



ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND

Training Post Evaluation

AGGREGATE THREE YEAR REPORT
2015 – 2018



Introduction.....	2
About the Training Post Evaluation.....	4
Key findings	5
Breakdown of Training Post Evaluations received since 2016	6
Trainer interactions	8
Site.....	10
Workplace.....	12
Conclusions.....	14
Acknowledgments	15

Introduction

The Training Post Evaluation was launched by the Royal College of Physicians of Ireland (RCPI) in 2016 in order to give trainees the opportunity to provide honest and anonymous feedback on their training experiences.

The answers that Trainees provide when they complete the Training Post Evaluation help us identify the strengths and weaknesses of specific posts or training sites and provide the information to allow us to work with hospital sites and trainers to improve the quality of training.

This report summarises findings from the first three years of the Training Post Evaluation and is based on feedback from doctors in Basic and Higher Specialist Training programmes in 86 training sites across Ireland. The response rates are low for many sites and this impacts on the accuracy of feedback. While we recognise that increased response rates will be a key objective going forward, we view these results as useful indicators at this point of the training environment.

While training is on the whole a positive experience for our trainees, there are situations, areas and sites where we can and need to improve training.

Based on our analysis, whether or not, trainees in that hospital would recommend their training post to other trainees is the best indicator of overall quality of training in that post. The most frequently recommended posts scored higher across all dimensions listed in this report. However, the best predictors of a post being recommended related to the indicators of work environment, such as having supportive workplace, being treated with respect and leading to an increased confidence in the role of a doctor.

We value our trainee's perspectives and we are one of the first postgraduate medical education and training bodies in Ireland that has implemented a regular anonymous evaluation of training experience. We consider trainee input as crucial as we strive to continually improve the quality of specialist training. From listening to trainees we also realise that the anonymity is critically important to trainees and so we will seek to work with a third party to collect the information from trainees in the next cycle of the evaluation.

The Training Post Evaluation survey will operate each year, providing us with a method of collecting regular feedback on individual posts and the ability to track trainees' satisfaction with posts and sites over time.

We will use the findings of the Training Post Evaluation to improve postgraduate training, inform training site inspections, and identify potential areas for further research. We will also use the findings in our engagement with trainers and training sites. While we understand that both trainers and training sites are facing challenges due to funding pressure and recruitment and staff retention issues, we believe that improving training can contribute to better outcomes for all.

We have already begun to respond to the issues raised by trainees via the Training Post Evaluation. The actions taken by RCPI to enhance training experiences, along with recommendations based on trainees' feedback, are included at in this report.

We are extremely grateful to all trainees who participated in the Training Post Evaluation to date. Without their feedback, we would not have this valuable evidence base on which we can plan continuous quality improvement initiatives.

We strongly encourage all trainees to complete the Training Post Evaluation when prompted by the College. Our objective is to deliver outstanding training with accountability. The only way we can achieve this is by getting accurate feedback on the strengths and weaknesses of every training post.

Finally, we would like to thank the RCPI staff who were involved in facilitating the evaluation and the creation of this report.



Professor Anthony O'Regan
Dean, Postgraduate Specialist Training



Professor Richard Costello
Director of Research

About the Training Post Evaluation

The Training Post Evaluation was launched in 2016 with one key objective – to map and improve training conditions.

The establishment of the initiative was developed in consultation with National Specialty Directors, RCPI senior management, the RCPI Trainees' Committee and the RCPI Research Department. The RCPI Research Ethics Committee reviewed and approved the Training Post Evaluation proposal.

The evaluation is hosted on Survey Monkey and takes about 10 minutes to complete. Trainees are asked to evaluate each training post they completed that year – their interaction with trainers, satisfaction with the training provided, site facilities and working environment. They are also asked whether they would recommend the post to a colleague and to rate it out of 100, with 100 being the most positive score. Their answers are anonymous.

The evaluation is open to all doctors on RCPI Basic and Higher Specialist Training programmes.

The quantitative data was analysed in SPSS and the qualitative data was analysed in NVIVO. The qualitative analysis was carried out by Dr Niamh Humphries, RCPI Research department, and the quantitative analysis by Dr Lucia Prihodova, RCPI Research department.

This report provides a high-level overview of the findings to date. The findings will allow us to benchmark each RCPI training post nationally and enable us to continue to drive improvements in training.

Report structure

This report breaks down the findings into four chapters, each of which ends with a short conclusion that discusses our findings considering the work we are doing. These chapters look at: engagement with the training post evaluation, the interactions with trainers, overall site factors and workplace environment.

Each chapter includes illustrative quotes from trainees, the overview of findings, summary and measures taken by RCPI to date. RCPI is committed to working with training sites to address areas of concern identified in the Training Post Evaluation.

Key findings

- The majority of training posts were rated positively, with 69% Basic Specialty Training (BST) and 86% Higher Specialty Training (HST) posts recommended by trainees to their colleagues. This also means that trainees would not recommend 31% of BST and 14% of HST posts, which indicates there is significant work to be done in these posts.
- In 62% percent of BST and 73% of HST posts the doctors felt their experience in the post increased their confidence in their role.
- Over 80% of doctors in training were satisfied with the support they received from their trainer (80% BST and 90% HST) and from the overall workplace and felt they were treated with respect. In one in five BST posts and in one in ten HST posts, the trainees felt their trainer and/or workplace were not supportive.
- In majority of the posts (75% BST, 88% HST), the trainees felt they were offered exposure to broad clinical case mix.
- In 37% of BST and 23% of HST posts trainees reported that they were not receiving regular and timely feedback on their performance.
- Insufficient protected training time and work life balance were frequently highlighted by doctors in training in most of the posts.
- The number of evaluations received year on year has increased over the first three years of the evaluation. The number of evaluations received was equivalent to 30% of all rotations and they were proportionally spread across all sites and specialties.

Breakdown of Training Post Evaluations received since 2016

This report summarises findings from the first three years of the Training Post Evaluation and is based on feedback from doctors in Basic and Higher Specialist Training programmes in 86 training sites across Ireland.

Number of evaluations received was equivalent to 30% of training posts

Over the first three years of the Training Post Evaluation, we received completed evaluations on 1,495 BST posts and 600 HST posts across 86 sites. There was an increase in the number of evaluations received year on year. The total number of evaluations in 2016/17 and 2017/18 is equivalent to approximately 30% of all training posts. (Figure 1)

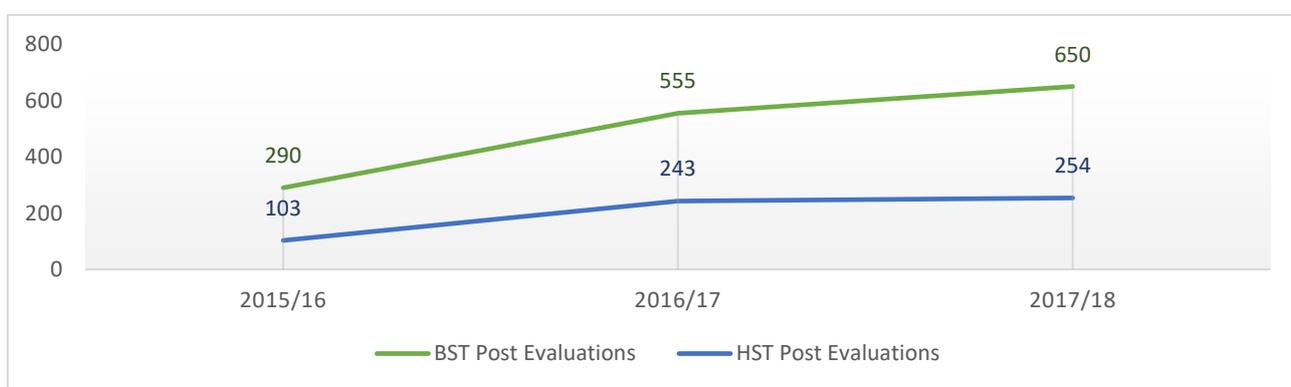


Figure 1 Number of evaluations received per year

Majority of posts were in Internal Medicine

The majority of posts on which we received feedback were approved by the Irish Committee on Higher Medical Training (ICHMT), meaning they were in Internal Medicine. The number of evaluations received per training body is comparable with the actual number of approved posts per training body. (Figure 2)

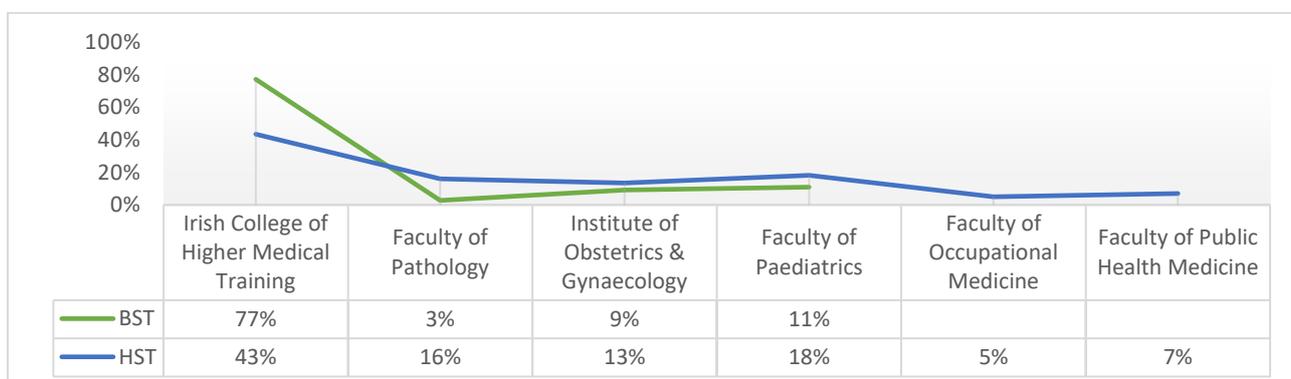


Figure 2 Training body affiliation of posts in TPE.

Half of all evaluations were for posts in Level 4 Acute Hospitals

Almost half of all evaluations received were of posts in Level 4 acute hospitals, followed by posts in Level 3 hospitals (Figure 3). As expected, more evaluations of specialty posts (e.g. those in a hospices or public health setting) were received for HST.

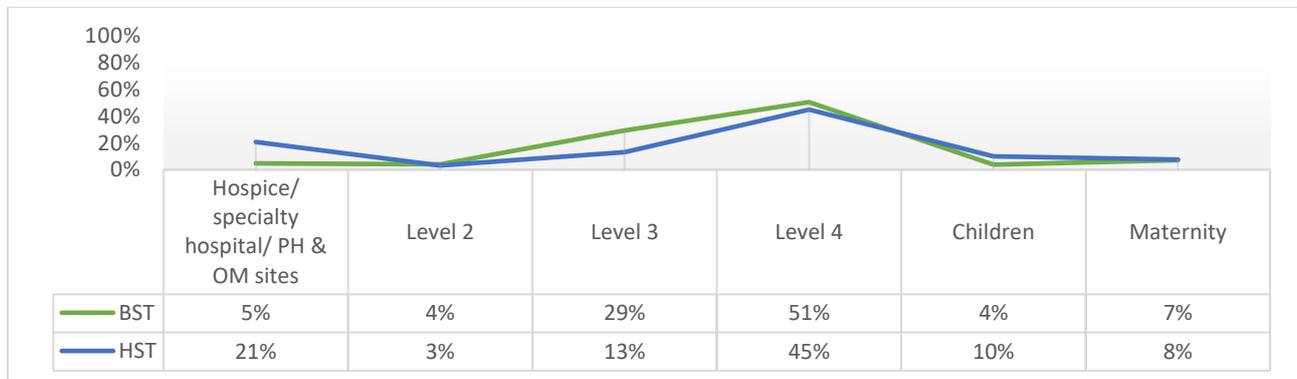


Figure 3 Post type location.

Trainer interactions

“Consultant led ward rounds 4 times a week, the only rotation that I know of with that amount of consultant guidance.”

A doctor in BST

“I did not know who my specific BST trainer was until after.”

A doctor in BST

“Role-model consultants who expect a lot but give a lot. Fantastic balance of support and autonomy.”

A doctor in HST

“No structured teaching, little structured feedback, workload and pay are still problematic.”

A doctor in HST

Trainees should meet their trainer when they start a new post to discuss their personal goals and training plan for that post. However, trainees only spoke to their trainer about their training plan within the first month in 51% of BST posts. While this figure was higher if the respondent was in HST (78%), these numbers are not satisfactory.

In 63% of BST posts and 82% of HST posts trainees said that their trainer was present, approachable and supportive of their learning needs. On the other hand, in almost one in five BST, and one in ten HST posts, the trainers were not rated as approachable and supportive of their learning needs.

Regular and timely feedback from trainers was provided in just 44% of BST posts. In 37% of BST posts regular and timely feedback was indicated as not the usual practice. This is a cause for concern, as feedback on performance is a very important aspect of training. Similarly, in 61% of HST posts trainees were offered regular feedback, which requires closer examination as it is not an acceptable percentage.

Although all trainees have assigned training supervisors 27% of BSTs and 16% HSTs did not always know who was providing clinical supervision while working. This likely relates to the 24 hour on call shift work environment in hospitals.

		BST post	HST post
I discussed my training plan with my trainer in the first 4 weeks of this training post	Yes	51%	78%
	No	49%	22%
My trainer was accessible and supportive of my learning needs	Positive	63%	82%
	Neutral	18%	10%
	Negative	19%	8%
I received regular and timely feedback on my performance	Positive	44%	61%
	Neutral	19%	17%
	Negative	37%	23%
I always knew who was providing my clinical supervision and they were available	Positive	60%	69%
	Neutral	13%	15%
	Negative	27%	16%

Summary

Trainer engagement and support is key to our training programmes. The survey demonstrates that there are a significant number of trainees reporting unsatisfactory levels of trainer engagement and clinical supervision. While recognising the complexities of clinical sites and national programmes, the challenges of understaffed services, and the increasing demands on trainer's time, the RCPI is committed to improving trainer and trainee engagement and the training experience. The recent work on improving site supports and presence by the RCPI illustrates our commitment to addressing these challenges by evolving structures to support training on our training sites.

What we are doing to improve training experiences for trainees and trainers

- To provide a local, knowledgeable source of information and support for RCPI trainees and trainers, we have opened RCPI Training Site Offices in South/South West Hospital Group, Saolta Hospital Group and University of Limerick Hospitals Group. Additional offices will open in 2019 in two more hospitals. Trainees and Trainers can access these offices for support and information regarding the training programmes. A key role of the offices is to strengthen the education programme on site as well as improve communication to Trainees and Trainers.
- The content and format of our courses for Trainers are under review to ensure their relevance and accessibility for all trainers. These courses are mandatory for all Trainers and are offered free of charge in locations around the country.
- We have piloted a series of training site visits focused on trainers' needs and concerns; these visits include a workshop on giving effective feedback and improving relationships in the workplace. All Trainers on site are invited to attend these workshops which focus on areas which Trainers have highlighted as key challenges within their role
- We are launching a new ePortfolio for Training for all trainees in Basic and Higher Specialist. This is more dynamic and will provide easier access to trainer feedback and evaluations.
- We are evolving an Outcome Based Education (OBE) for doctors on our Basic and Higher Specialist Training programmes to ensure our programmes are in line with international best practice, and to ensure our trainees benefit from more meaningful assessments.
- We have developed a trainee communications strategy to promote a clear understanding of training requirements and establish a central point of contact for trainees.
- We have expanded our induction programme for doctors entering BST to include post-induction check-ins by phone, post-induction site visits and structured educational activities such as the Surviving Acute Take course.
- Strengthening clinician involvement in our training programmes to ensure all programmes are clinician led with trainer leads identified for the majority of the training sites

Site

“Very relevant specialty with appropriate staffing levels. (Was able to take annual leave/study leave) SPRs were fantastic.”

A doctor in BST

“Training is not prioritised. The workload is unmanageable and there is no consideration given to training activities like grand rounds/case conference as they feel their own meeting takes priority. Need protected training.”

A doctor in HST

“A very busy service where there's lots to learn but not a lot of time for formal or sometimes even informal teaching.”

A doctor in BST

“Supported to attend all courses, study days and conferences.”

A doctor in HST

The majority of BST and HST posts offered satisfactory access to a broad clinical case mix relevant to the trainee’s specialty. However, 13% of BST and 5% of HST posts were reported as not providing good exposure to broad and relevant clinical case mix.

Doctors in BST and HST faced significant challenges related to time, whether for attending educational activities or activities outside of work. Respondents in just 53% of BST posts were able to arrange adequate cover for attending educational activities. This percentage was only marginally higher for HST posts at 61%. In one in three BST, and one in five HST posts, trainees reported a lack of adequate cover for attending educational activities.

In terms of work-life balance, approximately one third of posts did not provide respondents with sufficient time for activities for outside work, such as time with family or hobbies.

		BST post	HST post
I was offered exposure to broad clinical case mix	Positive	75%	88%
	Neutral	13%	8%
	Negative	13%	5%
There was adequate cover available to attend educational activities	Positive	52%	61%
	Neutral	16%	17%
	Negative	31%	22%
I had sufficient time for activities outside work	Positive	42%	43%
	Neutral	25%	29%
	Negative	33%	28%

Summary

The clinical sites provide a very broad case mix exposure which has traditionally been a strength of training in Ireland. The impact of the case load and service commitment on protected educational time and work life balance is clear. The RPCI is committed to working on solutions to provide a balance between good clinical training and protected time but understands that patient care needs to be a priority. We are committed to working with our partners in the HSE to evolve a health service with adequate support structures that will

deliver on working time directives and work life balance for all staff, and in particular our trainees and trainers.

What we are doing to improve site experiences for trainees and trainers

- We are pursuing innovative approaches to support the health of doctors and raise awareness of the importance of safeguarding doctors' health and wellbeing. We have developed practical advice and information for our Trainees at www.rcpi.ie/physician-wellbeing.
- Last October we introduced a new mandatory course for our HST Trainees, titled Wellness Matters. We are developing a similar version of the same course to our BST Trainees.
- We have established a dedicated Health and wellbeing department and In May of this year we appointed the Health and Wellbeing clinical lead, Professor Gaye Cunnane who will dedicate her efforts towards the establishment of the department and the strategic direction of the activities. This department provides support to Trainees facing health and wellbeing issues as well as advice and guidance for trainers working with trainees who require specific support.
- We have increased trainee representation on key RCPI committees and working groups, including Specialty Training Committees and the Digital Strategy Group, so that the voice of the trainee is factored into strategic decisions
- We are conducting a review of the impact of significant changes that took place in 2015 to the BST GIM Training Programme. We are in the process of assessing the results of the changes implemented over the last number of years across the hospital sites. Changes resulting from this review will be introduced in July 2020.
- We are evolving from the current hospital inspection process to a model of site accreditation, using a risk-based approach. The first pilot will be held in 2020.
- We are committed to continuously improving our training programmes and operational processes in cooperation with the Trainees' Committee, Regional Programme Directors, National Specialty Directors, Deans and Directors. In July 2019 we worked with the Regional Programme Directors and Medical Manpower Managers across the sites to pre book 1st year BST trainees on mandatory courses to help ensure they will be released to allow them to attend these critical courses required for training. Trainers are also informed of the dates for these mandatory courses for their trainees which allows for better planning on site.
- To increase the ease of access to training activities, from July 2019 RCPI has changed to a new Virtual Learning Environment provider and is developing number of online modules.
- We are actively engaged with the Forum of Postgraduate Medical Training Bodies, Medical Council of Ireland and HSE National Doctors Training and Planning office to address doctors' training needs, such as those related to protected training time.

Workplace

“Having completed this post, I feel I'm a much better doctor - my confidence and clinical skills improved dramatically. I've already recommended this post to most of my colleagues.”

A doctor in BST

“Low morale and felt unsupported by the consultants.”

A doctor in BST

“Great team dynamic, good support, positive learning environment.”

A doctor in HST

“Distinct lack of respect for SpRs.”

A doctor in HST

Overall, in two thirds of posts, trainees agreed their training post provided a supportive workplace. One in five of BST, and one in ten of HST posts, were reported as not providing a supportive workplace.

Trainees said they were treated with respect in over two thirds of posts. On the other hand, in approximately one in ten posts trainees reported that they were not treated with respect.

Approximately three quarters of the posts led to increased confidence as a doctor but 12% of BST and 6% of HST posts were reported as not improving confidence.

When trainees were asked to rate the availability and quality of facilities, in most posts were rated as average or better. One in five BST posts and one in seven HST posts were reported to have unsatisfactory facilities.

Finally, trainees were asked if they would recommend the post to a colleague. In total, 69% of BST and 86% of HST posts would be recommended. The sites that were more likely to be recommended scored significantly higher in all dimensions – trainer engagement, feedback, clinical supervision, good case mix, cover for educational activities, work-life balance, supportive and respectful work environment, and a high level of confidence at the end of a rotation. Notably, questions relating to work environment had the highest predictive value in determining whether a post would be recommended.

		BST post	HST post
This training post provided me with supportive workplace	Positive	62%	73%
	Neutral	18%	18%
	Negative	20%	10%
As a trainee, I was treated with respect	Positive	68%	79%
	Neutral	19%	14%
	Negative	13%	8%
After this training post I feel more confident as a doctor	Positive	71%	82%
	Neutral	16%	12%
	Negative	12%	6%
The quality and availability of facilities was satisfactory	Positive	58%	67%
	Neutral	25%	19%
	Negative	18%	13%
Would recommend this training post to a colleague	Yes	69%	86%
	No	31%	14%

Summary

Workplace issues have a major impact on training and trainee wellbeing and the success of training programmes. Training sites are busy often dealing with acute emergency care but they should be supportive and respectful to individuals working on these sites. The RCPI is working to improve trainee and trainer supports and engagement, and to increase the integration and presence of RCPI on training sites. This work is to facilitate better support, increase our awareness of issues as they occur, and provide training and mechanisms of dealing with aspects of support and respect.

What we are doing to improve workplace experiences for trainees and trainers

- Our local RCPI Training Site Offices are available to all trainees and trainer to discuss any questions on how to promote positive work environment. Through the RCPI Training Site Offices we have developed links with the training sites to enhance engagement and monitoring wellbeing.
- We are continuously undertaking site visits to allow trainees and trainers to voice their experiences of work environment.
- We are updating our Train the trainer module to include practical advice and skills on how to promote positive work environment.
- The RCPI is committed to the promotion of an environment for work which upholds the dignity and respect of all staff and which supports every individual's right to work in an environment which is free of any form of harassment, intimidation or bullying. In 2017 we have issued a bullying policy and in 2019 we have developed new training courses on incivility and professionalism to tackle negativity and bullying behaviours in the workplace.
- We have launched a wellbeing course for SpRs entitled Wellness Matters and we are developing a similar course for doctors in BST.
- We have developed new training courses on incivility and professionalism to tackle negativity and bullying behaviours in the workplace.
- We are collaborating with the Trainees' Committee and Regional Programme Directors to continually develop new initiatives to promote physician wellbeing.

Conclusions

The findings from the Training Post Evaluation point to number of areas of good practice but also illustrate areas where training standards are unsatisfactory and require significant improvement. Postgraduate training posts and programmes exist within the complex environment of the Irish Healthcare system where clinical service and training coexist.

Other National and International reports including *Your Training Counts* from the Medical Council have identified similar training challenges and issues. These issues emphasise the essential need for training bodies, the hospital sites, and the HSE to work together to optimize training and the training environment. They also emphasise the need to ensure accreditation is earned and valued. Where standards are unsatisfactory there must be a commitment to quality improvement or risk losing training accreditation. The Training Post Evaluation is a long-term commitment to improving our knowledge about specific training posts at specific training sites. The RCPI will be using this data to engage with individual training sites and trainers as well as the wider health service to drive the required quality improvements needed for training posts. The data will also be utilised in the risk matrix required for training site inspection and accreditation as part of a robust assessment of training sites.

We recognise that there are many areas in which we, as a postgraduate training body, can improve training on training sites. The RCPI does not find it acceptable that only 2/3 of trainees who responded felt respected, supported, and would recommend the training site to their colleagues. The responses suggest that RCPI must work to improve and support trainer-trainee engagement. As outlined in this report we are actively working on such support structures and continue to work closely with our partners in other training bodies and the HSE. As part of this engagement we must promote an improvement in the understanding that to participate in guiding and mentoring trainees is a privilege that must be earned. Failure to deliver on these commitments will need to be addressed.

We remain conscious of the keen desire of trainers and hospitals to contribute to training the next generation of doctors. As such we have to recognise the fact that trainees' training and working conditions are affected by the overall healthcare environment and that some of the issues highlighted in the findings are determined by systemic challenges such as EWTD compliance or staff shortages rather than disengagement from trainers or the training sites.

We understand our role in developing robust, accountable, training centric programmes in Ireland and are committed to implementing the changes needed to deliver on this goal. We are also aware that providing postgraduate specialist training is a process of continuous improvement. We are committed to supporting our trainees, trainers and the overall healthcare system through a number of multifaceted improvement initiatives.

It is essential that we continue this work and strive to increase trainee participation in the Training Post Evaluation in the future. We recognise that developing plans to address the areas of concerns are essential and we hope that the ongoing projects and plans presented in this report illustrate our commitment to continuing improvements in post-graduate medical education.

We welcome any feedback on this work or our initiatives.

Acknowledgments

We wish to thank all of those who helped with the Training Post Evaluation:

- Trainees for completing the Training Post Evaluation
- Staff in RCPI
- The Training Post Evaluation working group members: National Speciality Directors, RCPI Senior Management, RCPI Trainees' Committee, RCPI Medical Training Department, RCPI Communications department and the RCPI Research Department.

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