Malta’s Specialist Training Programme in Family Medicine: an evaluation of the first year of training

Dr Mario R Sammut
MD DipHSc MScH MScPC&GP(Ulster) MMCFD
Postgraduate Training Coordinator,
Specialist Training Programme in Family Medicine, Malta

5th Biennial Primary Health Department Conference, 23rd October 2009, Qawra, Malta
Plan of Presentation

- **Introduction**
  - Duration & structure
  - Assessment: formative & summative

- Evaluations
  - Training in family practice
  - Hospital-based training
  - Half-day release course

- Conclusion
- Recommendations
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
### Three-year roster

<table>
<thead>
<tr>
<th>3 mths:</th>
<th>Family Medicine (full-time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mths:</td>
<td><strong>Major Hospital Speciality (full-time)</strong></td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>3 mths:</td>
<td><strong>Major Hospital Speciality (full-time)</strong></td>
</tr>
<tr>
<td>3 mths:</td>
<td>Family Medicine (full-time)</td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>2 mths:</td>
<td>Family Medicine (pt-time) &amp; <strong>Minor Hospital Speciality (pt-time)</strong></td>
</tr>
<tr>
<td>3 mths:</td>
<td><strong>Major Hospital Speciality (full-time)</strong></td>
</tr>
<tr>
<td>3 mths:</td>
<td>Family Medicine (full-time)</td>
</tr>
<tr>
<td>3 mths:</td>
<td><strong>Major Hospital Speciality (full-time)</strong></td>
</tr>
<tr>
<td>3 mths:</td>
<td>Family Medicine (full-time)</td>
</tr>
</tbody>
</table>
## Hospital specialities

<table>
<thead>
<tr>
<th>Major Hospital Specialities (full-time)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Emergency (including Minor Surgery)</td>
<td>3 months</td>
</tr>
<tr>
<td>Medicine</td>
<td>3 months</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>3 months</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>3 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minor Hospital Speciality (part-time)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology &amp; Venereology</td>
<td>2 months</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>2 months</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2 months</td>
</tr>
<tr>
<td>Otorhinolaryngology (ENT)</td>
<td>2 months</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>2 months</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>2 months</td>
</tr>
</tbody>
</table>
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)
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 MS Excel® 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

- Teaching in clinical situation: 80% satisfaction
- Formal teaching: 85% satisfaction
- Effective teaching: 90% satisfaction
“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”
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)*
Evaluation of Effectiveness of Training in Major Hospital Posts

![Graph showing percent satisfaction for different hospital posts: A&E, Medicine, Obs & Gynae, Paediatrics. Paediatrics has the highest percent satisfaction, followed by Medicine, Obs & Gynae, and A&E.]
Comments re Major Hospital Posts

- “There was no protected time to address all the educational needs that were planned as part of training” – A&E post
- “Consultant did not have enough time for formal teaching, though ... was willing to teach on clinical situations” – Medicine post
- “Theatre sessions should be replaced by more GP related activities” – O&G post
- “I think that this post was well planned, providing adequate exposure to different clinical situations” – Paediatrics post
- “(The post) has helped me improve and become confident in examining and dealing with common ... problems relevant to general practice”
Evaluation of Effectiveness of Training in Minor Hospital Posts

Percent satisfaction

- Dermatology
- ENT
- Geriatrics
- Ophthalmic
- Palliative Care
- Psychiatry
Comments re Minor Hospital Posts

- “... department is short of staff ... however every provision was made so that I was supervised and had very easy access to senior help”
- “The best way to improve the quality of this attachment would be to have a more structured set up with appropriate protected time for training”
  - “to attend all the various speciality clinics”
  - “structured tutorials aimed at GPs”
- “I can be more confident now when taking decisions regarding treating (problems) in the community or referring for in-patient care”
3. Half-day Release Course

- Group-teaching sessions
  - Wednesdays/Thursdays (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
Evaluation of HDRC
Evaluation of 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
### Conclusion:
Effective training (% satisfaction)

<table>
<thead>
<tr>
<th>Major Specialities</th>
<th>Minor Specialities</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>Dermatology</td>
</tr>
<tr>
<td>~50%</td>
<td>~90%</td>
</tr>
<tr>
<td>Medicine</td>
<td>Geriatrics</td>
</tr>
<tr>
<td>~70%</td>
<td>~90%</td>
</tr>
<tr>
<td>Obs &amp; Gynae</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>~70%</td>
<td>~80%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>ENT</td>
</tr>
<tr>
<td>~80%</td>
<td>~80%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>~90%</td>
<td>~60%</td>
</tr>
<tr>
<td>HDRC</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>~90%</td>
<td>~60%</td>
</tr>
</tbody>
</table>
Recommendations

- Supernumerary posts should be enforced
  - protected time to address educational needs according to a clear structure and targets
- Set/structured daily timetable
  - to enable trainees to make the best of all posts by gaining experience in provided services
- Enhanced clinical teaching through GP related activities
  - hands-on sessions in out-patients rather than wards or operating theatre
  - formal tutorials tailored to the GP-trainee