Work-Based Assessment within Malta's Specialist Training Programme in Family Medicine

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ABSTRACT

The Specialist Training Programme in Family Medicine (STPFM) – Malta was drawn up by the Malta College of Family Doctors in 2006, approved by Malta's Specialist Accreditation Committee, and launched in 2007 by the Primary Health Care Department and the Malta College of Family Doctors. This article regarding the work-based assessment of specialist training in family medicine in Malta was prepared by consulting various local / international documents and publications that are related to general practice / family medicine and its teaching, appraisal and assessment. Assessment of family doctors should consider their actual performance of different tasks in diverse settings of daily practice; this is carried out on-site by direct observation of the practitioner at the work-place (work-based assessment) using different methods.

To successfully complete Malta's STPFM, a GP trainee needs to pass the summative assessment, consisting of an applied knowledge test, a clinical skills assessment and a work-based assessment (WBA). The latter is carried out through an annual appraisal of an educational portfolio, which also provides formative assessment. WBA undergoes quality management to verify the areas where consolidation is needed and identify other areas where corrective actions are required. While the annual appraisal process has shown that significant quality work is being carried out by the GP trainees under their trainers' supervision, further collaboration between the stakeholders involved would further improve the quality of specialist training in family medicine in general and of WBA in particular.

KEY WORDS

Education, specialisation, family practice, work-based assessment, Malta

INTRODUCTION

After the 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 approved by Malta's Specialist Accreditation Committee, the programme was launched in Malta on the 9th July 2007 by the Primary Health Care Department (PHCD) and the Malta College of Family Doctors (MCFD).

The three-year programme consists of designated training posts, divided fifty-fifty between family practice and hospital placements, which are supervised by GP trainers and hospital consultants respectively. These work placements are complemented by weekly 4-hour academic group activities within a Half-Day Release Course (HDRC) (Sammut and Abela, 2012).

BACKGROUND

General practitioners / specialists in family medicine (GPs) were defined by WONCA Europe (the European Society of General Practice/ Family Medicine) in 2002 as 'specialist physicians trained in the principles of the discipline.They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognise they will also have a professional responsibility to their community' (WONCA Europe, 2005).

In the EURACT Educational Agenda of General Practice / Family Medicine issued in 2005, EURACT (the European Academy of Teachers in General Practice / Family Medicine) stated that the assessment of the knowledge, attitudes and skills required by family doctors to provide such primary care management requires

diverse assessment methods. These include knowledge-based tests such as MCQs, tests of competence such as exams with simulated patients, assessment of attitudes through observation (e.g. sitting-in, video recordings), and assessment of performance in daily work using repeated checklists and global ratings. (Heyrman, 2005). The latter (work-based assessment) targets what occurs in practice, or the 'does' level at the top of a pyramid devised by Miller to assess clinical competence, with the lower levels ('knows', 'knows how' and 'shows how') being measured in an artificial environment (Norcini, 2003).

In 2014 EURACT published the EURACT Performance Agenda of General Practice / Family Medicine to 'close the loop between teaching knowledge, allowing students and trainees to gain competencies, and assessing actual performance of GPs in daily practice … applicable to various tasks and in a wide range of settings'. Such assessment of the whole picture of performance should be carried out on-site by direct observation of the practitioner at the work-place (work-based assessment) using a palette of different methods. (Wilm, 2014)

WORK-BASED ASSESSMENT

For a GP trainee to successfully complete Malta's STPFM, s/he needs to pass the Summative Assessment, consisting of an Applied Knowledge Test (AKT), a Clinical Skills Assessment (CSA) and a Work-Based Assessment (WBA). WBA is carried out through an Annual Appraisal of the Educational Portfolio, which was developed also as a means for the trainees to undergo continuous Formative Assessment. The latter comprises end-of-placement reports from the GP trainer and other-speciality clinical supervisors, multi-source feedback from healthcare professionals and consultation satisfaction questionnaires from patients. While the MCFD is responsible for the AKT and CSA, WBA is coordinated by the Postgraduate Training Coordinators in Family Medicine. (Sammut et al., 2011; Sammut and Abela, 2012)

EDUCATIONAL PORTFOLIO

The GP Trainee Educational Portfolio (popularly known as the logbook) was developed in 2007 for the use of trainees within the STPFM to record learning experiences throughout training, together with the results of various assessments, both formative and summative. While summative assessment is crucial to the certification of completion of training, formative assessment acts as a stimulus to further learning. As explained in the introduction to the Yorkshire Deanery Log Book (Yorkshire Deanery Department for NHS Postgraduate Medical and Dental Education, 2003), the portfolio provides GP Trainees with the opportunity to record "personal gaps" and then, either by themselves, with their trainers or in groups of peers, to set about "plugging the gaps". (Specialist Training Programme in Family Medicine – Malta, 2012)

The Educational Portfolio comprises a number of sections as follows:

- The Learning Record, comprising the educational agreement, trainee self-rating scale, educational plans, tutorial programmes, video analyses in family medicine using the consultation observation tool (COT), and case-based discussions (CBD) of selected cases in family medicine.
- The Formative Assessment, made up of trainee interim reviews by GP trainer, other-speciality clinical supervisor's reports of GP trainee, multi-source feedbacks (MSF): 360° team assessment of behaviour (TAB), and consultation satisfaction questionnaires (CSQ).
- Educational Activities, including teaching and learning within the HDRC, HDRC attendance record, European Resuscitation Council Basic / Automated External Defibrillator (AED) & Advanced Life Support certificates, certificates of attendance to other educational activities, teaching and learning through other educational activities, and any papers published by the trainee.
- Clinical Experience, consisting of logs of cases seen during various attachments, clinical diary for reflective practice, significant event analyses (SEA), emergencies / referrals / acute admissions, child health surveillance at well baby clinics, direct observation of procedural skills (DOPS) and minor surgical procedures.
- Clinical Experience gained in the Accident & Emergency Department, such as managing acute conditions, interpretation of data and performing procedures.
- Trainee's Evaluations of family medicine and other-speciality posts.

(Specialist Training Programme in Family Medicine – Malta, 2012)

Alongside the paper-based portfolio, a web-based electronic portfolio (ePortfolio) was developed for Malta's STPFM by NHS Education for Scotland and soft-launched in October 2013 at **www.nhseportfolios.org**. The ePortfolio is currently being utilised by the

2013-intake GP trainees as part of the User Acceptance Testing (UAT). GP trainees who started training before 2013 continued to use the paper-based format of the portfolio in order to avoid disruption to their training. (Sammut & Abela, 2013a)

ANNUAL APPRAISAL

Appraisal has been defined as 'a process to provide feedback on doctors' performance, chart their continuing professional development, and identify their developmental needs', with educational appraisal described as 'a process, which involves a trainee and an education supervisor, which is personal and reviews progress and plans future training' (NHS Appraisal, 2003).

An annual appraisal of trainees was mandated to be part of the process leading to the award of the Certificate of Specialist Training by Malta's Ministry of Health, the Elderly and Community Care in MHEC Circular 26/2008 dated 22nd January 2008. As a result, '**The GP Trainee's Annual Appraisal**' document was compiled by the training coordinators and the MCFD with the involvement of all stakeholders and approved on 25th November 2008. (Specialist Training Programme in Family Medicine – Malta, 2014)

The annual appraisal process involves the GP trainee and his/her trainer going through the GP Trainee Educational Portfolio to review the progress of the former during the training year in question, while making plans for future training. After they jointly complete and sign the 'One-to-One Appraisal' section of the appraisal report, the training coordinators then review the trainee's One-to-One Appraisal and Educational Portfolio according to a list of objective requirements listed on the form 'Review of the GP Trainee Educational Portfolio'. A satisfactory review results in a recommendation for the trainee to progress to the next year of the programme or in certification (for a third year GP trainee) that s/he has completed the final-year appraisal and the educational portfolio. The Annual Appraisal document also specifies the procedures that need to be followed in cases of unsatisfactory review, namely the request for remedial actions and the involvement as needed of a Progress Review Board and an Appeals Board. (Specialist Training Programme in Family Medicine – Malta, 2014)

In the '**One-to-One Appraisal**', the following twelve competency areas are assessed by the GP trainer as 'needs further development', 'competent' or 'excellent':

1. Communication and consultation skills;
2. Practising holistically;
3. Data gathering & interpretation;
4. Making a diagnosis / making decisions;
5. Clinical management;
6. Managing medical complexity;
7. Primary care administration & Information Management Technology (IMT);
8. Working with colleagues and in teams;
9. Community orientation;
10. Maintaining performance, learning and teaching;
11. Maintaining an ethical approach to practice;
12. Fitness to practice.

(Specialist Training Programme in Family Medicine – Malta, 2014)

The **GP Trainee Educational Portfolio** is reviewed by the postgraduate training coordinators for the following objective requirements:

1. One-to-One Appraisal.
2. Learning Record: the Educational Agreement signed by the trainee and trainer; the GP Trainee Self-Rating Scale; an Educational Plan per placement as agreed by the trainee and trainer/ supervisor; the lists of weekly one-to-one tutorials undertaken by the trainer/trainee and monthly tutorials given in the other speciality placements; four video analyses (using the Consultation Observation Tool - COT) and four Case-Based Discussions (CBDs) per attachment in family medicine (including one mandatory COT and CBD done with another contracted trainer per full-time family medicine placement).
3. Formative Assessment: one trainee interim review by GP trainer per GP post; one report on GP trainee from each hospital clinical supervisor; a set of Multi-Source Feedback questionnaires per full-time post in family medicine (completed by each member of the GP trainee's team); and a set of 10 Consultation Satisfaction Questionnaires per full-time post in family medicine (completed by 10 consecutive adult patients).
4. Educational Activities: record of Half Day Release Course (HDRC) sessions attended (minimum attendance rate of 85%); proof of participation in the delivery of at least one HDRC session in the 3rd year of training; and Basic / Advanced Life Support Certificates.

Table 1: Overview of the Annual Appraisals carried out and evaluated since 2010

Period	Annual Appraisals carried out	Unsatisfactory report	Referred for Remedial Actions by Coordinators (as from 2012)	Referred to In-Programme Appeals Board (Progress Review Board as from 2012)
July 2010 – January 2011	19	5 (26%)	NA	5
February – December 2011	22	6 (27%)	NA	6
January – December 2012	29	13 (45%)	8	5
January 2013 – March 2014	32	8 (25%)	8	0

NA – not applicable

5. Clinical Experience: child health surveillance in well baby clinics; and Direct Observation of Procedural Skills (DOPS).
6. Evaluation of Posts: trainee's evaluations of each hospital and family medicine post.

(Specialist Training Programme in Family Medicine – Malta, 2014)

QUALITY MANAGEMENT

WBA undergoes quality management by the postgraduate training coordinators who regularly monitor feedback received after each placement and carry out any corrective actions that are necessary (Sammut and Abela, 2012). Moreover, a comparison of the trainees' evaluations of the first (2007-8) and fifth (2011-2) years of the training programme was carried out to identify areas where consolidation was needed (Sammut & Abela, 2013b). The study found that placements in family practice were generally deemed very satisfactory, noted an improvement in the overall satisfaction with the hospital placements, and made recommendations to further improve the educational value of training both in family practice and in hospital. The latter included:

- For training in state primary care: arrangements for the GP trainer and trainee to work together in the same clinic.
- For hospital training: 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. (Sammut & Abela, 2013b)

The postgraduate training coordinators in family medicine 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 (Abela & Sammut, 2014). The aim of this report is to analyse the annual appraisal processes, with the objectives of verifying the areas where the WBA is functioning properly within the STPFM as well as to outline other areas which need further development. The production of this annual 'Quality Assurance Report' was suggested in a 2010 report issued by the External Development Advisers of the UK's Royal College of General Practitioners. (Abela & Sammut, 2014)

While the latest report of the annual appraisal processes undertaken during January 2013 to March 2014 highlights a number of good practice points, certain recommendations were made as follows:

- The One-to-One Appraisal: Although the coordinators do provide appropriate feedback regarding the discrimination of score allocation within the 'One-to-One Appraisal' report when meeting each trainee and his/her trainer following the annual appraisal, trainers need regular Continued Professional Development (CPD) training in formative / work-based assessment to improve the proper completion of this report.

- The Educational Portfolio: Not only should the trainees review the work logged in their educational portfolio at least once a week in order to keep on track, but the trainers too should review regularly the portfolio with the trainees to ensure that it reaches the required standard and to inform the completion of the Trainee Interim Reviews by GP Trainer and the One-to-One Appraisal. Moreover the trainees and trainers should properly follow instructions when completing the required forms, and the GP trainers should remember to cross-refer between successive interim reviews and between interim reviews and the annual one-to-one appraisal. (Abela & Sammut, 2014)

Table 1 provides an overview of the Annual Appraisals carried out and evaluated since 2010 in the four quality assurance reports drawn up by the training coordinators to date. It is to be noted that, as from 2012, the facility was introduced for the coordinators to request remedial actions for problems that were not of sufficient severity to require a referral to the Progress Review Board (previously all problems were brought before an In-Programme Appeals Board). In 2013, for the first time since the start of the annual appraisal process, none of the trainees required referral for board review, with all those who had an unsatisfactory annual appraisal report only requiring remedial actions (Abela & Sammut, 2014).

CONCLUSION

A significant amount of quality work is being carried out by the GP trainees under their trainers' supervision as highlighted by the review of the annual appraisal process carried out by the training coordinators (Abela & Sammut, 2014). It is augured that the current collaboration of the coordinators with the MCFD and other stakeholders is maintained in order to further improve the quality of specialist training in family medicine provided in general and of WBA in particular.

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