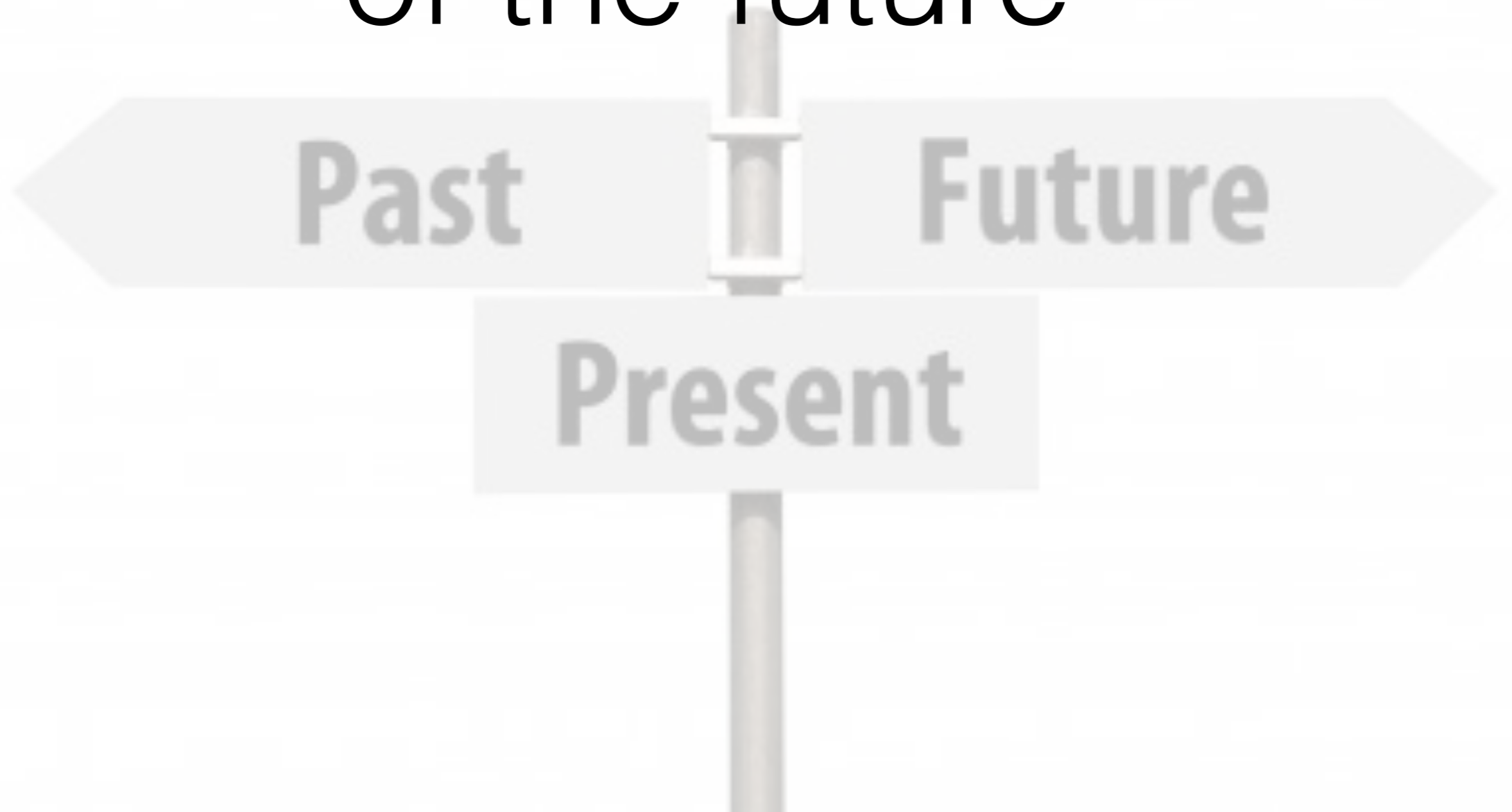


# The changing trainee of the future



# Road map

- What will the trainee need?
- What will the future GP be?
- How do ensure that the training will meet the future needs?

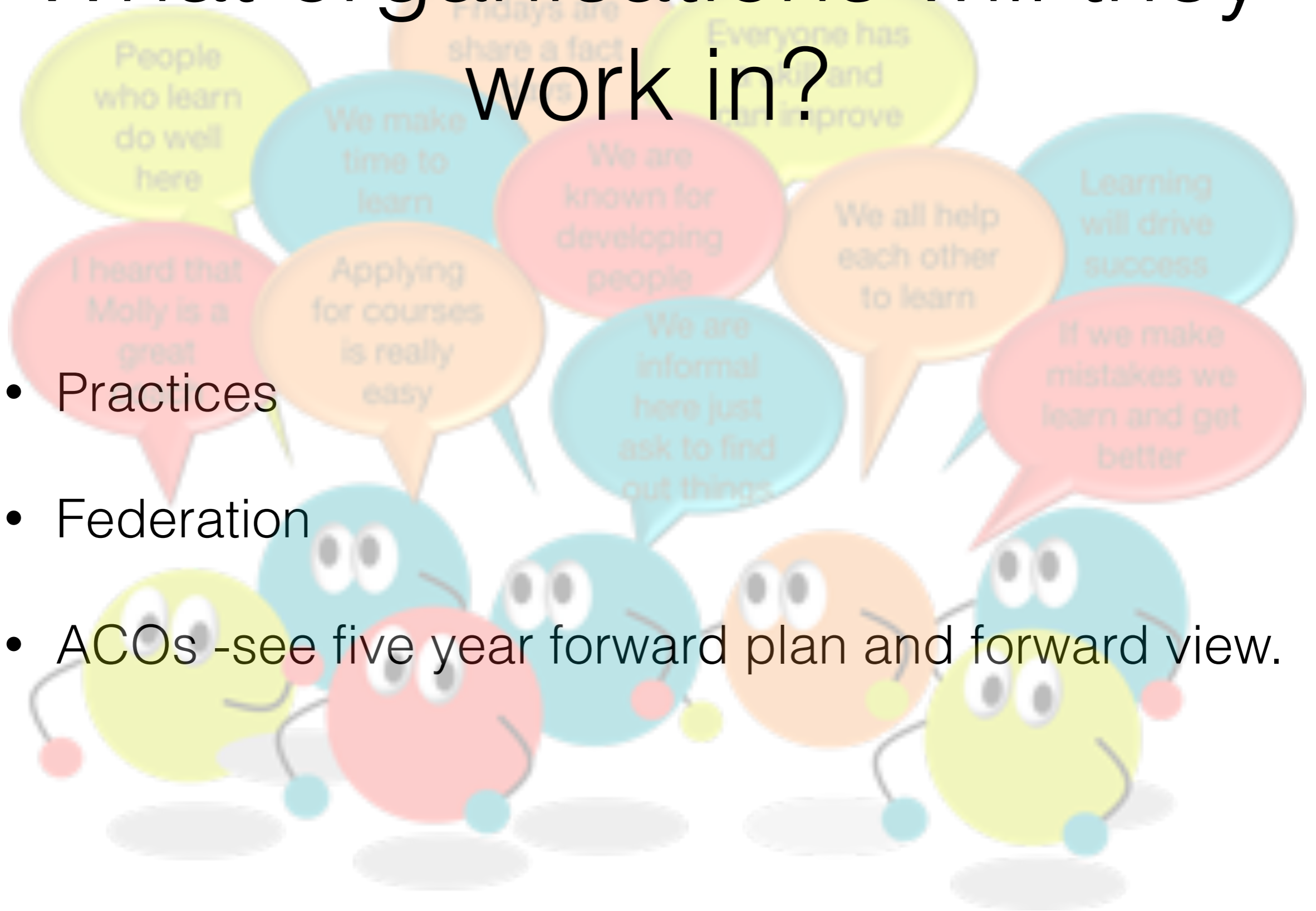
# GP careers

- Partners
- Management GPs / clinical GPs
- Sessional GPs
- Portfolio
- THEY WONT BE WORKING FT AS GPS



# What organisations will they work in?

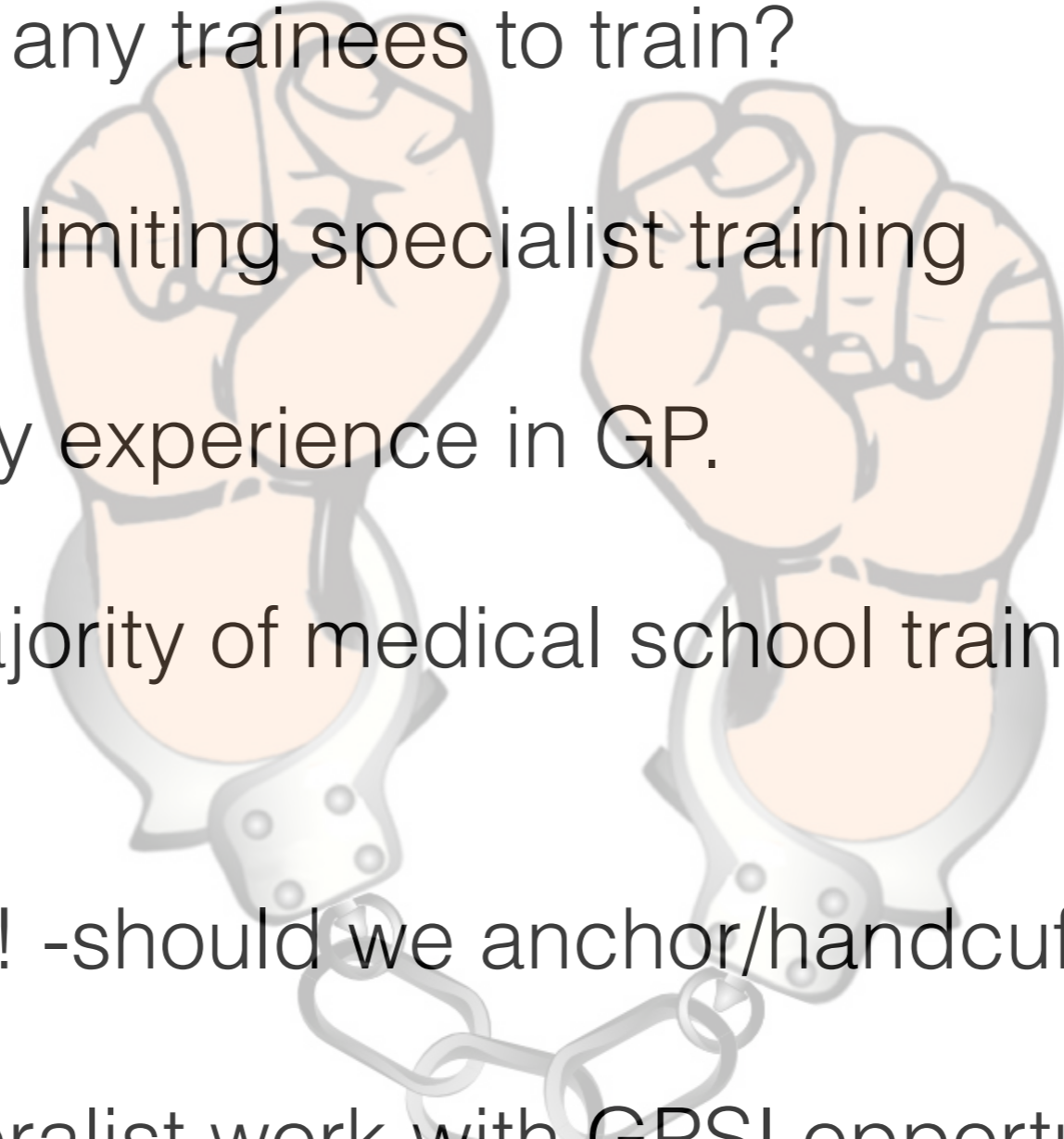
- Practices
- Federation
- ACOs -see five year forward plan and forward view.



# Curriculum

- Current curriculum purely clinical focus
- GPs not receiving any management training
- Do we need to teach management skills/knowledge/attributes in final part of training?
- If so do we need to formalise a curriculum for this?
- Should this be done in VTS or practice?
- Do we have the skills to do this?

# Recruitment and retention

- Will there be any trainees to train?
  - Role of HEE, limiting specialist training
  - Improve early experience in GP.
  - Move the majority of medical school training into the community.
  - Train and go! -should we anchor/handcuff them
  - Linking generalist work with GPSI opportunities
- 
- A faint, stylized illustration of two raised fists wearing handcuffs, positioned behind the list of bullet points. The fists are orange with black outlines, and the handcuffs are grey. The fists are raised in a gesture of protest or defiance, with the handcuffs attached to the wrists, suggesting a theme of restriction or protest against the issues listed.

# Brand

- Need to rebrand general practitioners

- Consultants in Holistic and Family Medicine

