

Training Post Evaluation

2021 REPORT



Introduction

Launched by the Royal College of Physicians of Ireland (RCPI) in 2016, the Training Post Evaluation (TPE) gives Trainees the opportunity to provide honest and anonymous feedback on their training experiences. This feedback helps us to identify the strengths and weaknesses of specific posts or training sites; allowing us to continually improve the quality of training for our Trainees. This year, as five years of data has been gathered, the TPE data will be used to inform each specialty review during our Site Quality Improvement (QI) Visits.

This report summarises findings from the first five years of the Training Post Evaluation (2016 – 2020). It 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 current results as useful indicators of the training environment.

From 2021 onwards, the TPE will become a mandatory requirement of training for all incoming Trainees. This is to strengthen the response rate in order to drive improvement on our training sites.

By and large, training is a positive experience for our Trainees, but there are situations where we need to improve training on particular sites and in particular areas.

We have already begun to respond to the issues highlighted by Trainees via the Training Post Evaluation. The actions taken by RCPI to enhance training experiences are included at the end of this report.

We are extremely grateful to all Trainees who participated in the Training Post Evaluation and strongly encourage all Trainees to complete the Training Post Evaluation when prompted. Without Trainee feedback, we would not have this valuable evidence base on which we can plan continuous quality improvement initiatives. Our objective is to deliver high quality training with appropriate accountability. The only way we can achieve this is by getting accurate feedback on the strengths and weaknesses of every training post.

Impact on training during the COVID-19 pandemic

Following completion of the 2019-2020 Training Post Evaluation (TPE), all BST and HST trainees were given the opportunity to answer the following question:

“Would you like to provide feedback regarding the impact of COVID-19 on your training? (max. 500 characters)”

TPE was closed on 30 July 2020. 95 BST and 110 HST trainees provided feedback on the impact of COVID-19 on their training. All BST and HST responses were pooled and feedback was analysed using qualitative analysis (thematic analysis). Any identifying information was removed to ensure trainee anonymity. Several themes emerged from the data and these are presented in an appendix to this report

It is important that feedback regarding RCPI is taken in the context of timing – feedback provided relates to trainees’ posts during the first wave of COVID-19. As the pandemic progressed, RCPI put in place health and wellbeing supports for trainees, held check-in sessions with trainees and communicated changes to training requirements introduced in response to COVID-19.

About the Training Post Evaluation

The Training Post Evaluation was launched in 2016. One of the main objectives of the TPE is to improve the training environment.

The initiative launch was overseen by a working group comprising 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 online and takes about 5-10 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 to rate their post out of 100, with 100 being the most positive score. All 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 Orla Woods, 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 analysis of BST posts is based on data from 2017/18 - 2019/20 and the analysis of HST posts is based on data from 2015/16 - 2019/20. 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 with a conclusion at the end that discusses the work we are undertaking in light of these findings. 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 and an overview of findings RCPI is committed to working with training sites to address areas of concern identified in the Training Post Evaluation and through our Site Quality Improvement Model

KEY FINDINGS

- The number of evaluations received year on year has increased over the first three years of the evaluation. While representative, the number of evaluations received was equivalent to 30% of all rotations and therefore we aim to improve the engagement with the evaluation.
- The majority of training posts were rated positively, with 69% BST and 86% HST doctors in training likely to recommend them to their colleagues. In majority of the posts (62% BST, 73% HST), doctors in training felt that their working environment fully supports the confidence building of doctors in training.
- Many doctors in training are satisfied with the support they receive in their role from their Trainer and from the overall workplace and felt they were treated with respect. Importantly, in one in five Basic Specialist Trainees posts and in one in ten Higher Specialist 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. However, in many posts (40% BST, 31% HST), Trainees did not always know who was providing their clinical supervision and they also felt 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.

BREAKDOWN OF TRAINING POST EVALUATIONS RECEIVED SINCE 2016

This report summarises findings from the last 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 rate over the last three years ranged from 26% to 35%.

Majority of posts were in Internal Medicine

The majority of posts on which we received feedback were approved by the Institute of Medicine (IOM) 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)

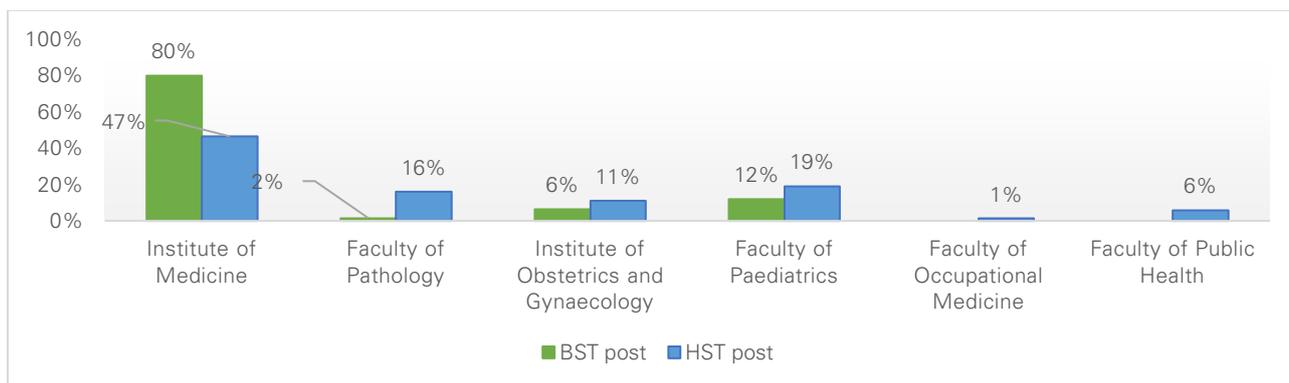


Figure 1 Training body affiliation of posts in TPE.

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 hospice or Public Health setting) were received for HST.

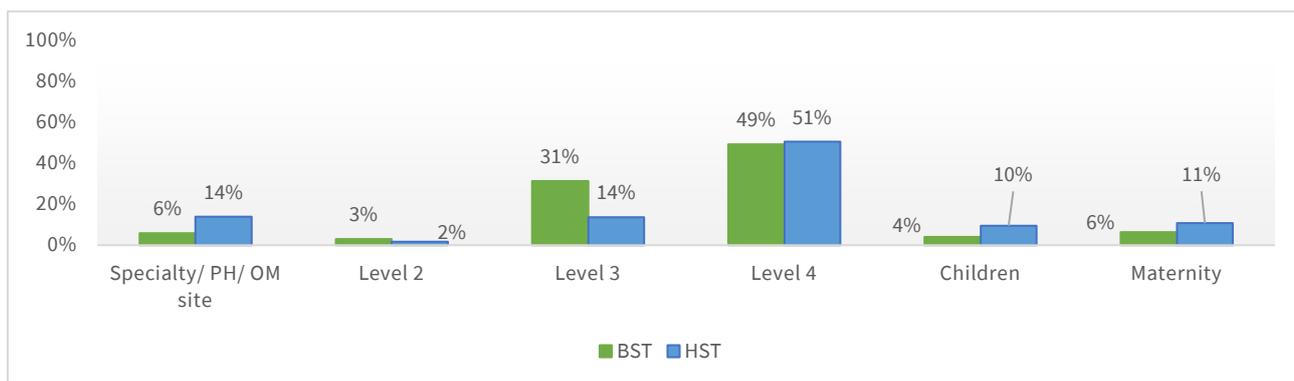


Figure 2 Post type. Specialty post refers to non-acute specialty sites, such as hospices.

Evaluations were spread among all hospital groups, with most evaluations on Dublin Midlands, Ireland East and South/Southwest Hospital Group.

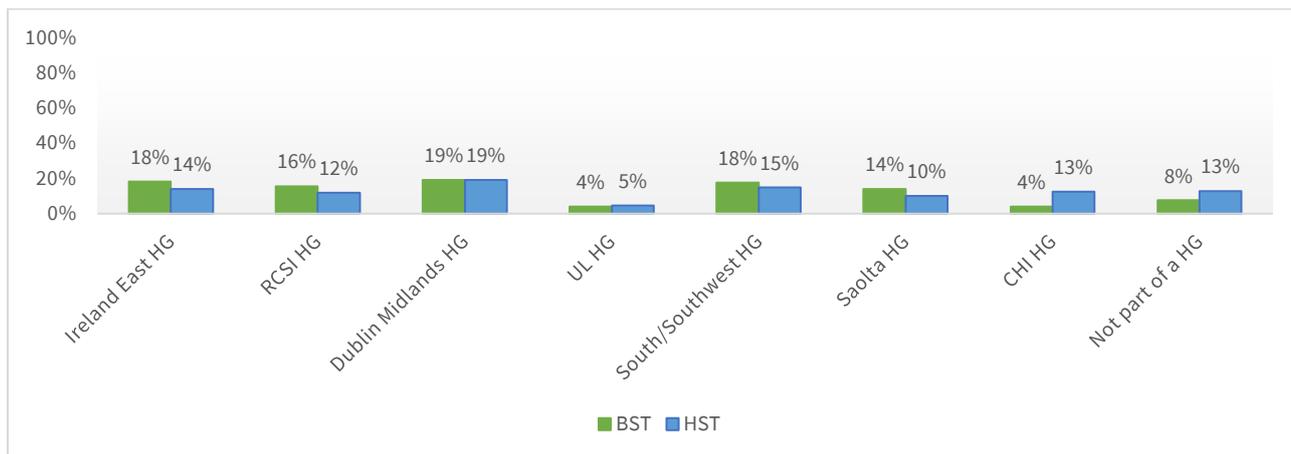


Figure 3 Hospital groups.

TRAINER INTERACTIONS

Trainees are required to meet with 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 48% of BST posts. While this figure was higher if the respondent was in HST (80%), it still was not optimal.

In 69% of BST posts and 85% 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 six BST, and one in sixteen HST posts, the Trainers were not rated as present, approachable, and supportive of Trainees’ learning needs.

Regular and timely feedback from Trainers was provided in just 51% of BST posts. Similarly, in 62% of HST posts Trainees were offered regular feedback, which is not optimal. This is a cause for concern, as feedback on performance is a very important aspect of training.

Finally, in only 71% of BST posts were respondents aware of who was providing their clinical supervision while working. The figure for HST posts with clear clinical supervision was 88%.

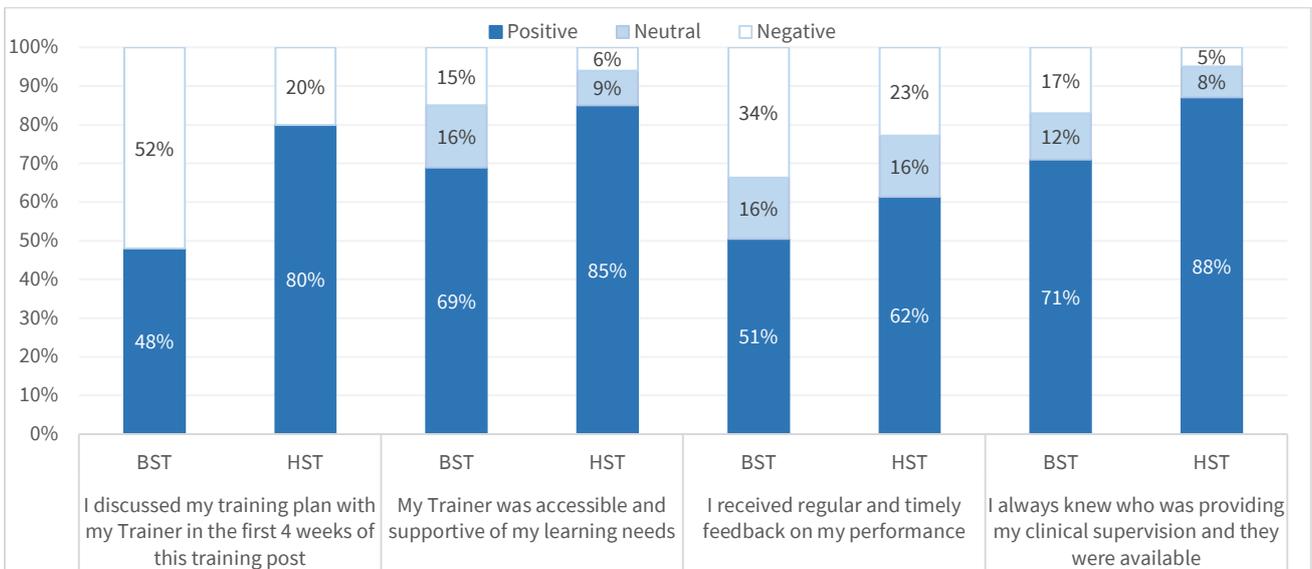


Figure 4 Trainer

“This Consultant exemplifies what it is to be a BST Trainer. He cares about your career plan, invests time in your training and ePortfolio, is approachable and supportive throughout the post and gives regular feedback.”

BST Trainee

“My Trainer was not directly working with me so I did not feel my training needs were adequately met.”

A doctor in BST

“My consultant is an amazing Trainer, consultant and role model. Her evidence based and pragmatic practice is what I aspire to be as a future consultant”

HST Trainee

“Almost no formal training. Training progress was self-lead.”

A doctor in HST

SITE

The majority of BST and HST posts offered satisfactory access to a broad clinical case mix relevant to the Trainee’s specialty. However, 10% of BST and 4% 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 recreational activities outside of work, possibly reflecting the issue of staff shortages. Respondents in just 49% of BST and 61% of HST posts were able to arrange adequate cover for attending educational activities.

In terms of work-life balance, approximately half of posts offered Trainees enough time for activities outside of work, such as hobbies or time with family. Approximately one quarter of posts did not provide respondents with sufficient time for activities outside work. The average working hours were approximately 50 hours per week in both BST (AM=51.9; SD= 8.4) and HST (AM=50.4; SD=10.2) posts.

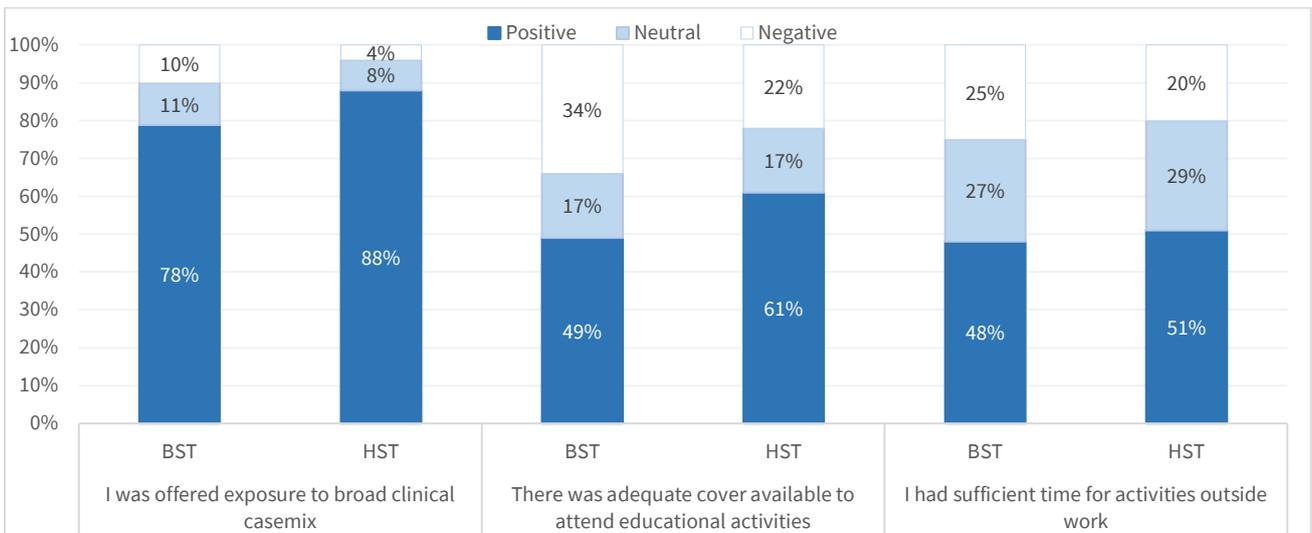


Figure 5 Site

“Supportive registrars with good senior support out of hours and exposure to a variety of conditions.”
 Doctor in BST

“This training post was very undermanned and under-resourced, despite the best efforts of everyone in the department. The workload meant that the majority of my job was administrative and task orientated, and there was little opportunity for clinical learning.”
 Doctor in BST

“Excellent opportunity for research, publications, trials experience, time for exams/other qualifications, autonomous activities.”
 Doctor in HST

“The workload was difficult to manage and it was expected to stay in after hours routinely to catch up on work.”
 Doctor in HST

WORKPLACE

In two thirds of posts, Trainees agreed their training post provided a supportive workplace, with one in five of BST, and one in twelve of HST posts, reported as not providing a supportive workplace. Trainees said they were treated with respect in over three quarters of posts. Approximately 80% of the posts led to increased confidence as a doctor. Trainees felt their workload was manageable in over two thirds of posts.

When Trainees were asked to rate the availability and quality of facilities, most posts were rated as average or better. In terms of interactions with the Medical Manpower departments, in majority of posts these were considered as average or negative.

Finally, Trainees are asked if they would recommend the post to a colleague. In total, 69% of BST and 83% of HST posts would be recommended. BST posts were on average rated at 67.2 (SD=24.2) and HST posts at 75.3 (SD=19) out of 100.

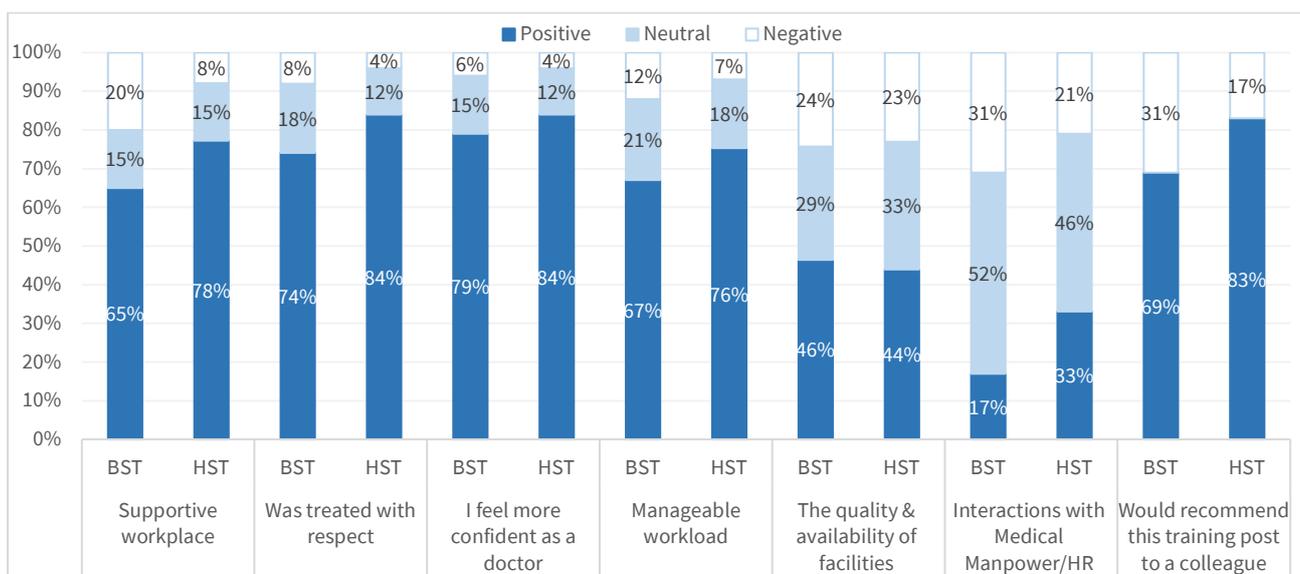


Figure 6 Workplace.

The sites that were more likely to be recommended scored significantly higher in all dimensions – Trainer engagement, feedback, clinical supervision, case mix, cover for educational activities, work-life balance, supportive and respectful work environment, workload and a high level of confidence at the end of a rotation.

“The environment is really supportive, I always had help when I needed it and I felt like I was treated with respect and appreciation for my hard work”
 Doctor in BST

“The culture needs to change. I had a horrible time and was advised by my senior not to ‘rock the boat’ by making this obvious.”
 Doctor in BST

“A great place to work. The teamwork between all grades of medicine, nursing and support staff is so positive. Everyone has the needs of the patients at heart as well as the wellbeing of their teammates. Teaching is prioritised and there is a dedication to providing a great service.”
 Doctor in HST

“Overall not a particularly pleasant department atmosphere-wise. Little respect in relation to Trainees.”
 Doctor in HST

YEAR ON YEAR TRENDS

In terms of changes over time, there has been very little variation in the rates of posts being recommended over time. In 2019/2020 we have observed a drop in the increase in confidence being reported in posts (Figure 8). This could be related to the COVID-19 pandemic and will be explored in the 2020/2021 evaluation.

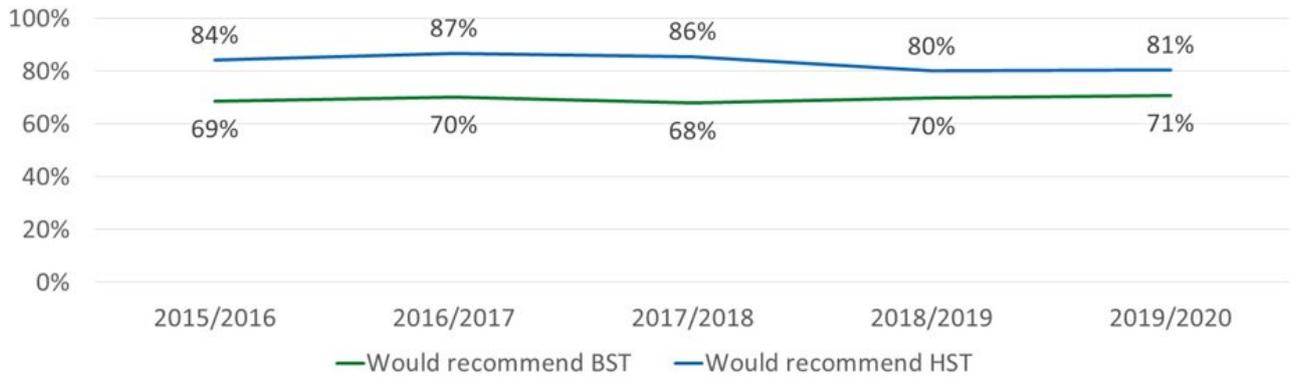


Figure 7 Year on year trends in sites being recommended.

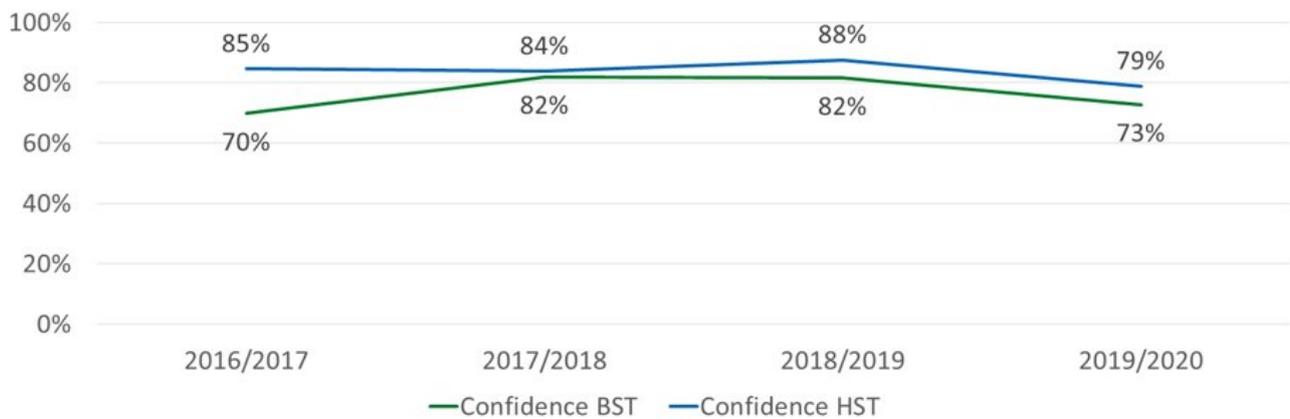


Figure 8 Year on year trends in sites increasing confidence.

CONCLUSIONS

The findings from the Training Post Evaluation point to a number of areas of good practice, as well as areas that require improvements.

We remain conscious of 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 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.

A high level summary of each of these initiatives is outlined below.

THEME	RCPI WORK UNDERWAY	TIMELINE
TRAINER	We have expanded our induction programme for doctors entering BST to include post-induction check-ins and structured educational activities such as our popular Surviving Acute Take course.	July 2020
	RCPI is currently holding focus groups across all training sites with our Trainers to identify the supports required to fulfil their role and responsibilities as an RCPI Trainer. This work will form the basis of the RCPI Trainer Programme that we hope to launch in 2021. The mandatory Physicians as Trainers Essential Skills course will also be reviewed as part of this programme and it is anticipated that all Trainers will have to undertake an induction/ refresher programme in order to maintain Trainer status.	2021 – 2024 3 year project
	Significant improvements have been made in relation to Trainer and Trainee engagement within RCPI through improved communications and processes. The establishment of the Regional Site Offices in Cork, Limerick, Galway and Tallaght/James' between 2018 and 2020 has facilitated better engagement, and the roll out of further supports is continually reviewed.	Ongoing
	Following the initial system migration of ePortfolio to our new service provider we have launched a project to review and update the user experience. This will include a review by RCPI of how requirements and training outcomes are recorded, assessed and signed off and will also involve engaging with a user experience expert to review system functionality, look and feel.	2021-2022
	We have completed our BST and HST pilot reviews as part of our move to Outcome Based Education (OBE) for doctors on our Basic and Higher Specialist Training programmes. The purpose of this curriculum transformation project is to facilitate more structured feedback in the workplace and to ensure our programmes are in line with international best practice, and that Trainees benefit from more meaningful assessments.	2021-2023

	In July 2021 Public Health Medicine and Histopathology will launch their new curricula. Throughout 2021 we will work with all GIM dual specialties and the Faculty of Paediatrics to update these programme. A timeline for all programmes is to be agreed by July 2021 and expected dates for changes will be communicated through the Faculties and Institutes.	
	Improved communication and information on Trainer/Trainee allocation in advance of changeover is planned for this changeover	July 2021
SITE	We are implementing a new model for training site inspections which will involve the review and approval of all RCPI specialties on site at the one time. An External Reviewer will participate in this process and evaluate the environment for training while the National Specialty Directors will focus on the individual specialty requirements. This approach will provide a more informed and risk-based approach to our visits and significantly decrease the disruption experienced by hospitals sites that are currently undergoing inspections by all training bodies and the Medical Council . EWTd Compliance and Health and Wellbeing supports will be explored as part of these visits. Sites will be required to sign a new Memorandum of Agreement (MoA) which details the respective responsibilities of the site and the PGTB as part of this new model.	2021 – 2026 5 year model
	RCPI is working with Medical Manpower on site to block release Trainees onto their mandatory courses.	July 2020 and onwards
	We continue to support the less than full time working options for Trainees, including the flexible training scheme administrated by NDTP. Job sharing options have been rolled out to all Trainees, however the implementation of these solutions is to a large extent programme specific. For the larger training programmes it is easier to find positions that will work for Trainees, in medium and smaller programmes posts that meet both Training requirements and geographical preferences are more challenging. The ongoing support of HSE NDTP, medical manpower on site and the Medical Council is key to further developing these solutions for Trainees	Ongoing
	RCPI has established a dedicated Health and Wellbeing Committee as a sub-group of the Trainees’ Committee. There is also a similar committee set up as part of the Forum of Postgraduate Training Bodies. Maintaining a healthy lifestyle outside of work is just one of the agenda items for this committee for the academic year 2021-2022.	Ongoing
	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.	Ongoing
WORKPLACE	As part of the new Site Quality Improvement Model, we have updated the site activities form that we request from the training site. This form details information on EWTd Compliance and the overall Health and Safety requirement for our Trainees. This will be monitored on an annual basis for all sites once implemented.	2021-2026 5 year model
	We are pursuing innovative approaches to support the health of doctors and raise awareness of the importance of safeguarding doctors’ health	Ongoing

and wellbeing. We have developed practical advice and information for doctors at www.rcpi.ie/physician-wellbeing.

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 links with the training sites through RCPI offices and site QI visits to enhance engagement and monitoring wellbeing.

Ongoing

ACKNOWLEDGMENTS

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- Trainees for completing the Training Post Evaluation.
- RCPI TPE Project Group:
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- The Training Post Evaluation working group members: National Speciality Directors, RCPI Senior Management, RCPI Trainees' Committee, RCPI Training Department, RCPI Communications Department and the RCPI Research Department.