Empowering the continuing professional development of general practitioner trainers in Malta through educational needs assessment

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ABSTRACT

Background

It has been recommended that GP trainers in Malta undergo continuing professional development (CPD) in education and assessment through participation in regular meetings.

Aim

To encourage GP trainers to organise on-going CPD activities, and thus improve the training they provide, through an assessment of their educational needs.

Method

In 2015, two UK questionnaires used to evaluate specialist training provided by GP trainers were consulted in the development of online surveys for completion by current and recent GP trainees and trainers in Malta. The information collected was presented to two small groups of trainers for categorisation using an 'urgent/important/less urgent/less important' grid.

Results

In reply to the question 'What are your current development needs?', the top answers from trainers included developing teaching skills, keeping abreast with medical knowledge, and regular meetings with other GP trainers to discuss problems and share experiences. The trainees' top answers to the question 'What should the GP trainer do differently?' were 'nothing', being up-to-date regarding guidelines, and providing "exam-oriented" feedback. The most important and urgent recommendations made during the trainers' small group meetings included regular peer-support meetings between GP trainers to share teaching experiences and discuss problems, regular updates regarding guidelines and protocols recommended for exams, and more exam-oriented training to be provided to trainees.

Conclusion

The educational needs assessment carried out provided useful information that enabled the set-up of regular CPD meetings for GP trainers in Malta, thus meeting their educational needs and hopefully benefiting the quality of training provided to GP trainees.

Key Words

Continuing medical education, general practice/education, educational needs assessment, Malta

INTRODUCTION

Background

Specialist training in family medicine was introduced in Malta in 2007 after the Specialist Training Committee within Malta's Ministry for Health in 2006 approved a Specialist Training Programme in Family Medicine (STPFM) drawn up by the Malta College of Family Doctors (MCFD). By 2017 (ten years later), 70 doctors have graduated from the programme run within the Primary Health Care Department (PHCD), and another 39 are currently in training (Sammut, 2017).

The training programme lasts for 3 years, with each trainee working and training in family practice for half its duration and in other appropriate specialities for the other 18 months, under the supervision of a GP trainer and a relevant specialist respectively. Group academic teaching takes place in weekly 4-hour 'half-day release course' sessions run during autumn, winter and spring semesters. (Sammut and Abela, 2012)

The STPFM specifies that GP trainers "are established family doctors, have undergone training as teachers in family medicine, and are accredited as teachers in family medicine by the MCFD". The document goes on to state that one of the criteria for selection as trainers is "a personal commitment to teaching and to keep updated on educational methodology by attending appropriate lectures and courses". (Sammut, et al., 2011). GP trainers thus should undergo regular training in teaching and medical education and professional development as assessors / examiners (Specialist Accreditation Committee, 2003). The STPFM envisaged that such continuing professional development (CPD) in teaching and assessment would take place through participation in regular trainers' meetings (Sammut, et al., 2011). Unfortunately trainers' meetings were held only rarely and discussed mainly trainers' conditions of work and remuneration.

This shortcoming in the CPD of GP trainers was highlighted by Abela and Sammut (2015) in their quality management report of GP trainees' annual appraisals carried out in the STPFM during 2014. Although generic CPD courses for trainers were being provided by Malta's Postgraduate Medical Training Centre, the report recommended that GP trainers undergo further training in formative / work-based assessment during regular CPD meetings that are organised specifically for them (Abela and Sammut, 2015). This recommendation is backed by international evidence that the GP teacher does benefit from systematic training in teaching skills including supervision, feedback, assessment and educational management (Guldal, et al., 2012).

Despite the lack of participation by local GP trainers in CPD activities about teaching and assessment, GP trainees were found to be 78-91% satisfied with the teaching provided during family practice posts during a comparison of evaluation forms collected during the first (2007-08) and fifth years (2011-12) of the STPFM. Qualitative analysis revealed that, while the trainees found that such posts were beneficial in helping them to prepare for a GP career, they still made suggestions for improvements in the practice to facilitate training, mainly by working in same health centre as the trainer and through the provision of more clinical teaching despite the heavy workload and lack of staff in health centres. (Sammut & Abela, 2013)

In 1997, Hicks and Hennessy had recommended that, for health care professionals to be motivated and committed to their training and development, a training-needs analysis is used to inform such continuous professional development (Hicks and Hennessy, 1997). Such an initiative has already been successfully implemented within Malta's PHCD, resulting in a thriving CPD programme for health care professionals in its employment (Sammut, Bombagi and Cachia Fearne, 2012).

Aim

In order to encourage GP trainers to organise on-going CPD activities and thus improve the training they provide, an evaluation of GP training in Malta was carried out to identify the needs of GP trainers and practices. The findings were then presented to the trainers to enable them to prioritise such needs to be tackled during regular CPD meetings.

METHOD

An opinion-based research method utilising questionnaires was employed to identify the views of participants (Shuttleworth, 2008). An internet search was used to find questionnaires utilised to evaluate specialist training in family practice provided by GP trainers. Using the selection criteria that questionnaires had to be in the English language and consist of not more than 5 open questions (in order to facilitate a good response rate), two suitable questionnaires were identified, one for GP trainers (RCGP, n.d.) and another for GP trainees (Mehay, 2009).

By consulting these two questionnaires, online surveys were developed for the local scenario using the website www.SurveyMonkey.com, and in November 2015 electronic invitations were sent for anonymous completion of these surveys to current GP trainees and trainers and to those trainees who had just completed training and their trainers.

GP trainers were asked about the main strengths, weaknesses and constraining factors of their training work, what more/better they would like to do and what their development needs were. GP trainees were asked about their family medicine posts, specifically regarding the good things they experienced, the things they liked least, and what the management and the trainer should do differently.

The replies gathered from these surveys were transcribed into Microsoft Excel spreadsheets to enable qualitative and quantitative analysis by item content analysis.

The information collected was then presented to two small groups of GP trainers who were then asked to categorise their suggestions for topics to be tackled during CPD meetings using an 'urgent/important/less urgent/less important' grid.

Ethical considerations

No ethical approval was needed since sensitive personal data were not gathered.

RESULTS

Response rate

The response rate to the two surveys was >82% of 22 trainers and >73% of 22 trainees.

GP trainers' replies

The responses to the questions 'What do you think are the main strengths of your work as a GP trainer?', 'What do you think are the main weaknesses of your work as a GP trainer?' and 'What factors constrain you in achieving what you aim for in your training work?' are shown by frequency of replies in Tables 1-3.

While most issues raised in answer to these questions could not be solved through the organisation of CPD meetings for GP trainers, there were some points made that were relevant. These included (in order of frequency of mentions) 'no regular training for trainers / keeping up to date' (3 mentions), 'lack of collaboration with other trainers' (2), and 'lack of meetings and discussion with other trainers' (1).

In reply to the three-part question 'Would you like to do more? What would you like to do better? What do you think are your current development needs?' (see Table 4), the top answers from trainers included 'further / develop my teaching / mentoring skills (e.g. better tutorials, feedback, role play)' (9 replies), 'keep abreast (e.g. more time) with latest medical knowledge' (4), and 'regular meetings with other GP trainers to discuss problems and share experiences' (2).

GP trainees' replies

The GP trainees' responses to the questions 'What are the good things you have experienced in your posts in Family Medicine?', 'What is the thing you like/liked least about your posts in Family Medicine?', 'What should the management of the Health Centre (where you are/were placed) do differently?' and 'What should the management of the Private General Practice (where you are/were placed) do differently?' may be seen in Tables 5-8. The negative replies to the above questions were all related to organisational and not training issues.

The trainees' top three answers to the question 'What should the GP trainer do differently?' (see Table 9) were 'nothing / no issues / very satisfied' (7 answers), 'be evidence-based/up-to-date regarding guidelines/medical issues' (3), and 'early preparation for the CSA (clinical skills assessment) exam / provide feedback regarding consultations which is more "exam-oriented"' (2).

Proposals from GP trainers' small group meetings

The GP trainers' replies to the question 'What topics need to be tackled in GP trainers' CPD seminars?' were discussed in two small group meetings and put into a grid split in four categories entitled 'urgent and important', 'urgent and less important', 'important and less urgent' and 'less important and less urgent' (Table 10).

The most urgent and important of the proposals made by the trainers included regular peer-support meetings between GP trainers to share teaching experiences and discuss problems; regular updates re guidelines and protocols recommended for exams; and more exam-oriented training to be provided to trainees.

DISCUSSION

As a response rate of at least 60% has been recommended for paper-based surveys of teaching (Richardson, 2005), and since the response rates to such surveys done online are known to be lower than paper-based versions (Cook, et al., 2000; Nulty, 2008), this online study's response rate of over 82% and 73% of GP trainers and trainees respectively can be said to be more than acceptable, especially as it was of the total population of trainers and trainees and not just a sample.

Maltese GP trainees wished that their trainers' medical knowledge was more based on guidelines and that they provided feedback on consultations that was geared towards preparing them for the clinical skills assessment. While a European survey of educational needs of GP educators did reveal variations in the level and depth of their required knowledge (Guldal, et al., 2012), the proper provision of feedback was among the top characteristics identified among GP trainers in the Netherlands, which also included being critical and good at communicating, showing respect to trainees and inspiring them to reflect (Boendermaker, et al., 2003).

GP trainers in Malta bemoaned the lack of inter-collaboration and of CPD meetings that they thought

would benefit their medical knowledge and teaching/mentoring skills. These opinions echoed those of their colleagues in the United Kingdom (UK), who expressed a desire to develop more as teachers through various learning methods (Waters and Wall, 2007). UK trainers identified the challenge of finding protected time as an obstacle to their CPD and wanted more leadership and direction for their education CPD from their deanery, the regional organisation responsible for postgraduate medical training (Waters and Wall, 2008).

Following the educational needs assessment described in this article, Malta's Specialist Training Committee (STC) in Family Medicine agreed that the postgraduate training coordinators in family medicine and the MCFD organise a CPD meeting in 2016 for new GP trainers with the support of the PHCD. This meeting was repeated twice on 28th September and 7th October 2016 and facilitated by three GP trainers who satisfied the eligibility criteria in a call for applications issued by the College and the PHCD. (Sammut and Abela, 2016a; 2016b) After due consultation with the results of the educational needs assessment, the topics covered in the meeting were:

- Successful training and examination structure;
- Using case-based discussions (CBDs) and consultation observation tools (COTs) appropriately giving feedback and marking forms;
- Training: content, delivery and dealing with emerging issues.

The STC also recommended that, from 2017, GP trainers' CPD meetings (with pre-defined educational agendas agreed with the MCFD) take place at least three times a year, and that all trainers are obliged to attend at least one meeting a year (Sammut and Abela, 2016a; 2016b). This requirement that GP trainers actively participate in and co-deliver trainers' CPD meetings at least once yearly was subsequently included in the contract that the GP trainers sign with the PHCD (Primary Health Care Department, 2016).

The three GP trainers' CPD meetings in 2017 took place on 18th January, 31st May and 27th September with different topics (see Table 11) delivered by the trainers themselves based on the following broad directions of content advised by the MCFD and the postgraduate training coordinators following the training needs assessment:

Table 1: Replies to the question made to GP trainers 'What do you think are the main strengths of your work as a GP Trainer?'

Replies	Number
Up-to-date knowledge / continued training	10
Experience	7
Availability / accessibility / enthusiasm / commitment	5
Hands-on experience/exposure to varied cases/patients	4
Motivation of trainees	2
Empathy/support	1
Safe work/learn experience	1
Seeing GP training as a challenge	1
Absence of time constraints in private practice	1
Doctor patient relationship	1
Relationship of workplace on patient health	1
Self-directed adult learning	1
Focussed tutorials, case-based discussions (CBDs) and consultation observation tools (COTs)	1

- Peer-support meetings between GP trainers to share teaching experiences and discuss problems;
- Regular updates regarding guidelines & protocols (including local) based on the guidelines suggested in the STPFM curriculum;
- Update on community based resources.

The STC's plans for 2018 are to double the number of trainer CPD meetings from three to six to cater for newly-appointed GP trainers, with their obligation of attending at least one meeting a year remaining in force. The programme of each meeting will be decided and led by the participants themselves (based on their educational needs), with such programmes to be submitted to the postgraduate training coordinators in family medicine (Sammut and Abela, 2017).

Limitations of study method and suggestions for future research

One limitation of this study is that the needs of one cohort of trainers are used to determine the education of future trainers, with another limitation being that a number of issues were identified that could not be solved through the organisation of CPD meetings for GP trainers.

A bias may have been introduced from the non-response by disinterested GP trainers and trainees. While non-respondents ideally should be contacted to inquire as to the reason for their non-response, this was not possible due to the anonymity of the survey. However this effect of this bias was minimised by the high response rate (over 82% and 73% of GP trainers and trainees respectively). Recall biases were avoided by limiting the surveys to current GP trainees and trainers and to those trainees who had just completed training and their trainers.

Other possible biases which could not be limited or avoided include the under-reporting of educational needs that might not have been perceived by the participating trainers and trainees, and any difference in representation of education needs that may have resulted from trainees being placed predominantly in private practice or in the public sector.

Educational or training needs analysis is the initial stage in a cycle that contributes to a training and education strategy (Barbazette, 2006). After the CPD activities are determined, designed and delivered, further research would therefore be warranted so that the loop is closed with a re-evaluation to verify if the trainers' educational needs have been met and if the trainees feel that the quality of training provided by the trainers has improved.

CONCLUSION

The educational needs assessment carried out provided useful information that enabled the set up of regular CPD meetings for GP trainers within Malta's Specialist Training Programme in Family Medicine by the postgraduate training coordinators and the Malta College of Family Doctors with the support of the Primary Health Care Department. It is intended and augured that such regular trainers' meeting will continue on an ongoing basis, thus meeting the educational needs of GP trainers and ultimately benefiting the quality of training provided to GP trainees.

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Table 2: Replies to the question made to GP trainers 'What do you think are the main weaknesses of your work as a GP Trainer?'

Replies	Number
Lack of time with trainee	10
No regular training for trainers / keeping up to date	3
Lack of collaboration with other trainers	2
Limited services provided by solo practice (e.g. gynae, children, minor surgery)	2
Difficult to plan	1
Workload	1
Organisation and explaining administrative procedures	1
Bias in managing certain cases	1
High expectation / hard judging of trainee	1
Lack experience in new specialities	1
Location of practice	1
Afternoon / evening clinic times	1
Lack of knowledge of hospital staff	1
Access to guidelines	1
Department continues to use GP trainers and GP trainees as cogs in a wheel	1

Table 3: Replies to the question made to GP trainers 'What factors constrain you in achieving what you aim for in your training work?'

Replies	Number
Lack of (protected) time	7
Not assigned with trainee (in health centres)	6
Busy workload	4
Financial assistance for resources to keep updated	2
Lack of teaching resource	1
Structure of training - 3 month stints are insufficient	1
Lack of meetings and discussion with other trainers	1
Lack of exposure to emergency care	1
Resistance to change in the trainee	1

Table 4: Replies to the three-part question made to GP trainers 'Would you like to do more? What would you like to do better? What do you think are your current development needs?'

Replies	Number
Further / develop my teaching / mentoring skills (e.g. better tutorials, feedback, role play)	9
Keep abreast (e.g. more time) with latest medical knowledge	4
Regular meetings with other GP trainers to discuss problems and share experiences	2
More time spent observing trainee (to give feedback)	2
Better liaison / exposure between the trainer and various specialties	2
Short courses / possibility to experience certain (new) specialties	2
More teaching resources: tutorial room, equipment and material	2
Optimise the time we work concurrently / better planning and keeping plan	2
Assessment: uniformity and update of tools	1
Have trainees full time for six month periods at least	1
More organized record keeping and auditing	1
Statistics	1
Real discipline in our system for all of us	1

Table 5: Replies to the question made to GP trainees 'What are the good things you have experienced in your posts in Family Medicine?'

Replies	Number
Trainer teaching / support / attention / discussion / enthusiasm	11
Network / teamwork / meeting / teaching / help from GPs / other colleagues	6
Support / feedback from training coordinators	4
Experience in broad areas from spending time in different specialities	4
Exposure to various cases / scenarios in primary care / health centres / community	3
Teaching given appropriate priority, time allocated for discussion of cases and tutorials	2
Attachment in the private GP sector	2
Growth and development as a family doctor	1
Good general overview in each subject	1
Concept of learning by doing	1
Working hours satisfactory for hands on training, sufficient time for study and activities	1
Leave not difficult to attain (priority especially during the period before applied knowledge tests [AKTs] and clinical skills assessments [CSAs])	1
Private setting - good support, focused tutoring, facility to run difficult cases by senior doctor	1
Polyclinic (health centre) - improving information technology (IT) capabilities, opportunities for hands on practice of suturing etc.	1
Organisation of half-day release course	1

Table 6: Replies to the question made to GP trainees 'What is the thing you like/liked least about your posts in Family Medicine?'

Replies	Number
Health centres: priority is almost exclusively service provision not training	4
Excessive workload in public sector negatively affected training / supervision	4
Not enough overlap with trainer's shift, little time for one-to-one education	3
Health centres: lack of continuity of care possibly impacted on personal development	2
Health centres: lack of balanced and flexible schedule	2
Work load not divided equally	2
Unavailable resources for examination / poor maintenance of premises	2
Exposure mostly to GP room and treatment - rarely did anti-coagulant clinic or diabetic clinic	1
Need more exposure to minor surgical skills	1
Never find time e.g. to check query on internet or to log patients	1
Frequent change of schedule - a lot of travelling by car!	1
Interference of professional autonomy by management e.g. inappropriate home visit	1
Trainees not respected as other senior colleagues	1

Table 7: Replies to the question made to GP trainees 'What should the management of the Health Centre (where you are/were placed) do differently?'

Replies	Number
Trainee assigned to trainer during working hours whenever possible	3
Allow some protected time so trainees can discuss issues with peers / trainer, carry out assessments, etc.	2
Prioritise training	2
Establish a system of continuity of care and better / electronic record keeping	2
Educate public / prevent patient abuse of staff and of the system	2
Distribute the work of trainees better - with trainees doing other sub-specialty clinics, prescription/ results and 'bereg' rather than just GP - treatment room	2
Structure repeat prescription clinic into a formal / chronic clinic where the patient is actually clinically re assessed at every visit	2
Provide adequate apparatus for appropriate assessment; maintenance and renovation of premises	2
Increase staffing levels	1
Issue clear guidelines	1
Support the clinical staff taking clinical decisions without interference from elements that are non-clinical	1
Team building/communication within multidisciplinary team	1
Development of clinical guidelines	1
Facilitate access to secondary care for investigations /urgent referrals	1
Promote and support expertise of members of primary care team	1
Better division of work, offloading work from solely done by trainees to more contribution from seniors	1
Improving flexibility in the work schedule	1
Healthcare services as an autonomous structure serving patient needs	1
Act about things going wrong and not be passive towards misbehaviour	1

Table 8: Replies to the question made to GP trainees 'What should the management of the Private General Practice (where you are/were placed) do differently?'

Replies	Number
NA / nil / no issues	6
Very happy / well placed / well managed	3
More communication with health centres and with Mater Dei Hospital (doctors' letters, investigations)	2
Not yet placed	2
Better group practice, more collaboration	1
Improving flexibility in the work schedule	1
More record keeping	1
More readily available apparatus that is taken for granted in the polyclinic (health centre) e.g. swabs	1

Table 9: Replies to the question made to GP trainees 'What should the GP Trainer do differently?'

Replies	Number
Nothing / no issues / very satisfied	7
Be evidence-based/up-to-date re guidelines/medical issues	3
Early preparation for the clinical skills assessment exam / provide feedback regarding consultations which is more "exam-oriented"	2
Organise tutorials more in line with our curriculum	1
Tutorials after work as might help recall interesting patients	1
Be less critical - a positive comment every now and then would have been helpful	1
Improved communication with the health centre management, the GP trainer and myself would have allowed for a better final balanced schedule	1
Joining me for a few hours at the health centre would be ideal	1
Act in interest of trainee	1
Keep to time schedules	1

Table 10: Replies to the question made during GP trainers' small group meetings 'What topics need to be tackled in GP Trainers' CPD Seminars?'

	Urgent	Less urgent
Important	• Regular peer-support meetings between GP trainers to share teaching experiences and discuss problems (e.g. every 6 months), not only formal but also social • Regular updates regarding guidelines & protocols (including local): which are recommended for exams? • More training regarding actual examination, more exam-oriented training and expectations • Training on assessment methods (for consistency between trainers): COT (consultation observation tool), CBD (case based discussion), CSA (clinical skills assessment), AKT (applied knowledge test). • Training on different teaching methods: standardisation, guidelines • Feedback from summative examination board regarding performance by trainees • Curriculum: (1) communicate content to trainers; (2) update • Updates on other/new available hospital sub-specialities: half-day 'hot topic' courses, exposure to such clinics including direct observation of procedural skills, etc. • Education re ePortfolio: tackling common issues for current trainers, training future trainers • How to tackle problematic trainees • Motivational skills • Mentoring and support	• Exam structure / material / guidelines used • Use of IT in GP Training to enhance teaching techniques (what is available, how to use it), e.g. apps, ePortfolio • How to get easy access to medical literature, reliable information and bank of resources (updates) • Helping trainees to 'use' their knowledge adequately • eConsultations, social media in practice • Audit in general practice
Less important	• Team-building skills • Practice management skills • Updates on community-based resource	• Research in general practice • Regular (yearly?) survey to mediate discussion regarding trainee-trainer problems

Table 11: **Topics tackled by GP trainers in CPD meetings held during 2017**

18th January 2017	31st May 2017	29th September 2017
• Update on asthma and community acquired pneumonia guidelines • Teaching experiences and problems • Update on community based resources	• Practical problems encountered by both the trainees and the trainers during the STPFM • Updates on the following clinical practice guidelines: antibiotic management of respiratory tract infections; skin infections. • The use of psychological strategies, especially cognitive behaviour therapy, in the management of stress, anxiety and depression • The core competencies of a GP and how to grade them • Update on community based resources • Using electronic medical records as a tool for teaching, clinical practice and research	• Dealing with the trainee in difficulty • Clinical case demonstrating the importance of problems commonly encountered in clinical practice • Teaching and training experiences of trainees • Updates on the following clinical practice guidelines: antibiotics; dyslipidaemia; hypertension; atrial fibrillation; congestive heart failure; stroke; chronic obstructive pulmonary disease, diabetes mellitus • Update on community based resources

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