciality in better ways in Germany
- it is challenging to make use of the networking possibilities – but I think it will become better when the group have a 2-day course together with socializing possibilities
- JADE in Germany and Vasco da Gama are important networks in Germany and in Europe – but the local network of trainees in Baden-Württemberg should be the most important!
- any disadvantages? – no I don’t see any – but some possible areas for improvement: it is always a challenge to make the schooling days clinical relevant and practice oriented – and I would like to have activities between schoolingdays for example online – but of course the best would be to have weekly “release-days” as they have in some other European countries!
- this is **a huge step** to bring General Practice further on in Germany!

Trainee 3:

- I am a rather old trainee – so perhaps a bit atypical, as I have worked in another specialty – but this program has been the great opportunity for me
- the big advantage for me: you get at network – a relevant network – and especially for me!
- I have got a personalized support in my training period
- also possible support from DEGAM, guidelines
- the nice mixture of practical work and theory – such as the program gives us

Trainee 4:

- the structure is the big advantage
- the center helps to get the right job – otherwise there are NO help – Heidelberg are doing contracts with different hospitals and they have to stick to specified rules in their training of us
- if you have family as a wife this program is much more flexible
- I do not see any disadvantages – not yet at least
- it is better than it was before

Trainees 5-6:

- much more structured scheme
- have the possibilities to talk to trainee colleagues because the other trainees are identified as GP-trainees = being able to be networking
- mentorship – the plan of having a mentor 1:1
- we are helped to go through the scheme – there is a facilitation
- Jost is coordinating the scheme – and it is extremely important for us to know where to go if there are problems
- the schooling-days could be improved by having more of these days – and especially if our curriculum consisted of defined goals, so we could discuss the different goals as you have in other countries (DK, UK)
- it might be very useful if the program could broaden our horizon so we know what is going on outside Baden-Württemberg – and even outside Germany! – inspiration can be obtained from international GP conferences!

Trainee 7:

- I think the system is very fine when it comes to flexibility – and it is extremely important to keep this flexibility!
- the system is under evolution – heading for perfection in 5-10 years
- schoolingdays as source for information
- networking is very important
- any disadvantages? No
- the best thing would be that all trainees started in GP for ½ or 1 year – and structured (but still flexible) rotations – when you start in GP you know what learning “to pick out of your hospital rotations”
- it was absolutely be an advantage to start in GP with your training! – even for all doctors in Germany - ½ year would be fine for all doctors

Trainees 8-9:

- the program allows us to do videoanalysis of our consultations
- guidelines are taught and learned during the study days
- the program also helped in getting children in Kindergarten in geographical places where it normally is not possible – but VWB made it possible
- more feedback is wanted!
- more theoretical teaching is wanted
- internal medicine is important – but there is too much in our curriculum!
- longer rotations in GP are wanted! – combined rotations with 1 day per week in GP and 4 days per week in hospital perhaps could be an option
- a good idea to start your training in GP setting

Informal contacts during breaks and lunch reinforced the statements given above.

### **c. Interview with Dr. med. Stefanie Joos and Dr. med. Jost Steinhäuser**

I was explained about the total set-up of the program – and compared it to current situation in Baden-Württemberg – and in Germany in general.

Headlines of this explanation were:

- the program constructs a structure that focuses on the training of future GP's – not just on the actual work done by these trainees during their training period
- the teaching days are important in several aspects: training in different “roles” as a future GP, training especially in management and burn-out prevention and the days are an important tool in creating networks between trainees
- also now starting with trainers course (July 2011) to enforce educational quality – this activity is supported by the health insurance system (“Krankenkasse”)
- there is in future a severe lack of GP's in Baden-Württemberg and the hope is that VWB will make recruitment into GP easier
- in May 2011 an excursion and interaction with a rural area in Baden-Württemberg will be tried out – an effort to facilitate dissemination of GP's also to rural areas. This is the first initiative of more to come

### **d. Questionnaire sent to different stakeholders in GP-education**

To broaden the perspective of VWB and to give a more comprehensive evaluation a written questionnaire was sent to 23 stakeholders in May 2011. The stakeholders included:

- trainees inside VWB
- GP-trainers cooperating with VWB
- representatives from the health insurance system
- the management of VWB
- representatives from the Ministry of Science, Research and Arts in Baden-Württemberg
- representatives from the GP's organisations

There was not sent reminders – and the response rate was  $11/23 = 48\%$ .

The questionnaire consisted of several questions only with the possibility to answer in free text – and a concentrate of the answers are presented here:

1. *What do you see as the main advantages within VWB?*

- we must try to organize other regional systems like this in other areas to ensure close-to-practice training systems for GP's
- VWB makes different partners work together – including the government
- it gives a coordination of the training and acts as career planning for the trainees – until now unknown in Germany
- it gives a much tighter cooperation between training hospitals and teaching practices
- it adds continuous theoretical training to the clinical training
- it gives GP training in Germany a much-desired momentum
- VWB helps the trainees to find training posts – and jobs
- as a trainee you get official support
- VWB lets you meet other trainees – and makes it possible to create networks
- it helps you build your identity as GP
- VWB creates *structure, content and confidence*
- the most necessary changes in GP-training for all Germany starts by this program

2. *In your opinion: what are the biggest achievements of VWB until now?*

- it has created a curriculum based on competences relating to the CanMeds roles
- it makes it possible for the trainees to have the complete training in a local area
- the network that arises from cooperation between all the actors (hospitals, GP-clinics and “Kompetenzzentrum Allgemeinmedizin”)
- normally we have a big competition between different partners – this is the first time we have had real cooperation!
- VWB is also based on the wishes of the trainees – wishes we prior were not aware of
- there is more public interest now in GP training
- salaries for GP trainees are now more standardized in VWB
- we hope that the networks created among trainee doctors will last into their professional careers
- VWB is helping in recruiting to GP
- VWB has given structure – before no structure at all – and it helps you organize your hospital rotations
- VWB has attracted trainees who had gone to other areas – they have been “recruited back to Baden-Württemberg”
- it makes trainees speak loudly “I am going to be a GP” - in the past they did not say so when applying for a job in e.g. internal medicine
- implementation of a train-the-trainer program
- competence based curriculum

3. *In your opinion: what are the biggest obstacles to further development of VWB?*

- to create interest among trainees to establish themselves as GP's in rural areas
- we must hope that the "Landesärztekammer" now will recognize this new approach of teaching and learning...
- there is still a deep tradition in many trainees towards traditional teaching (lectures with one way communication) – we must encourage to self-directed learning!
- the traditional fights in Germany regarding these issues can slow down the development of a common curriculum
- the obstacles are inside the doctors own organizations...
- if no funding in the future it will be hard to develop – or even continue – the program

4. *What should be the next steps in developing VWB?*

- further professionalization of the training practices
- hope for a "spin off" at the training sites in the hospitals
- transparency is vital – and information about the progress – otherwise there will be great resistance from stakeholders outside VWB
- drawing up a curriculum that both is oriented towards trainees needs – and the professional requirements
- acquire reliable funding for the training measures
- continuously scientific evaluation of the progress of VWB and if possible also on long term outcome
- development of a better logbook online
- a better structure for advanced training
- to get more partners: training practices and training hospitals
- building a train-the-trainers program for GP's to become better trainers for their trainees
- the schooling days must become more and more interactive
- the organizational aspects need to get optimized
- competence based curriculum, introducing e-learning and portfolio-learning

5. *Further remarks regarding VWB?*

- for me personally it made it possible to enter a medical career again after several years out of the system due to childbirths – otherwise it would have been very difficult
- there is a risk "that we will drown in our own success": we attract many trainees into the system, and in order to cope with the increased workload on the organizers of the program we have to recruit more GP's willing to take part in the organizing and teaching parts

#### **e. Publications and presentations about VWB.**

The “KompetenzZentrum Allgemeinmedizin Baden-Württemberg” has launched several publications and presentations regarding VWB in order to inform about the program and its achievements. The wish has also been that it could act as an inspiration for other parts of Germany. This very substantial listing consists of press releases, publications as well as scientific research articles.

##### **1. Press releases**

- Pressemitteilung vom 16.03.2011, HZV-Partner fördern Verbundweiterbildung<sup>plus</sup>
- Schwäbische Post vom 07.02.2011, "Jedes Denkmodell ist erlaubt"
- Ärzte Zeitung online - Nachricht vom 26.10.2010, Hausarzt-Nachwuchs erreicht bei Verbundweiterbildung die Praxen
- Rhein-Neckar-Zeitung vom 18.10.2010, Hausärzte brauchen eine bessere Ausbildung
- Deutsches Ärzteblatt online - Nachricht vom 15.10.2010, Weiterbildungsprogramm gegen Hausärztemangel zeigt Erfolge
- Pressemitteilung des Universitätsklinikums Heidelberg vom 14.10.2010, Grüne Gesundheitstour besucht die Verbundweiterbildung
- Deutsches Ärzteblatt vom 30.07.2010, Verbundweiterbildung Allgemeinmedizin: Strukturiert zum Ziel
- Deutsche Medizinische Wochenschrift vom 16.07.2010, Hausärztemangel: Mit strukturierter Weiterbildung gegen die Krise
- Wochen-Kurier vom 05.05.2010, "Verbundweiterbildung-Plus" ein "Ausgewählter Ort"
- Ärzte Zeitung vom 28.04.2010, Preis für neue Wege in der hausärztlichen Weiterbildung

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- Pressemitteilung des Universitätsklinikums Heidelberg vom 26.04.2010, Verbundweiterbildung-Plus beim Wettbewerb "365 Orte im Land der Ideen" erfolgreich
- Rhein-Neckar-Zeitung vom 23.04.2010, Ideen braucht das Land
- Pressemitteilung des Universitätsklinikums Heidelberg vom 01.03.2010, Das Rezept gegen den Hausärzte-Mangel geht auf
- Südwest Presse vom 29.09.2009, Modellprojekt gegen den Ärztemangel
- Südkurier vom 29.09.2009, Modellprojekt gegen Ärztemangel
- Rhein-Neckar-Zeitung vom 29.09.2009, Gegen den Ärztemangel
- Reutlinger Generalanzeiger vom 29.09.2009, Roter Teppich für Ärzte
- Mannheimer Morgen vom 29.09.2009, Projekt soll Ärztemangel bekämpfen
- Ludwigsburger Kreiszeitung vom 29.09.2009, Konzertierte Aktion soll Hausärzte aufs Land locken
- Badisches Tagblatt vom 29.09.2009, Modellprojekt soll Ärztemangel auf dem Land bekämpfen
- Esslinger Zeitung vom 29.09.2009, Modellprojekt gegen Ärztemangel
- Pressemitteilung des Universitätsklinikums Heidelberg vom 28.09.2009, "Hausärztemangel in ländlich geprägten Räumen nachhaltig entgegenzutreten"
- Deutsche Presse-Agentur vom 28.09.2009, Modellprojekt soll Ärztemangel bekämpfen
- Ärzte Zeitung online - Nachricht vom 24.08.2009, "Wir wollen ein Erfolgsmodell gegen den Hausarztmangel schaffen"“
- Deutsches Ärzteblatt - Nachricht vom 07.07.2009, Allgemeinmedizin-Programm in Baden-Württemberg erfolgreich
- Pressemitteilung des Universitätsklinikums Heidelberg vom 06.07.2009, Ein Erfolgsmodell gegen den Hausärztemangel

- Ärzte Zeitung vom 21.11.2008, Weiterbildungsplatz gesucht? Kein Problem!
- Marburger-Bund-Zeitung vom 14.11.2008, Rotation führt ans Ziel
- Rhein-Neckar-Zeitung vom 10.11.2008, Rezept gegen Hausärzte-Mangel
- Deutsches Ärzteblatt - Nachricht vom 05.11.2008, Allgemeinmedizin: Organisierte Rotation für künftige Hausärzte
- Pressemitteilung des Universitätsklinikums Heidelberg vom 05.11.2008, Wirksames Mittel gegen den Mangel an Hausärzten

## **2. Publications**

- Joos S.  
Das Kompetenzzentrum Allgemeinmedizin. In: Kassenärztliche Vereinigung Baden-Württemberg (Hrsg.): Versorgungsbericht 2008. KV BW Stuttgart 2009; 22-25
- Joos S, Steinhäuser J.  
Hausärzte für das Land: Das Modellprojekt "Verbundweiterbildung-plus". BWGZ 5/2011
- Joos S, Steinhäuser J, Roos M, Peters-Klimm F, Ledig T, Szecsenyi J.  
Konzeption und Implementierung des Programms Verbundweiterbildung plus am Kompetenzzentrum Allgemeinmedizin Baden-Württemberg. Z Allg Med; Deutscher Ärzteverlag, Sonderausgabe DEGAM/DKVZ 2009: 149
- Joos S, Szecsenyi J.  
Bessere Vernetzung soll den Hausärztemangel bekämpfen. Deutsches Ärzteblatt 2009; 106(14): A-652
- Roos M, Steinhäuser J, Laux G, Joos S, Szecsenyi J  
Weiterbildung mit Inhalt - Bedarfsanalyse zur Konzeption eines überregionalen Schulungsprogramm in der Verbundweiterbildung plus. Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen doi:10.1016/j.zefq.2010.11.006
- Steinhäuser J, Roos M, Haberer K, Ledig Th, Peters-Klimm F, Szecsenyi J, Joos S.,  
Das Programm Verbundweiterbildung plus des Kompetenzzentrums Allgemeinmedizin Baden-Württemberg – Entwicklung, Umsetzung und Perspektiven. Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen

### 3. Research Articles

- Annan N, Maagaard R, Joos S, Ledig Th, Steinhäuser J.  
Wie könnte ein Train the Trainer Programm für Weiterbildungsbefugte aussehen? –  
Ergebnisse einer Internet-Recherche. Zeitschrift für Allgemeinmedizin DOI  
10.3238/zfa.2010.0444
- Blauth E, Roos M, Steinhäuser J, Laux G, Ledig T, Joos S, Peters-Klimm F.  
(Inter-)nationale Umfrage des Vasco da Gama Movement zur Weiterbildungs- und  
Arbeitssituation junger in Weiterbildung befindlicher (Allgemein-)Mediziner. Z Allg Med;  
Deutscher Ärzteverlag, Sonderausgabe DEGAM/DKVZ 2009: 140
- Joos S, Roos M, Ledig Th, Bilger S, Szecsenyi J, Steinhäuser J.  
Perspektiven und Erfahrungen weiterbildungsbefugter Ärzte für Allgemeinmedizin - eine  
Umfrage in Baden-Württemberg. Zeitschrift für Evidenz, Fortbildung und Qualität im  
Gesundheitswesen doi:10.1016/j.zefq.2010.11.004
- Paulus J, Joos S, Peters-Klimm F, Ledig T, Roos M, Steinhäuser J.  
Sichtweise von Weiterbildungsassistenten auf die derzeitige Weiterbildungssituation der  
Allgemeinmedizin in Deutschland. Z Allg Med; Deutscher Ärzteverlag, Sonderausgabe  
DEGAM/DKVZ 2009: 148
- Roos M, Blauth E, Steinhäuser J, Laux G, Joos S, Peters-Klimm F.  
Erste Ergebnisse der internationalen Umfrage des Vasco da Gama Movement zur  
Weiterbildungs- und Arbeitssituation junger in Weiterbildung befindlicher (Allgemein-)  
Mediziner. Z Allg Med 2010; 86 (Sonderausgabe): 45
- Roos M, Blauth E, Steinhäuser J, Ledig Th, Joos S, Peters-Klimm F. Gebietsweiterbildung  
Allgemeinmedizin in Deutschland: Eine bundesweite Umfrage unter Ärztinnen und Ärzten  
in Weiterbildung. Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen  
Gesundheitswesen doi:10.1016/j.zefq.2010.11.007
- Steinhäuser J, Annan N, Böhlen F, Ledig T, Joos S.  
Berufsbild Landarzt: Was hält der hausärztliche Nachwuchs davon? - eine internetbasierte  
Umfrage. Z Allg Med 2010; 86 (Sonderausgabe): 44

- Steinhäuser J, Ledig T, Roos M, Bilger S, Joos S.  
Weiterbildung Allgemeinmedizin - die Perspektive der weiterbildungsbefugten Ärzte. Z Allg Med 2010; 86 (Sonderausgabe): 44-45
- Steinhäuser J, Paulus J, Peters-Klimm F, Ledig Th, Szecsenyi J, Joos S. „Allgemeinmedizin ist trotzdem ein schönes Fach" - eine qualitative Studie mit Ärzten in Weiterbildung. Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen  
doi:10.1016/j.zefq.2010.11.003
- Steinhäuser J, Roos M, Huenges B, Czujewicz K, Dörr C, Schröder F, Peters-Klimm F, Joos S. Ein Curriculum für die Weiterbildung Allgemeinmedizin - jetzt oder nie. Z Allg Med 2010; 86 (Sonderausgabe): 4

## **Evaluation of Verbundweiterbildung<sup>plus</sup> - based on the collected evidence**

The German training system for general practice was evaluated in 2009 by an invited panel of international experts (ref. 1) and in their report they listed 11 important components of GP-training in Europe – trying to describe “EU Best Practice”. The traditional GP-training did not meet any of these 11 criteria!

In Baden-Württemberg the situation has been the same as this general German situation until VWB started. VWB is the great innovation in GP-training in Baden-Württemberg – and in Germany in general. VWB is trying to address – as stated before on page 6 – several of the recognized problems within the German GP-training system. My collection of evidence shows that VWB has succeeded in addressing these key problems!

I will try to list some of the many important achievements of VWB

1. Training Schemes with guaranteed posts. This is one of the key features: as a trainee you can plan your training and be sure about “when-to-work and train-where” giving you the security both about training but also in relation to your private life and commitments. In many other European countries it is seen as an absolutely necessary element of a training program – for all medical specialties. It gives the trainees the possibility to get the “full training package” in a local area.
2. Support for trainers and training practices. Motivated and skillful trainers in GP is absolutely essential in creating good training of trainee doctors in GP. Otherwise it will just be training-by-doing. Supervision and formative feedback from a dedicated and skillful GP-trainer makes the whole difference! VWB has created train-the-trainers courses and gives

- the GP-trainers support and guidance for their educational tasks – both strategies are very important.
3. Better salaries for trainees. As I understand the system, the VWB-cooperating practices have committed themselves to pay a salary according to the usual fare. This is very important in making the program attractive. It is essential that salaries are comparable with the options in other specialty training programs – and salaries must not work counter-productive in recruitment.
  4. Linking to Academic General Practice. The schooling days are important so theoretical education and linking to Academic General Practice can take place. This issue is valued very high by both trainers and trainees. Are you trained without eyes open for academic and scientific medicine there is a very high risk for not being able to value these matters in your future career – and the risk of not being able to cope with the evidence based evolution of the discipline.
  5. One of the problems in Baden-Württemberg is the lack of GP's in rural areas. To try to overcome this problem there has – until now – been held 3 socalled “Landtage” where trainee doctors meet with local Mayors in rural areas. These meetings can be very helpful in more ways: the mayors can learn about the wishes and expectations of future GP's (and these wishes might certainly be somewhat else than the wishes of the current GP's in the area coming close to retirement age) – and the trainees can see how well-functioning rural areas can be – and that these areas actually are very close to “metropolis-Germany”. And besides: just meeting and talking with each other makes future contacts easier – so these days might show up as very valuable! My impression is that the first 3 “Landtage” has been evaluated as very positive.
  6. Networking among trainees. Outside a structured program like VWB the trainees work together with many other young doctors heading for other specialties. IN VWB the group of GP-trainees is identified, the trainees meet each other at several occasions and networking is possible. Networking is also recommended by the VWB. It is seen as very important by the big majority of my respondents – both trainees and trainers.
  7. Theoretical GP education for trainees. Outside VWB there is very little or no theoretical education about GP. Not all competencies can be fully obtained via clinical work only because it is necessary to put it into a theoretical framework. This theoretical framework can partly be obtained through self-studies and by the help of the trainer – but essential parts must be taught by highly qualified teachers to reach the optimum results. Theoretical GP training takes place in a rather big scale in many other European countries – and hopefully VWB is starting a postgraduate trend in Germany.
  8. The schooling days are also important in relation to the clinical training. The days and the discussions here help the trainees to focus on what they shall try to obtain from the clinical training in their hospital posts: focus for GP-trainees working in an internal medicine department should not be the same as for their young colleges heading for specialization in internal medicine.

9. The VWB program gives very much flexibility to those trainees that for several (private, family etc.) reasons wish to have a special plan for their training programs. Very many of the trainees highlighted this dualism: VWB gives both a structure and plan – but allows you flexibility if the need is for that.
10. The VWB program gives personal support for trainees that are in need of personal guidance in relation to their training. “We always know who to contact if there are problems (Jost Steinhäuser) – and it is very important and assuring for us”.
11. The GP-trainers have the same possibility to contact known and named persons in VWB to get guidance in their educational tasks.
12. A process is started by VWB in building a competency based curriculum for GP based on the well known CanMeds roles. It is a very important process – a process that in other European countries have been a major driver for enhancing GP training. It will be very interesting to follow this process during the next years in Baden-Württemberg and Germany.
13. VWB has succeeded in giving confidence and self-esteem among the trainees. This is very important for the trainees as individuals – but also vital to the GP-specialty in order to get bigger esteem in the medical landscape – and in recruiting young doctors to the specialty.

### **Advice in relation to further development of Verbundweiterbildung<sup>plus</sup>**

As listed above VWB has been a great success with many important achievements. VWB has started a process that I think will be very important for the evolution of General Practice in Baden-Württemberg – and hopefully in Germany.

Among European GP’s interested in International General Practice and Academic General Practice it is well known that there is a rather big astonishment about the German paradox:

- Germany is in many areas one of the leading countries in Europe (or the leading country), but why do we not hear more from the Germans outside Germany? so few international publications and so few German GP’s at international GP-conferences?

If this is going to change – and many of us outside Germany hope it will change! – a very important first step is education of young GP’s.

GP-education can be the driver for many more developmental processes in General Practice, so support for further development of VWB is crucial for the training of GP’s but also important for recruitment of GP’s and for the dissemination of GP’s across the country – cities and rural areas.

Specific advice (some are in general terms referring to the national German training system – others directly linked to VWB):

1. VWB must “keep the momentum” – you have achieved so much, but it can be difficult to still be inventive and developmental as you also have the “daily businesses” to take care of – I hope you can get the proper support to keep the momentum!
2. Curriculum based on competences is the natural starting point for all educational planning. The curriculum and the listing of competencies can only be done by the specialism itself! No other doctors can describe the core competencies of a GP.
3. The clinical rotations that are necessary for a trainee to pass thorough in order to obtain the described competencies must be defined by skillful GP-educators. This cannot be done by doctors outside the GP-specialty. The chosen rotations must be necessary in order to give the best training. The daily workload in GP-clinics or in hospital wards cannot be an argument for XX months in YY setting.
4. Suggested by several respondents – and strongly supported by me: think of a training program that starts ½ year or 1 year in General Practice – this will identify the GP trainees right from the beginning. Starting in General Practice will also allow the trainees to focus their in hospital rotations towards their future GP career.
5. Different GP-training practices do things differently. Much can be obtained from being trained in different practices – so rotations should include at least 2 different GP-practices.
6. “Assessment drives learning” is the old saying. It is important to build in relevant assessment procedures (especially workplace based assessment) to ensure the qualifications of future GP’s and patient safety. A short end-stage examination is not seen as a relevant and sufficient assessment tool in 2011.
7. If you still choose to have certain clinical procedures as part of your requirement for end stage qualification these procedures must be important and relevant for the future work of GP’s – and assessing these procedures must be done by supervisors. Just counting a number of unsupervised technical procedures is not relevant.
8. Training and upgrading the GP-trainers could be a very wise next step for VWB. It must be stimulating and rewarding to be a GP-trainer. It must give you “stars on your shoulder”. Inspiration for this process can be obtained from abroad. GP-trainers network has also been very useful in some countries to strengthen the self confidence of trainers. Trainers must be supported when they experience problems with trainees (this will happen now and then to all trainers).
9. If possible: VWB must try to influence the training that goes on in hospital settings: the trainees work in hospital must be so relevant as possible to their future career as GP’s. Hospital trainers must remember that these trainees are not going to be consultants!
10. Networking among trainee doctors is essential. VWB has taken several steps to facilitate this – but perhaps more can be done? Setting up electronic fora for this? More courses with overnight stay so socialization can take place? If the schooling days are more interactive and based on small-groups methodology it will also facilitate in creating networks.

11. Elaborate on e-learning and e-portfolio. An e-portfolio can help the trainees keeping focus on the educational goals – and can stimulate the very important reflection in relation to their training.
12. Introducing mutual practice visits among pairs of trainees – it can be an eye-opener for different ways of doing things in General Practice – and it also enhances networking.
13. Trying to inspire your trainee doctors to experience what is going on outside their own area... - taking part in international conferences and for example the European Hippocrates exchange program for trainee doctors in General Practice.
14. Establishing a mentor program for the trainees. Each trainee could have a GP as a mentor.
15. It is important that VWB and “KompetenzZentrum Allgemeinmedizin Baden-Württemberg” continue to be very productive in research in this area – and in publishing the outcomes of the VWB program.

## References and further inspiration

1. Speciality Training for General Practice in Germany. A Report by a Panel of Invited International Experts. Commissioned by DEGAM, 2009.
2. [www.euract.eu](http://www.euract.eu) – especially “European Definition of General Practice/Family Medicine, 2005” and “EURACT – Educational Agenda”
3. [www.dsam.dk](http://www.dsam.dk) – the Danish curriculum for GP – also in English
4. [http://www.rcgp-curriculum.org.uk/PDF/curr\\_1\\_Curriculum\\_Statement\\_Being\\_a\\_GP.pdf](http://www.rcgp-curriculum.org.uk/PDF/curr_1_Curriculum_Statement_Being_a_GP.pdf)  
- The Royal College of General Practitioners Curriculum Statement.

## About the author

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Born 1954. Graduated 1982 from Univ

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Specialist in GP/FM and working as GP since 1988.

Partner in an 8 doctor practice near Aarhus. Working as a GP trainer since 1990 and since 1991 Regional Coordinator of GP-training in County of Aarhus (now Region Midtjylland).

From 2002 Associate Professor University of Aarhus/Region Midtjylland with responsibilities for Postgraduate GP training.

**Verbundweiterbildung<sup>plus</sup>, Allgemeinmedizin Baden-Württemberg,  
an external report by Roar Maagaard**

1998-2005 and from 2011: Chairman of educational committee in the Danish College of GP's (DSAM) – and in this period responsible for creating and implementing a new 5 year training scheme for specialist education in GP in Denmark.

2005-2011: President of Danish College of GP's (DSAM).

Since 2002 Danish Member of EURACT Council (European Academy of Teachers in General Practice) and since 2005 elected as Honorary Secretary and Vice-president of EURACT.

Since 2009: Member of Advisory Board, University of Heidelberg, Dpt. of General Practice.

A full CV in Danish (including publication list) can be obtained by the author.