Specialist training in Family Medicine in Malta during 2007-2012

A comparative evaluation of the first and fifth years of the programme

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ABSTRACT

Background: As a result of Malta's entry to the European Union in 2004, Family Medicine was recognised as a speciality and subsequently a three-year programme of Specialist Training was launched in 2007 by the Primary Health Care Department and the Malta College of Family Doctors. By 2012, three cohorts of GP trainees had completed the training programme.

Objective: Evaluation is important in ensuring quality and success in provision of teaching programmes in general, and family-doctor training in particular. While evaluation and improvement of the programme is performed on an ongoing basis, a comparison of the trainees' evaluations of the first (2007-8) and fifth (2011-2) years of the training programme was carried out in order to identify areas where consolidation or further improvement was needed.

Method: Evaluation forms are completed by trainees after each post in family or hospital practice and after each group-teaching session. The information from these forms is transcribed into MS Excel to enable quantitative and qualitative analysis. The feedback given during the period 2007 – 2008 was compared with that given during 2011 – 2012.

Results: During the first and fifth years of the training programme, GP trainees were 80-90% satisfied with the effectiveness of the training provided during the family practice posts, and over 90% satisfied with the presentation, content and relevance of the teaching provided during the group teaching sessions. Their overall satisfaction with the effectiveness of training in the other specialities improved from 53-92% to 65-95%.

Conclusion: While GP trainees' satisfaction with their training generally remained high or improved, specific areas were identified in family medicine and hospital placements where changes for improvement are merited.

Recommendations: The continuing enhancement of the working environment within family medicine and hospital training is essential to ensure clinical and formal teaching tailored to the needs of the GP trainee. Hospital placements would benefit from the availability of a named clinical supervisor for each trainee in all specialities, the ability to see patients independently and then discussing them with the supervisor, and the provision of daily placements being more GP-relevant and community-oriented.

KEY WORDS

Education, specialization, family practice, program evaluation, Malta

INTRODUCTION

Family Medicine was recognised as a speciality in Malta as a result of the country's entry to the European Union in 2004. A Specialist Training Programme in Family Medicine (STPFM) – Malta was drawn up by the Malta College of Family Doctors in 2006 (Sammut et al., 2006) and subsequently approved by Malta's Specialist Accreditation Committee that same year. After Dr Mario R Sammut was appointed as National Coordinator of the programme in 2005, Specialist Training in Family Medicine was launched in Malta on the 9th July 2007 by the Primary Health Care Department and the Malta College of Family Doctors.

While training takes place under the auspices of the Department within the Ministry for Health, the College ensures the quality of the academic programme and curriculum, of the trainees' training and the continuing professional development of their trainers, and of the summative assessment at the end of specialist training (Sammut et al., 2011). Quality assurance of the work-based assessment is carried out by the Postgraduate Training Coordinators in Family Medicine, Dr Mario R Sammut and Dr Gunther Abela, who were appointed to the post in 2008 and confirmed in 2012. Since the

programme's launch, three cohorts of GP trainees have successfully completed the STPFM: eleven trainees in 2010, another ten in 2011 and, following a limited intake in 2009, five more trainees in 2012 (Sammut and Abela, 2012).

The three-year programme comprises designated training posts, based 50% in family practice (with a GP trainer supervising each trainee) and 50% under the supervision of a specialist in appropriate hospital specialities: Medicine, Paediatrics, Obstetrics & Gynaecology, Accident & Emergency, Dermatology, Ear Nose and Throat, Geriatrics, Palliative Care/Hospice, Ophthalmology and Psychiatry. The GP trainees also participate in a Half-Day Release Course (HDRC) consisting of weekly 4-hour academic group activities (Sammut and Abela, 2012).

Evaluation is important in ensuring quality and success in provision of teaching programmes in general (Morrison, 2003), and family-doctor training in particular (Kelly & Murray, 1991). In order to facilitate the launch of Malta's STPFM, a pre-implementation evaluation of the programme was carried out in 2006 by means of a survey of the potential GP trainers and trainees. The participants considered assessment not only as a strength (through the various methods being used), but also as a barrier (due to the difficulties anticipated in coordinating the assessment methods). Moreover, the assessment of competences was also viewed as an improvement that was needed by the programme. (Sammut, 2009).

Subsequent to the pre-implementation evaluation of the first edition of the training programme, an Educational Portfolio was developed for the trainees to maintain and present for Annual Appraisal as part of their continuous Formative Assessment. At the end of the 3-year programme, a Summative Assessment is held, consisting of a Work-Based Assessment (based on the Annual Appraisal of the Educational Portfolio), an Applied Knowledge Test and a Clinical Skills Assessment. (Sammut et al., 2011; Sammut and Abela, 2012)

The Formative Assessment component of the STPFM undergoes quality assurance by the postgraduate training coordinators through the systematic monitoring of regular feedback received from the trainees and trainers/supervisors after each placement and HDRC session, with any action deemed necessary being taken (Sammut and Abela, 2012). The coordinators also publish a yearly quality assurance report based on their review of the educational portfolios of the GP trainees (as part of the annual appraisal process). Although evaluation and improvement of the programme are performed on an ongoing basis, it was felt that a comparison of the trainees' evaluations of the first (2007-8) and fifth (2011-2) years of the training programme was also warranted in order to identify areas where consolidation or further improvement was needed.

METHOD

All GP trainees participate in the programme's evaluation process, irrespective of whether they are assigned to a GP trainer in government or private practice. After each post in family or hospital practice and after each group-teaching session, trainees are requested to complete evaluation forms. The placement evaluation forms were developed by the Yorkshire

Figure 1: Trainee Satisfaction Ratings for the Half Day Release Course

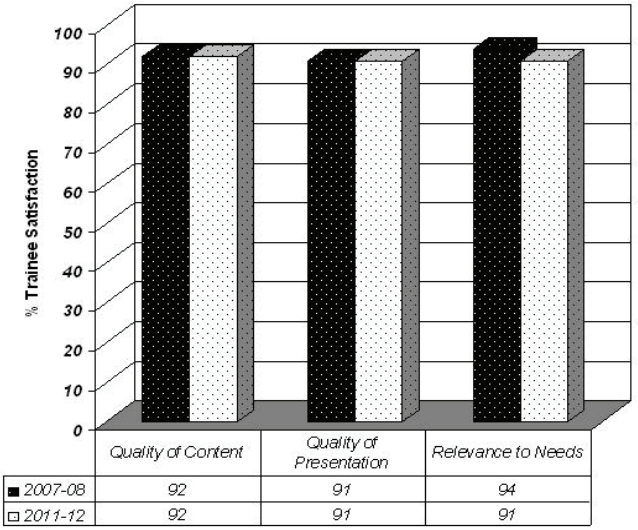


Figure 2: Trainee Satisfaction Ratings for the Family Medicine placement

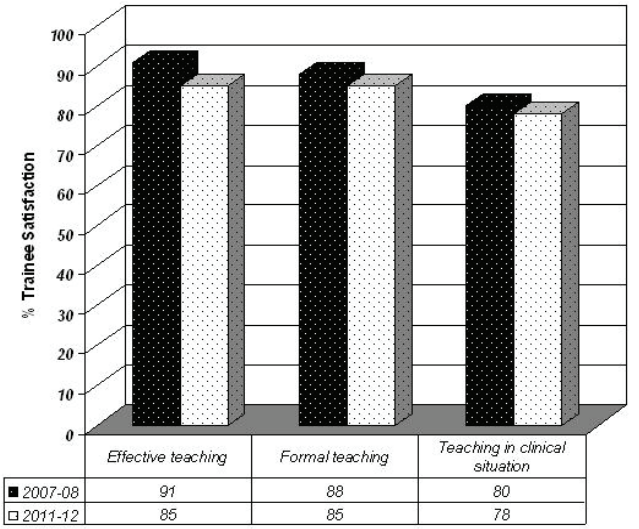


Table 1: Comments representing the GP trainees' feedback on group teaching sessions

CONTENT & RELEVANCE: • Concise, interesting, important topics that are relevant, useful, practical, clinically-based • Good, informative, thorough overview that is clear, understandable, detailed • Up to date, review of latest guidelines with important points / clinical tips given
PRESENTATION: • Good presentation, structured, interactive, time for questions, provokes reflection • Different modalities used: visual aids, group exercises, case discussions, video consultation analysis, experiences and examples from daily practice, Multiple Choice Questions, Clinical Skills Assessments • Different lecturers (friendly, approachable), GP trainee involved, guest intervention, inclusion of real patient

Deanery Department for NHS Postgraduate Medical and Dental Education (2003), while the teaching session evaluation form was devised by Sammut et al. (2007). The information from these forms was transcribed into MS Excel to enable quantitative and qualitative analysis, the latter by item content analysis. The feedback given during the period 2007 – 2008 was compared with that given during 2011 – 2012.

Ethical considerations

No ethical approval was needed since sensitive personal data were not gathered.

RESULTS

One hundred per cent of the GP trainees submitted post-placement evaluation forms, this being a mandatory requirement of the training programme. On the other hand, the response rate for the evaluation forms completed on an optional basis after the group teaching sessions was 87.4% for the 2007-8 group of trainees (initially numbering 11 for the autumn 2007 semester, then rising to 17 in January 2008) and 72.4% for the 2011-2 cohort of 29 trainees.

Quantitative analysis

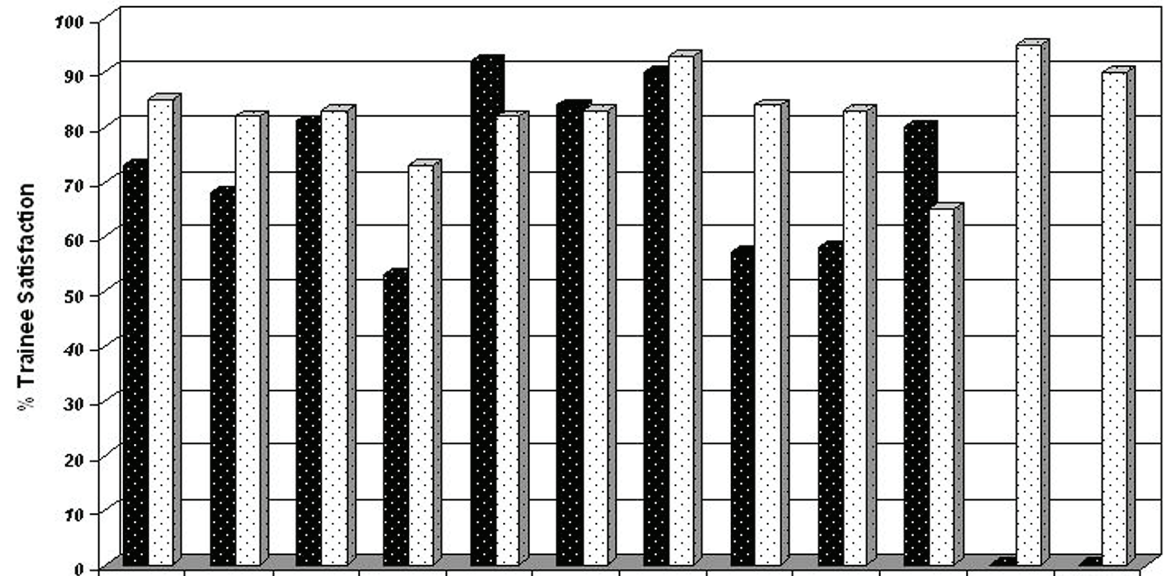
When one compares the ratings for the years 2007-2008 and 2011-2012, GP trainees were over 90% satisfied with the presentation, content and relevance of the teaching provided during the group teaching sessions (Figure 1), and 78-91% satisfied with the teaching provided during the family practice posts (Figure 2).

Their satisfaction with the effectiveness of training in the other specialities improved or was maintained except for Psychiatry and Dermatology where there

Table 2: Quotes representing the GP trainees' feedback on placements in family medicine

POSITIVE COMMENTS: • "This post has prepared me to understand better the role of GP w/in the primary care setting. I have also understood better the difference between the primary care setting and that of secondary care, and know how I must work and adapt to fully serve the patient in this primary care setting." (First year trainee) • "Throughout these 3 years, I have gained so much experience in Family Medicine, in all aspects i.e. communication skills, making a diagnosis, management & holistic approach. Dr (surname) has helped me grow as a person & and as a doctor & I will continue to value his advice & practice throughout my years to come working as a GP." (Final year trainee)
SUGGESTIONS FOR IMPROVEMENT: • "To have as much time as possible when the trainer and trainee are working in the same place and time for the trainee to consult the trainer in real-time about patients." • "We should be allowed to join other community based clinics such as Podology, Physiotherapy, MMDNA etc so as to work better with other specialities and make better use of resources."

Figure 3: Trainee Satisfaction Ratings for Other Speciality Placements



	Medicine	Obs & Gynae	Paed-iatrics	A&E	Derma-tology	ENT	Geriatrics	Ophthal-mology	Palliative Care	Psych-iatry	Hospice	Optional (OOP & Pain Cl)
■ 2007-08	73	68	81	53	92	84	90	57	58	80	0	0
□ 2011-12	85	82	83	73	82	83	93	84	83	65	95	90

was a decline from 80% to 65% and from 92% to 82% respectively (Figure 3). Two specialities (Orthopaedics [OOP] and Pain Clinic) were introduced subsequently, as was a separate evaluation of visits to Hospice Malta; thus comparisons could not be made between 2007-08 and 2011-12 for these three placements.

Figures 4 and 5 show that there was an increase in the lowest percentage satisfaction rating from 53% in 2007-8 to 65% in 2011-2, and that certain specialities were awarded a lower rating by about 10% or more than others during both years. The trainees' overall satisfaction with the effectiveness of training in the other specialities improved from 53-92% to 65-95%.

Qualitative analysis

The GP trainees' written feedback regarding their HDRC group teaching sessions was quite positive and is summarised in Table 1. The trainees found the family medicine placements beneficial to their preparation for a career in general practice (Table 2), but also made suggestions how the practice could be improved as a teaching unit (Tables 2 and 3).

Although the trainees felt that their other speciality assignments did provide them with the necessary confidence to handle community cases related to the relevant specialities (Table 4), they proposed a number of ways how these posts could be improved. Tables 5 and 6 list the top overall difficulties and proposed improvements respectively, with Table 4 showing quotes specific to the Accident & Emergency (A&E), Dermatology and Psychiatry posts.

DISCUSSION

Half-Day Release Course

With satisfaction ratings at just over 90%, the GP trainees were happy with the quality of the content and presentation of the teaching sessions within the Half-Day Release Course, as well as the relevance to their needs (Figure 1). Table 1 shows that they preferred interactive and thought-provoking presentations where diverse speakers made use of various teaching modalities and provided clear updated information about topics relevant to clinical family practice, as recommended by Hutchinson (2003).

Family Medicine Placements

While GP trainee satisfaction ratings for the Family Medicine placement during 2011-2 remained high at 78-85%, one must admit that there was a slight drop (of about 4 percentage points) from the 80-91% satisfaction rates awarded during 2007-8 (Figure 2). The probable reasons for this are found in Tables 2 and 3, where the recurrent suggestion that the GP trainee and trainer are posted to work together in the same venue within the government GP service has not been heeded by the management, despite the obvious educational advantages of this arrangement in facilitating clinical

Table 3: Top results from item content analysis of replies by GP trainees to the question *'Can you suggest any way in which you think the Practice could be improved as a teaching unit?'* regarding family medicine posts

SUGGESTIONS FOR IMPROVEMENT	NUMBER	
	2007-8	2011-2
More clinical teaching despite workload / lack of staff in health centres	6	11
Working in same health centre as trainer	7	7
Being assigned to special / paramedical clinics in health centres	1	4
Teaching in minor surgery in health centres	2	2

teaching (Spencer, 2003) and work-based assessment (Norcini, 2003). However, despite this shortcoming, GP trainees still greatly appreciate the invaluable role of the Family Medicine post in preparing them to practice as future specialists in family medicine within the primary health care system, preferably in close collaboration with community healthcare professionals.

Other Speciality Placements

The majority of the other (mainly hospital) speciality placements were awarded higher satisfaction ratings by the GP trainees during 2011-2 than in 2007-8, with the overall satisfaction of the effectiveness of training improving to 65-95% from 53-92% (Figure 3). There was also an improvement in the lowest percentage satisfaction rating from 53% in 2007-8 to 65% in 2011-2 (Figures 4 and 5). These quantitative results are consistent with favourable comments from the GP trainees regarding how they learnt to handle frequent problems in primary care that are related to the various specialities (Table 4).

However it must be noted that there were a few placements whose satisfaction ratings were approximately 10% less than the other specialities: these were A&E, Ophthalmology and Palliative Care in 2007-8 (Figure 4) and A&E and Psychiatry in 2011-2 (Figure 5). Moreover, there were two hospital placements which experienced a drop of ten percentage points or more (Figure 3): these were Psychiatry (from 80% in 2007-8 to 65% in 2011-2) and Dermatology (from 92% in 2007-8 to 82% in 2011-2).

Figure 4: Trainee Satisfaction Ratings for Other Speciality Placements 2007-2008
(Light columns: rating > ~10% lower than other specialities; broken line: lowest percentage satisfaction rating)

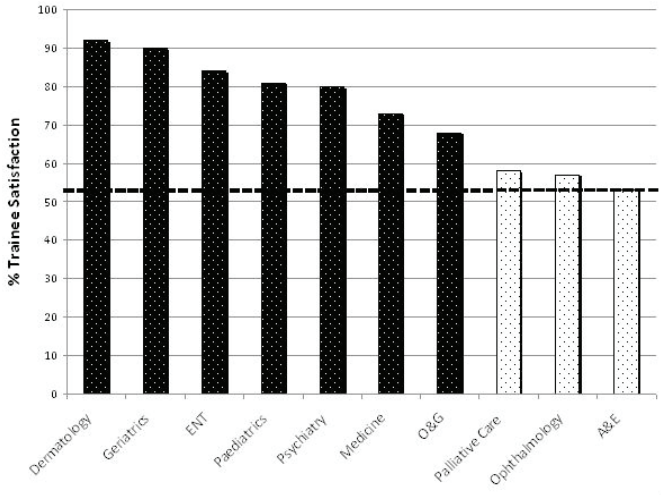


Figure 5: Trainee Satisfaction Ratings for Other Speciality Placements 2011-2012
(Light columns: rating > ~10% lower than other specialities; broken line: lowest percentage satisfaction rating)

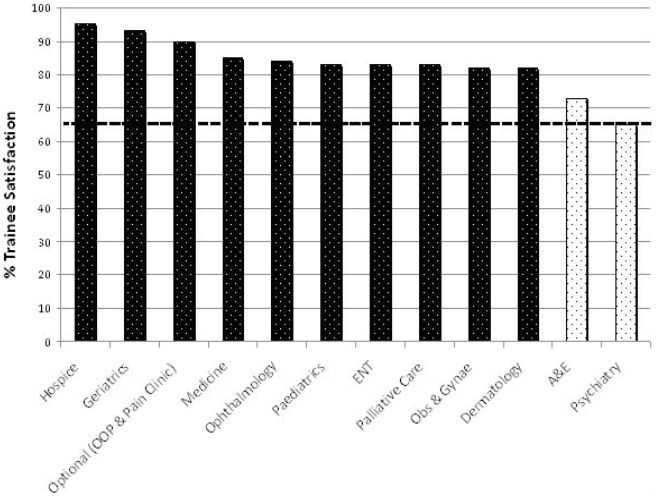


Table 4: Quotes representing the GP trainees' feedback re placements in other specialities

POSITIVE COMMENT: "I learnt a lot about the presentation, investigation and management of the common (name of speciality) pathologies that present in General Practice."
NEGATIVE COMMENT: "Mostly not being able to get a lot of formal teaching due to the intense workload of the department." (Accident & Emergency)
SUGGESTIONS FOR IMPROVEMENT: "Being able to see dermatology patients independently and then discussing each pt with the consultant. Exposure to patients at GU clinic … perhaps if the patient is asked beforehand if it is OK for the GP trainee to sit in." (Dermatology) "Choose to join a particular consultant/s … more available for teaching and tutorials. Being allowed to see patients independently at POP … with supervision. More exposure to mental health services available to GPs out of hospital i.e. community-based psychiatry services." (Psychiatry)

Table 5: Top results from item content analysis of replies by GP trainees to the question *'What major difficulties did you experience in this post?'* regarding other speciality posts

	A&E		MEDICINE		OBS & GYNAE		PAEDIATRICS		DERMATOLOGY		ENT		GERIATRICS		OPHTHALMOLOGY		PALLIATIVE CARE		PSYCHIATRY		TOTAL	
DIFFICULTIES EXPERIENCED	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2
Lack of formal teaching			5	1	4	2					1				2		3			1	15	4
High workload / lack of staff	4	4								1					2		3			1	9	6
Lack of backup at A&E								10													0	10
Problem attending GU Clinic									1	7											1	7
Lack of space/opportunity to see patients alone				1	1			1		2	1									1	2	5
Limited to house-officer ward duties																	3	3			3	3
Full-time duties, in shift	2	3																			2	3
Hostility to general practice	2	2																			2	2
Not enough time with consultant							2	1												1	2	2
Lack of outpatient exposure			3											1							3	1
Lack of curriculum			2						1										1		4	0

Qualitative feedback from GP trainees (Tables 4 and 5) revealed that the main reason why their satisfaction rating with the A&E remained among the lowest was the high workload that the staff had to handle which, as a result, limited to a minimum the time available for clinical teaching that should be the heart of medical education (Spencer, 2003). On the other hand, there still was an appreciable increase in the satisfaction rating from 53% in 2007-8 to 73% in 2011-2 (Figure 3). This may be attributed to the conversion of the A&E post from the original three-month full-time roster to a six-month part-time morning roster in order to address the regular absence of night-time supervision of GP trainees under the previous roster (Sammut et al., 2011).

Although the hospital speciality of Dermatology was given a very good satisfaction rating of 82% in 2011-2, this still meant a decrease of 10 percentage points from the excellent rating obtained in 2007-8. The GP trainees' qualitative feedback revealed two possible reasons for this slight drop (Table 5). One was their inability to see cases alone before discussing their management with the supervising consultant, mainly due to lack of clinic space – this problem in the Dermatology placement has been rectified since then, although it is still encountered in other hospital placements. As clearly stated by Spencer (2003), clinical teaching is limited if the learner remains a passive observer. Secondly GP trainees felt frustrated at being unable to attend the Genitourinary (GU) Clinic (reportedly for reasons of confidentiality) when "on the job clinical teaching is the core of their professional development" (Spencer, 2003).

Another hospital speciality which saw a drop in its satisfaction rating from 80% in 2007-8 to 65% in 2011-2 was that of Psychiatry. The probable reason for this was that GP trainees were assigned to the firm of one consultant who was very busy with administrative duties. The trainees' desire to be allowed to choose their supervisors from consultants who are more available for teaching (Tables 4 and 6) was in fact implemented in January 2013, bringing it in line with other specialities.

Table 6: Top results from item content analysis of replies by GP trainees to the question 'In what ways can the educational value of the post be improved?' regarding other speciality posts

	A&E		MEDICINE		OBS & GYNAE		PAEDIATRICS		DERMATOLOGY		ENT		GERIATRICS		OPHTHALMOLOGY		PALLIATIVE CARE		PSYCHIATRY		TOTAL	
SUGGESTED IMPROVEMENTS	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2	2007-8	2011-2
More formal teaching			6	1	5			5	2		1				1		3		1	1	19	7
More outpatient exposure			3	3	3	2								1			2	6	2	2	10	14
Seeing patients alone / hands-on				2					1	3		2				2				2	1	11
Less operating theatre sessions					9	2															9	2
Exposure to GU Clinic										7											0	7
Named supervisor		4																		1	0	5
Attendance to specific clinics				5																	0	5
Protected teaching time	1	4																			1	4
Curriculum			3						1										1		5	0
Structured timetable											1				1	1				1	2	2
Part-time duties, no shift	3	1																			3	1
More time with consultant							3	1													3	1

Hopefully this change will result in an improved satisfaction rating for Psychiatry in the future.

Limitations of study method and suggestion for further research

While the provision of feedback on the family medicine and hospital placements is mandatory for GP trainees, a bias may have been introduced from non-response by disinterested trainees regarding the HDRC group teaching sessions. The information gathered did not include the gender or whether the trainee was assigned to government or private practice as this was deemed beyond the objectives of the project. Although statistical analysis could have been performed to highlight any significant differences between the 2007-8 and 2011-2 groups, the authors felt that this was not within the scope of the study since the main aim was to identify areas where consolidation or further improvement was needed.

While the study provides an extensive evaluation of the training programme by GP trainees, future research would benefit from obtaining similar feedback from GP trainers and hospital clinical supervisors.

CONCLUSION

While group teaching sessions and placements in family practice were generally deemed very satisfactory, and the overall satisfaction with the hospital placements improved, there were specific areas identified that merited changes for improvement. These were the fact that the GP trainee and trainer were often not placed to work together in the same venue within the government GP service, the lack of teaching due to the heavy workload at the A&E Department, the inability of trainees to see patients alone before discussing them with their supervisors in certain hospital specialities, and the absence of choice of a preferred supervisor within a specific hospital speciality.

RECOMMENDATIONS

While group teaching sessions and placements in family practice were generally deemed satisfactory by the GP trainees, the educational value of the latter would be improved further if the Primary Health Care Department administration endeavoured to arrange for the GP trainer and trainee to work together in the same clinic.

Recommendations for improving hospital training include:

- the availability of a named clinical supervisor for each trainee in all specialities;
- the ability to see patients independently and then discussing them with the supervisor;
- the provision of daily placements that are more GP-relevant and community-oriented; and
- the continuing enhancement of clinical and formal teaching tailored to the needs of the GP trainee.

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