

# Evaluation of Broad Based Training

Interim Report  
*Executive Summary*  
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Q-sort Analysis

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## Executive Summary

### Background and Purpose

Rising numbers of patients with multiple-conditions and complex care needs<sup>1</sup> mean that it is increasingly important for doctors from different specialty areas to work together, alongside other members of the multi-disciplinary team, to provide patient centred care.

Commissioned by Academy of Medical Royal Colleges and funded by Health Education England, this study evaluates BBT and explores whether it better prepares trainees for specialty training and the changing landscape of healthcare delivery. The evaluation is currently in its third year. Here we report on findings from Q-sort exercises held with the first cohort of BBT trainees and a comparator group of trainees on traditional specialty training programmes.

### Methods

Q-methodology<sup>2</sup> is becoming increasingly popular in a range of applied and health-related disciplines. Participants rank a set of statements against one another in a normal distribution. Inverted factor analysis groups individuals according to their ranking of statements. This reveals the key subjective viewpoints held within the group. We developed a set of 40 statements on ‘being a good doctor’, informed by both existing focus group data and a review of the literature.

### Results

Three distinct groups emerge along a continuum of generalism – specialism. The first group of ‘generalists’ seems to be most aligned to the generalist agenda outlined by Greenaway. It is interesting that a higher proportion of BBT trainees than the comparator group fall into this category. This group is largely comprised of those aspiring to be GPs in the primary care setting, but also includes those training in core medicine who are likely to be hospital-based.

The second ‘generalist-specialist’ factor is dominated by those aspiring to be paediatricians. Those in this group emphasize balancing having a depth of medical knowledge with caring for the whole person and being sensitive to individual needs. This suggests that those in secondary care focussing on a patient group (e.g. children/the elderly) may have more generalist outlooks than those focussing on a particular body part or system.

Both factors A and B can be contrasted to those in the third ‘specialist’ factor, who seem to have a more singular focus on how their specialty can help the patient. Members of this group from ‘other specialties’ include general surgery, neurology and histopathology.

1. **Greenaway D.** (2013) Shape of Training: securing the future of excellent patient care, final report. Available at: <http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>.
2. **Watts S and Stenner P** (2012) *Doing Q methodology*. London: Sage.