

# Evaluation of Broad Based Training

Interim Report  
*Executive Summary*  
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Summary Results from Baseline  
Questionnaires

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# Executive Summary

## Background and Purpose

Commissioned by AoMRC and funded by HEE, this study evaluates the Broad Based Training (BBT) programme that has been running in selected LETBs across England since 2013. Our evaluation explores whether BBT better prepares trainees for specialty training and the changing landscape of healthcare delivery.

The evaluation is currently in its third year. This report focuses on baseline questionnaire data from BBT2015 (cohort 3) and a comparator group of trainees following traditional pathways in the four specialties (Comparator2015). We also refer to baseline results from BBT2013 (cohort 1), BBT2015 (cohort 2).

## Methods

BBT trainees (n=38 BBT2013; n=24 BBT2014; n=59 BBT2015) and a sample of CT/ST1 trainees in GP, CMT, Paediatrics and Psychiatry (n=42 Comparator2013; n=48 Comparator 2015; n=134 Comparator2015) completed baseline questionnaires. The questionnaire included both open and closed questions.

## Results

### *BBT2015, BBT2014 and BBT2013 results compared*

Commensurate with earlier findings, gaining experience in the four specialties remained highly valued. Training in Paediatrics was most important for BBT2015 trainees. The majority of trainees were highly confident that they would gain a post in their chosen specialty, with around half indicating that they thought BBT would give them a competitive advantage over others. The 90/10 split was generally viewed as an advantage although some trainees were struggling to organise it. At this early stage, most believed BBT trainees were perceived differently to trainees on traditional programmes.

Most trainees from BBT2015 were highly confident that BBT would achieve its chief outcomes. This is consistent with findings from the earlier cohorts at this early stage although compared with earlier cohorts, there are some significant reductions in the proportions who were highly confident that BBT would develop 'practitioners who are adept at managing patients with complex medical presentations' and 'trainees with conviction in their choice of career pathway'. Their responses are being monitored over time which will enable us to see whether greater experience of BBT affects these confidence ratings.

Overall, the great majority of BBT2015 trainees reported being highly satisfied with their choice of BBT in general, their named clinical supervisor, their educational supervisor and their LETB. About two-thirds were highly satisfied with BBT training experience to date and induction to current rotation. Comparatively fewer, although over half, were highly satisfied with opportunities for joining specialty specific training and with workplace based assessments; almost 50% were also highly satisfied with the ePortfolio. Most of these ratings show fluctuation across the three cohorts with BBT2015 rating more highly than one of the previous cohorts.

BBT2015 respondents recognise that it is too much to expect GPs to be the only generalist doctors in the NHS and that choosing a specialty is a gamble in the climate of uncertainty around the shape of NHS services. High proportions agreed that current systems to manage complex care needs are inappropriate and that modern

medicine has become too specialised. The great majority recognised that the status of generalist doctors is lower than specialists.

Main messages from these baseline results should be viewed with some caution as respondents had limited experience of BBT at this early stage. What is more revealing is the comparisons between BBT trainees and our sample of trainees following traditional training pathways.

### ***BBT2015 and Comparator2015 results compared***

Although most of those on traditional routes reach a decision about which career specialty to pursue at an earlier point than BBT trainees, 31% indicated that they did not feel ready to specialise after Foundation training. Both BBT and comparator trainees recognised the benefit of gaining further experience. Most Comparator2015 trainees indicated they would consider undertaking a further six-months in CMT, Paediatrics and GP, although notably fewer would consider additional time in Psychiatry. Three quarters of Comparator2015 trainees agreed training generalists was a good idea.

Compared to the comparator group, significantly more BBT trainees were highly confident that their training would develop doctors who: can apply learning across related specialties, have a wider perspective, have an understanding of how specialities complement one another, who have conviction in the career pathway, are adept at managing complex patients and able to provide patient-focused care. More of those in BBT2015 (than either Comparator2015 or previous BBT cohorts) were highly confident that their training would equip them for successful progression in their chosen specialty.

A greater proportion of BBT2015 trainees rated their satisfaction with experiences and processes of their training higher than comparator trainees. Some of these differences achieved statistical significance: satisfaction with supervisors (named and educational), workplace-based assessments and ePortfolio. More BBT2015 trainees reported being highly satisfied with their choice of training, training experience to date and their LETB than the comparator group, although these differences were not statistically significant.

Significant differences were apparent between the responses of comparator group and BBT trainees to the set of general statements about training. For example, significantly more BBT2015 trainees agreed that 'currently there aren't appropriate systems to manage patients with complex care needs' and 'it is too much to expect GPs to be the only generalist doctors in the NHS'.

Both BBT and comparator groups' responses to open questions suggest that overall, training is working well. Both groups cited good support, learning and teaching experiences. Comparator and BBT groups in 2015 identified similar areas for improvement as previous cohorts. For the BBT group these continued to be quite specific to BBT, such as managing the 10% and enhancing others' awareness of BBT, whereas more comparator trainees identified communication and organisational issues such as rotas, and time for other learning activities.

### **Conclusions**

The power of this evaluation is not so much the relationships between each of the BBT cohorts at baseline but the comparisons between BBT trainees and our

comparator sample of doctors on traditional training pathways in the four specialities.

Responses from BBT trainees continue to show an expectation that BBT will achieve its stated aims. Despite some evidence of recent decline, their confidence ratings were significantly higher than those in the comparator group. Of course, BBT is specifically designed to develop the outcomes we asked about on the questionnaire. However, outcomes such as career conviction, managing patients with complex needs and providing patient-focused care are relevant to all trainees. This finding has important implications for trainees on traditional programmes. BBT trainees also expressed notably higher levels of satisfaction with aspects of their training compared to comparator group counterparts.

Taking together the responses to a set of general statements about training, there is the suggestion that the BBT trainees hold notably different views on training and the needs of the NHS. They seem to be developing attitudes which should prepare them well for future changes to the organisation of healthcare.