



Postgraduate Medical Training in Ireland: Expectations & Experience

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Quality Matters



In 2006, Irish government and key stakeholders agreed a vision for PGMET in Ireland;

“that the postgraduate education and training environment will be attractive to all medical graduates and deliver high quality schemes that will result in a sufficient number of fully trained, competent doctors to deliver a patient centred health service in this country”

Both Buttimer (2006) and HSE Strategy for Medical Education Training and Research (2007) emphasise the importance of quality assurance of training posts

ENVIRONMENT DISSATISFACTION ASSURANCE CONSULTANTS ENVIRONMENT CONSULTANTS PROTECTED
PROTECTED Working BODIES
SUPERVISION POSTS TRAINING SUPERVISION Environment ASSURANCE HOURS
PROTECTED WORKING EXODUS
TRAINING
POSTS PROTECTED HOURS
EXODUS TRAINING SUPERVISION
BODIES POSTS TASK NCHD ENTD MET HOURS BST
HOSPITALS CONSULTANTS DISSATISFACTION BODIES DISSATISFACTION TIME NCHD
NCHD Hospitals Dissatisfaction Time
Quality Hours SUPERVISION BST
TIME Assurance NCHD Dissatisfaction HST Hospitals
HOURS CONDITIONS CONDITIONS WORKING
Dissatisfaction NCHD ENTD HST MET
CONSULTANTS PROTECTED QUALITY TYNCHD HST
Task HOURS EWTD BST MET HST MET
CONDITIONS Training CONDITIONS HST MET QUALITY
BST HOSPITALS EXODUS Quality BODIES
NCHD TRAINING TRAINING
HOURS Exoduz
POSTS WORKING
Conditions



Quality Data

Published data : Limited to surveys of satisfaction amongst trainees, variable quality and response rates

Year	Trainee Group	Outcome
2004	Interns	63% agree training abroad better
2005	2 cohorts 6 & 11 years post grad	Better facilities, further training and better career prospects abroad
2011	Interns	65% rate internship excellent or good
2012	GP Trainees	>80% satisfied with training post
2012	All NCHDs	50% dissatisfied with training in current post
2013	Surgical BST	49% would NOT undertake BST in Ireland again

Quality of Training



W

courses

Programme
Structure

Postgraduate
Training Body

Workplace Learning Environment

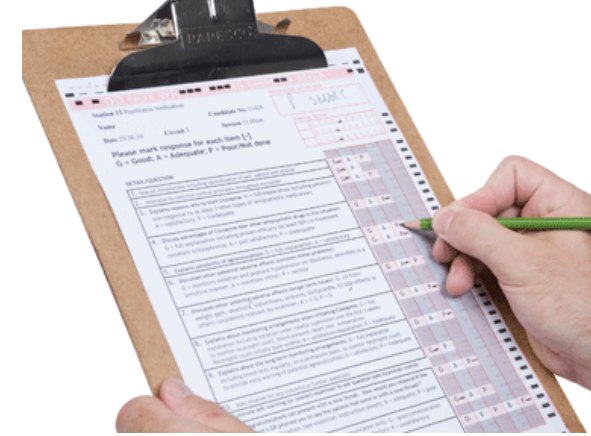
“The material and social context wherein learners ‘learn’, which influences learners’ behaviour, emotions, and practical competences.”

Objectives

1. To examine the expectations of trainees entering training programmes under the RCPI in July 2012
2. To examine trainees' experiences of training across programmes under the RCPI in 2013
3. To compare expectations with the realities of the training experience



Measuring Postgraduate Training Environments



- To date, in Ireland, studies examining quality of the learning environment have used un-validated questionnaires
- Instruments should to be theoretically grounded and validated i.e. proven to measure what they aim to measure

Methods



Dutch Residency Educational Climate Tool (DRECT)

- 50 item theoretically derived validated tool
- Statements with a 5 point Likert scaled response
- Max score 250
- supervision, coaching and assessment, feedback, teamwork, peer collaboration, role of consultants, matching of work to level of trainee, formal education, role of trainer and learning from handover

July 2012: Expectations of Training – new entrants only

Expectations	BST	RTP	HST	Program not recorded	Total
Sent	333	99	95		527
Returned	224	38	76	87	425
Response rate	67.2%	38.3%	80%		80.6%

March 2013: Experience of Training – all RCPI trainees

Experience	BST	RTP	HST	Total
Sent	587	129	566	1246
Returned	210	32	165	407
Response rate	35.7%	24.8%	29.0%	32.6%

Results: Expectation vs Experience

	Expectations Mean total DRECT (SD)	Expectations N	Experience Mean total DRECT (SD)	Experience n	Gap	p value Mann Whitney U
BST Year 1	190 (34)	230	162 (32)	108	28	P<0.0001
BST Year 2			164 (31)	95		
HST	194 (29)	61	187 (31)	146	7	NS
Total	192 (33)	351*	173 (33)	349	18	P<0.0001

Paired Responses

	Expectations Mean total DRECT (SD)	Expectations N	Experience Mean total DRECT (SD)	Gap	p value Wilcoxon Signed Ranks
BST Year 1	189 (35)	84	164(33)	25	P<0.0001
HST	197(32)	17	193(32)	4	NS
Total	191 (35)	123	170 (35)	21	P<0.0001



Strengths

Mean score of 4+ (Scale 1-5)

13 items : Teamwork, Peer collaboration & Consultants' role.

Trainees generally work well with each other and with other healthcare professionals.

Consultants willing and available to discuss patients

Respectful treatment of trainees.

On the whole these items met expectations, and in the case of consultant availability, exceeded expectation.



Consultants as Trainers



Scores on subscales relating to active participation of consultants in training showed mixed results.

- Coaching & Assessment:

All but one item fell short of expectation, mean 2.2 to 3.6.

- Feedback:

Trainees do not receive regular feedback on performance
Structured evaluation & feedback formats generally not in place.

Formal Education & Trainer Role



- Most items falling short of expectations.
- Most marked in relation to trainers monitoring progress and evaluations being useful.
- For BST trainees in Medicine the mean item score for trainers monitoring progress was lowest of all trainee groups (mean item score 2.5).
- A further area of weakness identified was that of sufficient time to learn new skills.

BST vs HST

- *My consultants give regular feedback on my strengths and weaknesses: Internal Medicine*
BST 2.4 vs HST 3.3
- *There is enough time in the schedule for me to learn new skills 2.5 (BST 1) to 3.3 (HST).*

Discussion & Conclusions

- Using a validated tool to measure CLE nationally can reveal systemic strengths and weaknesses
- Over time data can be built up to provide a picture of quality at individual sites
- BST training falls short of expectations and provides a less positive learning environment than HST
- Core training elements of feedback, assessment, formal education and trainer evaluations are areas of weakness
- Means to effectively collect and report quality data need to be further explored





Response rate

Trainee response rates vary but tend to be low in general

Postal and email versions ; Reminders

Trainee reps

Bias ?

Demographics – representative

Response rate by training level – RTP excluded

Response rate by specialty area – Medicine, Paediatrics and Obs & Gynae only analysed

Wave analysis – suggested passive non-response

