Malta's Specialist Training Programme in Family Medicine – a preliminary evaluation one year after launch

Dr Mario R Sammut

MD DipHSc MScH MScPC&GP(Ulster) MMCFD

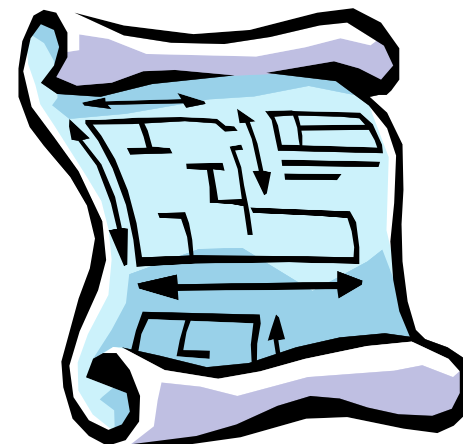
Postgraduate Training Coordinator,
Specialist Training Programme in Family Medicine,
Malta

Primary Health

MALTA COLLEGE OF FAMILY DOCTORS

Plan of Presentation

- **Introduction**
  - **Duration & structure**
  - **Assessment: formative & summative**
- Evaluations
  - Training in family practice
  - Hospital-based training
  - Half-day release course
- Conclusions
- Recommendations
- Reference



Introduction

- Organised by Primary Health Department and the Malta College of Family Doctors
- Three-year specialist training programme
  - launched 9th July 2007
  - designated training posts throughout

1. 50% based in family practice
   - one GP-trainer per trainee
2. 50% in hospital
   - attachments in appropriate specialities
3. Half-day release course
   - academic group activities for GP trainees

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Three-year roster

3 mths:	Family Medicine (full-time)
3 mths:	*Major Hospital Speciality (full-time)*
2 mths:	Family Medicine (pt-time) & *Minor Hospital Speciality (pt-time)*
2 mths:	Family Medicine (pt-time) & *Minor Hospital Speciality (pt-time)*
2 mths:	Family Medicine (pt-time) & *Minor Hospital Speciality (pt-time)*
3 mths:	*Major Hospital Speciality (full-time)*
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3 mths:	*Major Hospital Speciality (full-time)*
2 mths:	Family Medicine (pt-time) & *Minor Hospital Speciality (pt-time)*
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2 mths:	Family Medicine (pt-time) & *Minor Hospital Speciality (pt-time)*
3 mths:	*Major Hospital Speciality (full-time)*
6 mths:	Family Medicine (full-time)

Hospital specialities

Major Hospital Specialities (full-time)	***Duration***
Accident & Emergency (including Minor Surgery)	3 months
Medicine	3 months
Obstetrics & Gynaecology	3 months
Paediatrics	3 months
Minor Hospital Speciality (part-time)	
Dermatology & Venereology	2 months
Geriatrics	2 months
Psychiatry	2 months
Otorhinolaryngology (ENT)	2 months
Ophthalmology	2 months
Palliative Care	2 months

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Formative assessment

Educational portfolio/logbook

- Self-rating scales
- Educational plans
- Workplace-based assessment
  - Videoed consultations
  - Case-based discussions
  - Trainee reviews: trainer/supervisors, colleagues, patients
  - Clinical experience: observation, case logs, reflective diary
- Educational activities
  - family practice, hospital, release course, others
- Annual appraisal

Summative assessment

Written component:

- **Written Submission of Practical Work** (e.g. research project, audit project, or quality assurance project)
- **Trainer's Report** (including Workplace Assessment)
- **Modified Essay Questions** (to test application of knowledge)
- **Multiple Choice Papers** (to test application of knowledge)

Clinical component:

- **Video and/or Simulated Patient Surgery** (assessing performance 'in vivo')
- **Objective Structured Clinical Examination – OSCE** (assessing performance 'in vitro')
- **Structured oral face-to-face examination** (explore if trainee understands topics important to general practice)

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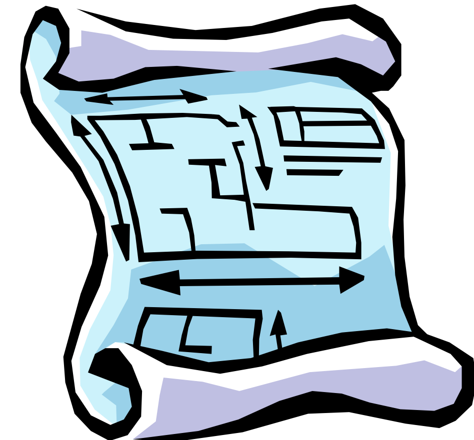


Method

- Completion of evaluation forms
  - after each post in family or hospital practice
  - after each group-teaching session
- Information from forms was transcribed into a computer spreadsheet
  - to enable quantitative and qualitative analysis

1. Learning in Family Practice

A. Core Competencies:

1. Primary care management
2. Person-centred care
3. Specific problem solving skills
4. Comprehensive approach
5. Community orientation
6. Holistic modelling

B. Implementation Areas

1. Daily clinical tasks
2. Communication with patients
3. Management of the practice

C. Fundamental Features

1. Contextual
2. Attitudinal
3. Scientific

(WONCA Europe, 2002)

Evaluation of Family Medicine post

Percent satisfaction

Teaching in clinical situation

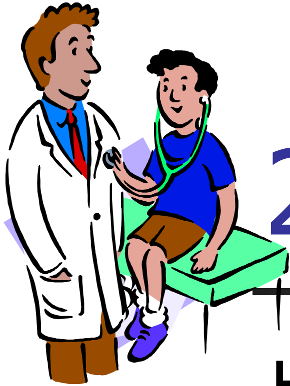
Formal teaching

Effective teaching

70 75 80 85 90 95

Comments re Family Medicine post

- "An effort must be done to allow more time for the trainer and trainee to be together"
- "Exposure to private practice would have a positive effect for trainees having a trainer in health centres"
- "I managed to learn and acquire new skills that would have taken me years to attain on my own experience"
- "I am confident that this training programme will turn out to be a very big asset for my career"



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2. Learning in Hospital

Hospital competences:

- Approach, examination, treatment (also during out-of-hours exposure) and follow-up
- Knowledge of common illnesses & symptoms of less common but important diseases
- Problem formulation
- Working methods
  - be equipped as a family doctor
  - keep knowledge up-to-date
  - communicate with other specialists

(Standing Committee of European Doctors, 1991)

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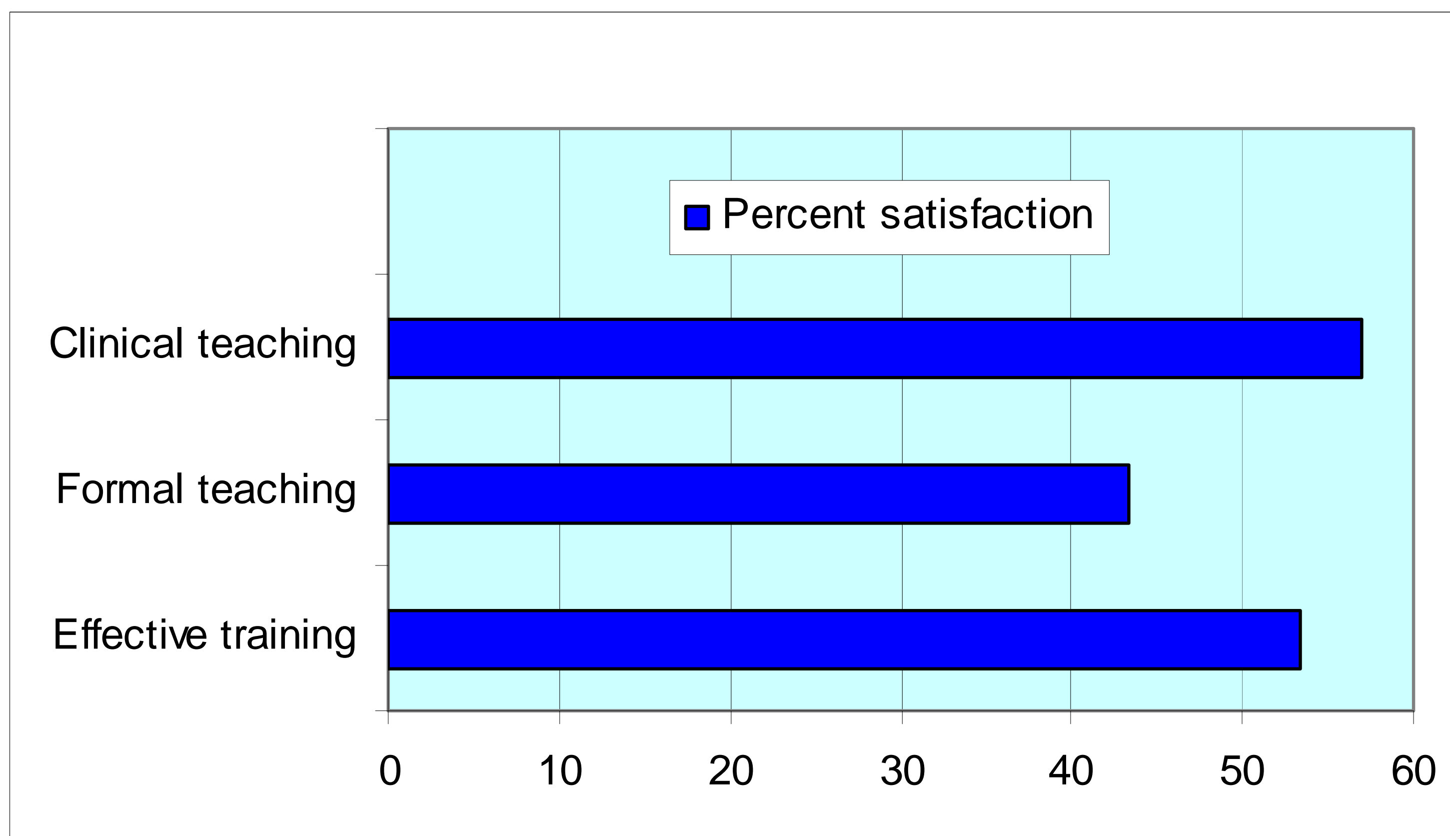
Evaluation of A&E post



Comments re A&E post

- "There was no protected time to address all the educational needs that were planned as part of training"
- "Trainees should not be part of a shift but should be supernumerary and paired up with a registrar. This would allow more intensive and individualised training, thus making the attachment more effective."
- "I feel more, much more confident in dealing with emergencies and can tackle complex situations logically with the right priorities and in the right order"

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Evaluation of Medicine post

Comments re Medicine post

- "Consultant did not have enough time for formal teaching, though ... was willing to teach on clinical situations"
- "The setting up of formal tutorials ... which are GP oriented"
- "This placement helped me get a good overview of how the most common problems are managed and their latest guidelines"
- "I was able to clarify any difficulties I had, and now I feel more confident in managing these conditions in the community and also I feel I am in a better position to make utmost use of the secondary care services that are available"

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Evaluation of O&G post

Percent satisfaction

OP teaching

Ward teaching

Formal teaching

Effective training

54 56 58 60 62 64 66 68 70

Comments re O&G post

- "Infrequent teaching ward-rounds"
- "Theatre sessions should be replaced by more GP related activities"
- "Formal tutorials (needed), if necessary by Registrars or Senor Registrars"
- "The entire team was … very helpful when I needed to consult them about management, whether in person or over the phone"
- "(The post) has helped me improve and become confident in examining and dealing with common obstetrics and gynaecological problems relevant to general practice"

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Evaluation of Paediatric post

Percent satisfaction

OP teaching

Ward teaching

Formal teaching

Effective training

65 70 75 80 85 90

Comments re Paediatric post

- "I think that this post was well planned, providing adequate exposure to different clinical situations"
- "The clinics and tutorials attended were very relevant"
- "I have managed to gain confidence when dealing with children, something I was lacking before this paediatric attachment"

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3. Half-day Release Course

- Group-teaching sessions
  - Wednesdays (1-5 pm)
  - October to June (breaks for Christmas and Easter)
- Group and problem-based learning, with development of interpersonal skills
- Focus on learning that can take place only or effectively in groups
- Peer group support

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Evaluation HDRC

Percent satisfaction

Item	Percent satisfaction (approx., read from chart)
Relevance to Needs	~93.9
Quality of Presentation	~90.6
Quality of Content	~92.3

X-axis: 88, 89, 90, 91, 92, 93, 94, 95

Evaluation HDRC: What was liked

METHODS

- Informal, interactive, friendly
- Learning through questions
- Sharing of ideas & experiences
- Use of practical examples
- Case discussions, role plays, group exercises
- Use of video
- Hands on training

CONTENT

- Evidence-based info
- Practical, down-to-earth
- Relevance to family practice
- Based on input and discussion

FUTURE

- Sessions like this will be useful even after specialisation

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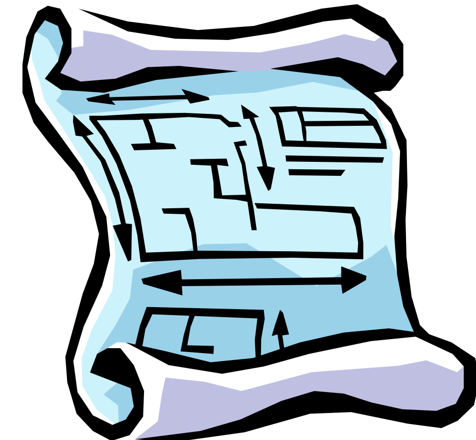

Conclusions

- GP trainees were more satisfied (>90%) with
  - effectiveness of training during family practice posts
  - presentation, content and relevance of the teaching during HDRC sessions
- GP trainees were less satisfied (50-80%) with
  - effectiveness of training in the major hospital specialities
  - but still felt that hospital posts did provide them with the necessary confidence for dealing in the community with cases related to the major specialities

Recommendations

- GP trainees identified a number of ways how hospital assignments could be improved
  - enforcement of supernumerary posts with protected time to address educational needs
  - sessions undertaken should involve GP related activities
  - improved teaching
    - on one-to-one basis in wards and out-patients
    - through formal tutorials

Reference

- Sammut MR, Abela JC, Grixti M, Mallia P & Sciortino P. Specialist Training Programme in Family Medicine – Malta. Malta: Malta College of Family Doctors, 2006
- http://www.mcfd.org.mt/Publications/SPECIALIST TRAINING PROGRAMME.pdf