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Broad Based Training: evaluation of the pilot initiatives in England

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Background and Purpose

Introduced by AoMRC (Academy of Medical Royal Colleges), pilot two-year broad-based training (BBT) programmes run in seven Deaneries in England. Following Foundation training, these provide 6-month placements in general practice (GP), core medical training, paediatrics and psychiatry. 10% of each placement is spent in another specialty (“90/10 split”). BBT aims to develop: practitioners adept at managing complex, patient-focused care; specialty integration; and conviction in career choice.

Commissioned by AoMRC (under the guidance of Jacky Hayden, Dean of Postgraduate Medical Studies in the North Western Deanery), this is the only study which evaluates BBT and explores whether it better prepares trainees for speciality training.

Methodology

A longitudinal, mixed-methods approach using a comparator group.¹ BBT 2013 intake (n=42) and similar numbers of first year (CT1/ST1) trainees in the four specialities (recruited from the pilot BBT deaneries in proportion to specialty numbers²: 22 GP, 11 core medical, five paediatrics and six psychiatry) are followed initially for two years. Ethical approval has been obtained from Cardiff University. This presentation reports baseline questionnaire data from the BBT and comparator groups.

Results

Responses from 36 BBT trainees (86% response rate). For 91%, BBT was their first choice of training pathway. Approximately half were also offered a GP training place. Most felt unready to select career specialty and were attracted to BBT for the broad experience. Although BBT adds a year to overall training, this was seen as an advantage. Respondents were satisfied with BBT, but critical of the e-portfolio. Deaneries organised the “90/10” split differently and some seemed better able to satisfy trainees. Confidence in career choice,

transfer to chosen specialty and holistic patient treatment were measures by which trainees expected to judge the success of BBT.

In the comparator group, the most common reason for not choosing BBT was because they had already determined which specialty to pursue. Interestingly, the majority of the comparator group saw the advantages of BBT and most thought that training more generalists is a good idea although they did not think their own training was too specialised.

Discussion and Conclusions

BBT fits with the move to more generalist training.³ Additional time in training is not a deterrent and both BBT and comparator group trainees recognised the benefit of a range of longer training experiences. The BBT trainees were content with their training choice but this needs evaluating over time.

References

1. Scriven M (1993) *Evaluation Methods*. Thousand Oakes: CA
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3. GMC (2013) Shape of Training. Securing the future of excellent patient care. Final report of the independent review led by Professor David Greenaway http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf Accessed 19/01/14