



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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Plan of presentation

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Introduction

- As a result of Malta's entry to the European Union in 2004, Family Medicine was recognised as a speciality.
- Subsequently a three-year programme of Specialist Training in Family Medicine 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
 - eleven trainees in 2010
 - ten in 2011 and
 - five in 2012 (due to limited intake in 2009)

Background

- 3-year programme, designated training posts
 - 50% in family practice, with a GP trainer supervising each trainee
 - 50% under the supervision of a specialist in appropriate hospital specialities: Medicine, Paediatrics, Obs & Gynae, Accident & Emergency, Dermatology, Ear Nose & Throat, Geriatrics, Palliative Care/Hospice, Ophthalmology, Psychiatry
- Half-Day Release Course (HDRC)
 - weekly 4-hour academic group activities

Objective

- 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).
- 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 (Yorkshire Deanery Department for NHS Postgraduate Medical and Dental Education, 2003) **and** after each group-teaching session (Sammut et al., 2007).
- The information from these forms is transcribed into MS Excel to enable quantitative & qualitative analysis.
- The feedback given during the period July 2007 – June 2008 was compared with that given during July 2011 – June 2012.
- No ethical approval was needed since sensitive personal data were not gathered.

Results

- Response rates
 - group teaching HDRC sessions (optional):
87.4% for the 2007-8 group of 11 → 17 trainees,
72.4% for the 2011-2 cohort of 29 trainees
 - post-placement (mandatory): 100%
- Half-Day Release Course
 - quantitative & qualitative
- Family Medicine placement
 - quantitative & qualitative
- Other Specialty placements
 - quantitative & qualitative

Fig. 1: Trainee Satisfaction Ratings for the Half Day Release Course

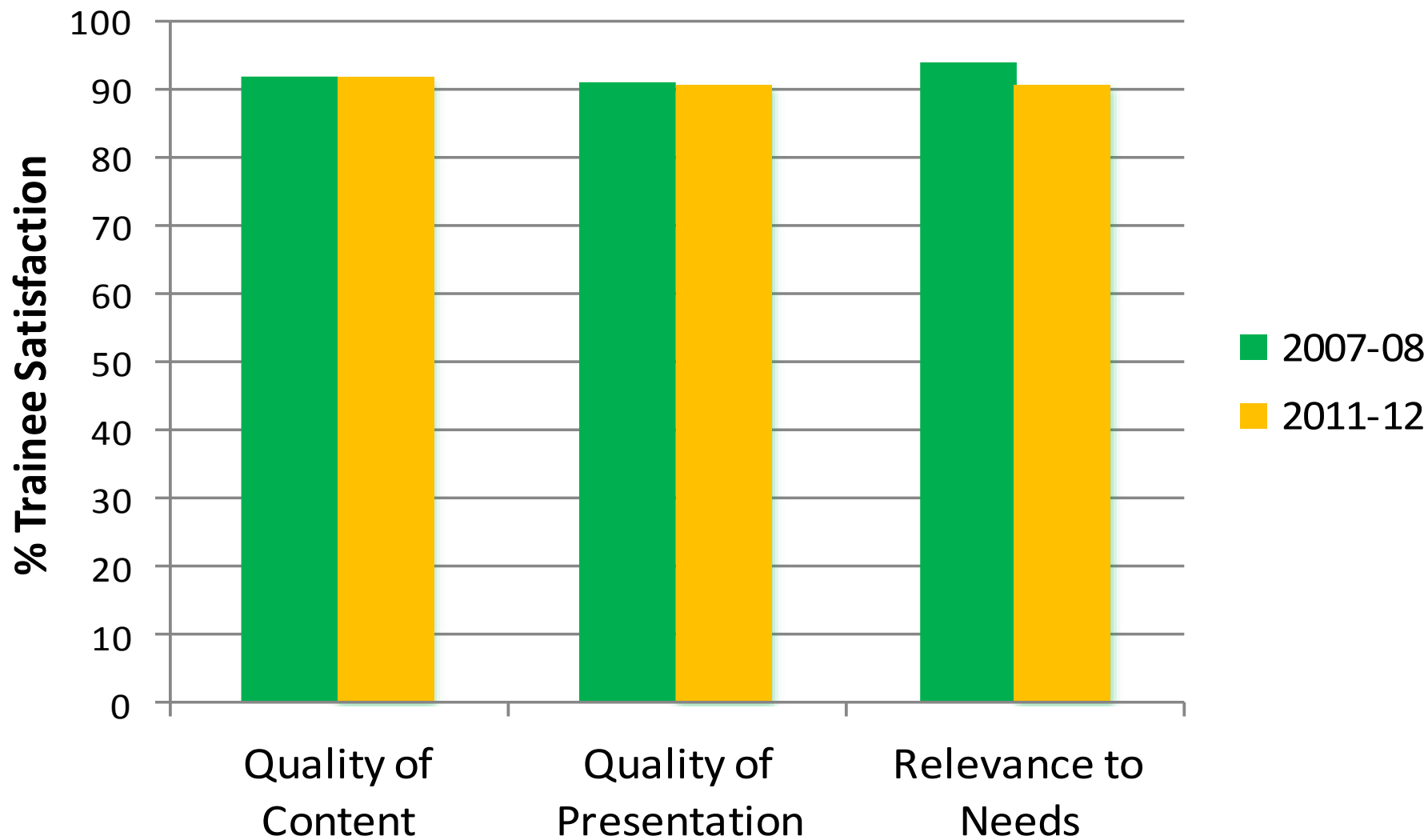


Table 1: GP Trainees' feedback re group teaching sessions

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

Fig. 2: Trainee Satisfaction Ratings for the Family Medicine placement

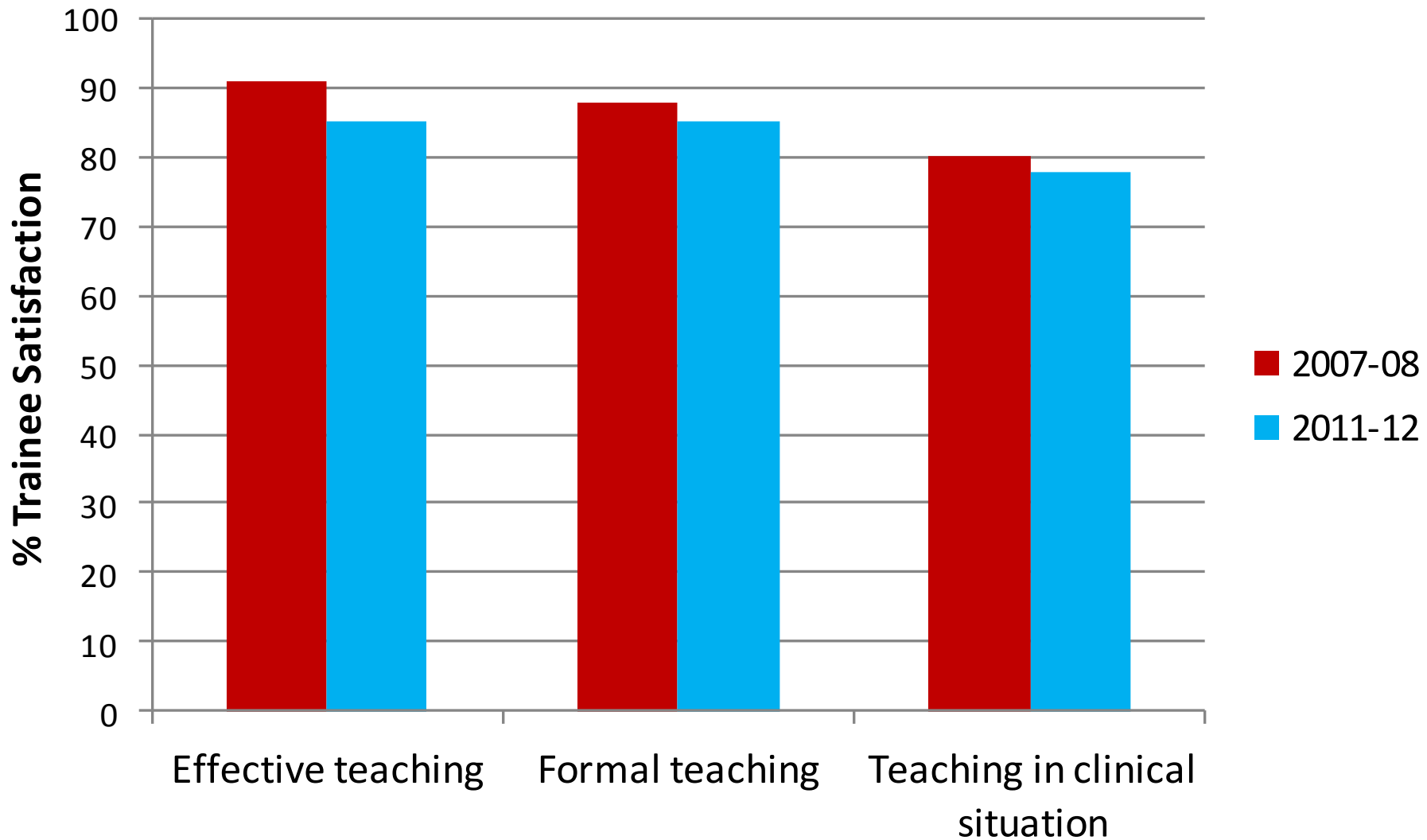


Table 2: GP Trainees' feedback re placements in family medicine

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)

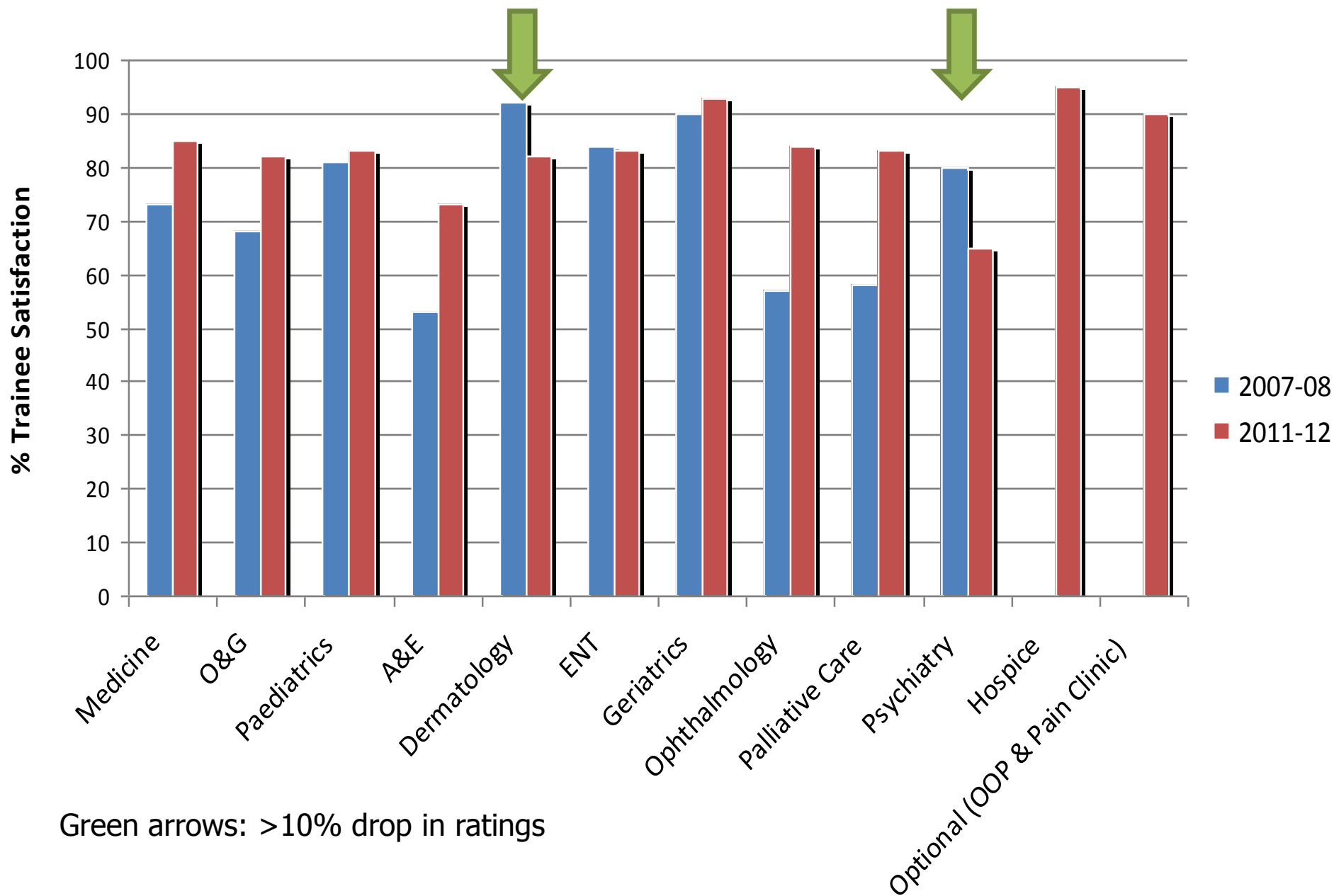
"Throughout these 3 years, I have **gained so much experience in Family Medicine**, in all aspects i.e. communication skills, making a diagnosis, management & holistic approach. Dr (surname) has helped me **grow as a person & and as a doctor** & I will continue to value his advice & practice throughout my years to come working as a GP." (Final year trainee)

Suggestions for improvement:

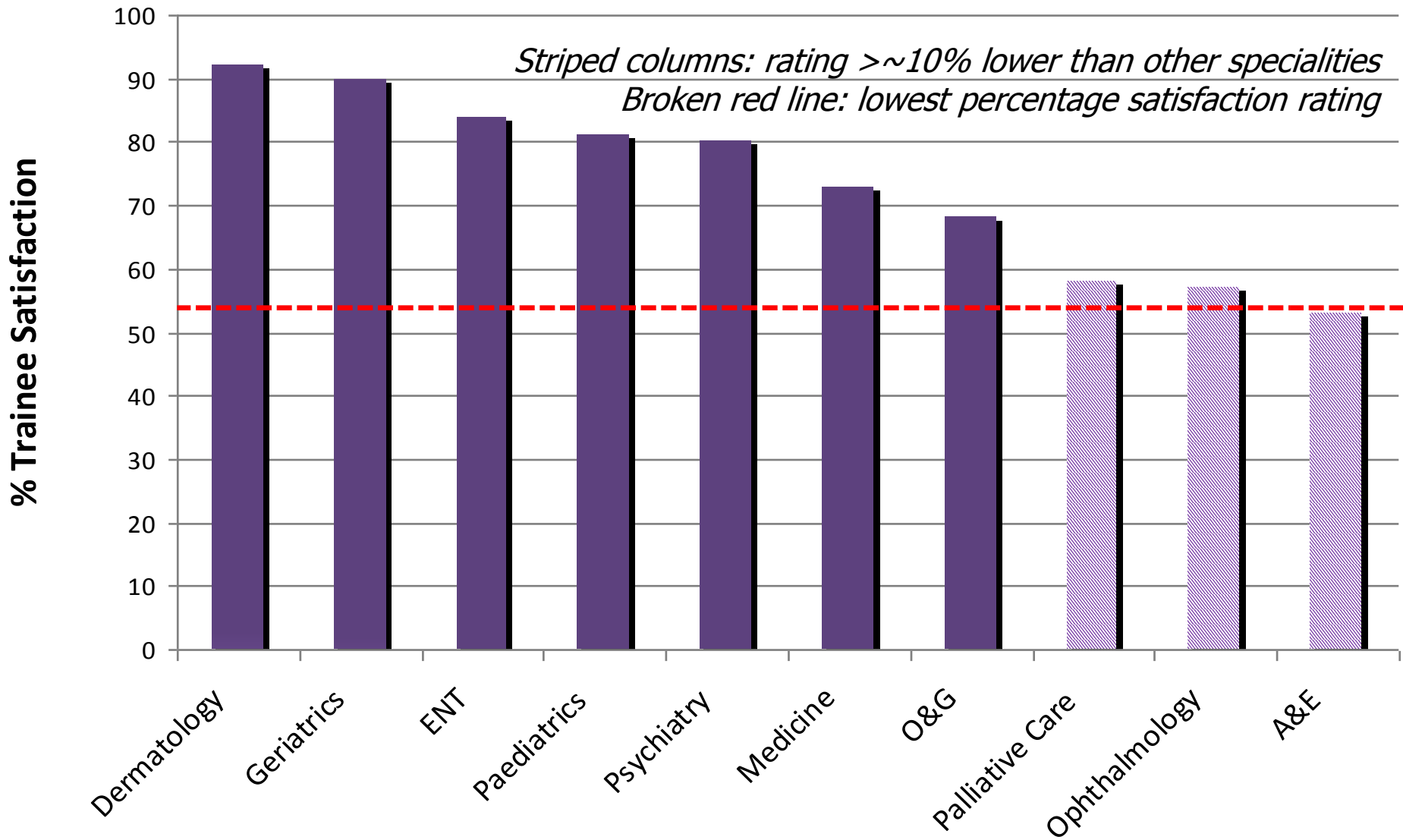
"To have as much time as possible when the **trainer and trainee are working in the same place and time** for the trainee to consult the trainer in real-time about patients."

"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."

Fig. 3: Trainee Satisfaction Ratings for Other Speciality Placements



**Fig.4: Trainee Satisfaction Ratings for Other Speciality
Placement: 2007-2008**



**Fig. 5: Trainee Satisfaction Ratings for Other Speciality
Placement: 2011-2012**

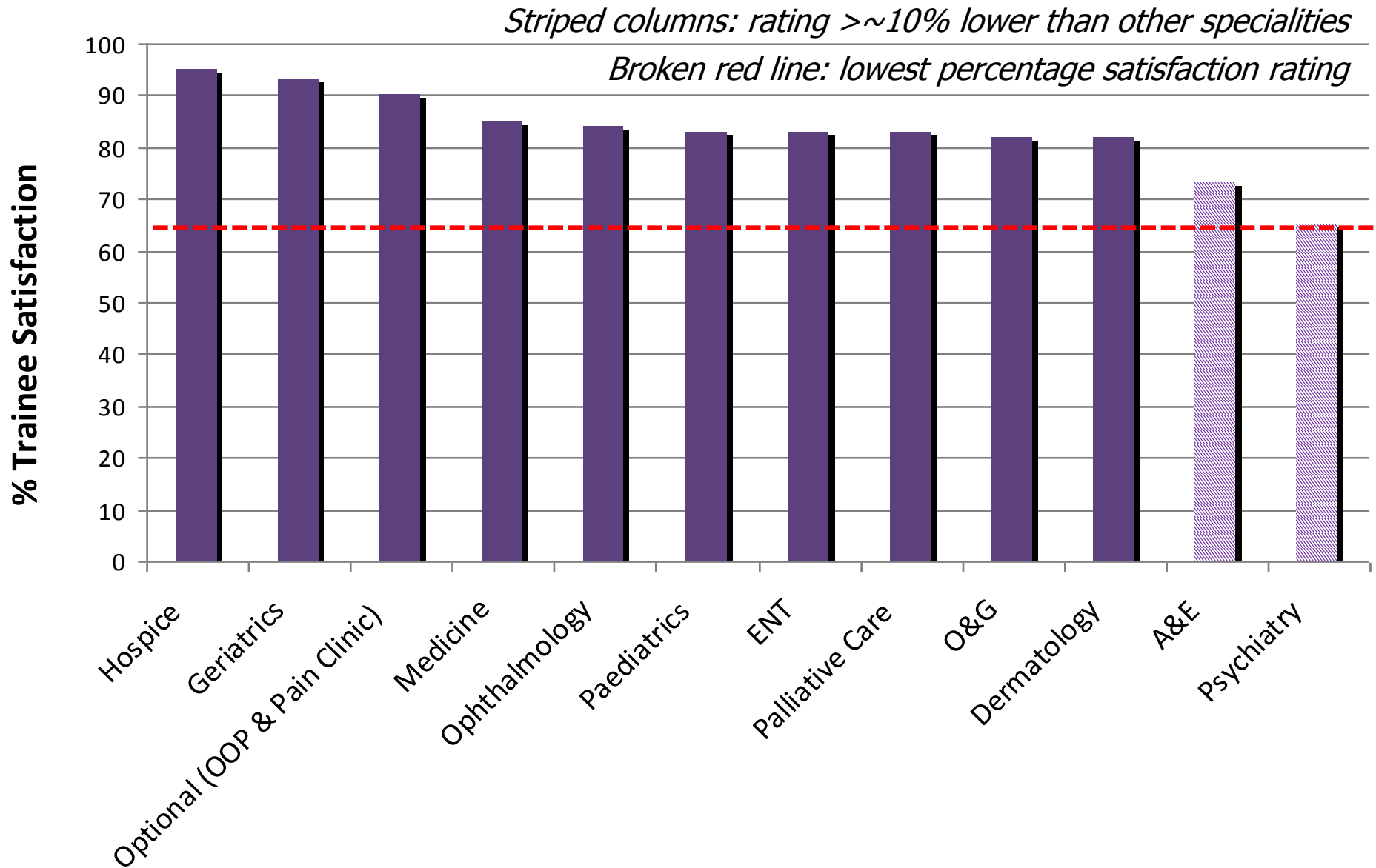


Table 3: GP Trainees' feedback re placements in other specialities

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)

Conclusion

- Recommendations for improving family medicine and hospital training are proposed.
- Within both posts
 - continuing enhancement of working environment to ensure clinical and formal teaching tailored to needs of GP trainee.
- Hospital placements would also benefit from
 - named clinical supervisor for each trainee in all specialities;
 - ability to see patients independently and then discussing them with the supervisor;
 - provision of daily placements being more GP-relevant and community-oriented.

Acknowledgement

- Dr Neville Calleja for his kind advice re the quantitative analysis

References

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