

Evaluation of Broad Based Training

Interim Report
Results from Baseline Questionnaires

Executive Summary
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Executive Summary

Background and Purpose

Introduced by the Academy of Royal Medical Colleges (AoMRC), two-year pilot broad-based training (BBT) programmes are running in LETBs (Deaneries) across England. Seven LETBs took part in 2013, six in 2014, and from 2015, ten of the 13 LETBs across England will be running the BBT programme. BBT follows Foundation training and provides 6-month placements in General Practice (GP), Core Medical Training (CMT), Paediatrics and Psychiatry. BBT aims to develop: practitioners adept at managing complex cases, patient-focused care; specialty integration; and conviction in career choice.

Commissioned by AoMRC and funded by HEE, 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 second year. This report presents baseline questionnaire data from BBT2014 (cohort 2) and a comparator group of trainees following traditional pathways in the four specialties (Comparator2014). We also refer to baseline results from BBT2013 (cohort 1) and Comparator2013.

Methods

BBT trainees (n=38 BBT2013; n=24 BBT2014) and a sample of CT/ST1 trainees in GP, CMT, Paediatrics and Psychiatry (n=42 Comparator2013; n=48 Comparator 2015) completed the baseline questionnaire in September 2014. The questionnaire included both closed and open questions.

Results

BBT2014 and BBT2013 results compared

Data from BBT2014 baseline questionnaires are largely consistent with BBT2013 baseline. BBT is the first choice of training pathway for the great majority. Trainees typically choose BBT because they wish to gain broad experience and they are uncertain which specialty to pursue. At baseline, uncertainty about career pathway was commonplace and higher amongst BBT2014 (71% of BBT2014 were not yet ready to choose; 59% of BBT2013). Gaining experience in the four specialties was rated highly. The importance of training in CMT was notably higher for the BBT2014 cohort.

Consistent with findings from BBT2013, BBT2014 trainees were highly confident that BBT would achieve its chief intended outcomes: developing practitioners who can apply learning from one specialty to another, are adept at managing patients with complex needs, offer patient focused care, have a wider perspective, how specialties complement one another and have conviction in their career path. They were less confident that BBT would equip them to progress successfully in their chosen specialty. However, confidence was greater for BBT2014 compared to BBT2013.

Trainee encounters with patients who present with complex problems remains consistently high.

Compared with BBT2013, BBT2014 trainees reported higher levels of satisfaction with their choice of BBT and their LETB; lower levels of satisfaction with Educational Supervisors. Particularly significant increases in satisfaction were observed with workplace-based assessments and the ePortfolio.

The 90/10 split is generally viewed as an advantage although some trainees struggle to organise it.

BBT2014 and Comparator2013 results compared

Comparator trainees determined their choice of specialty earlier, with many deciding during undergraduate years or before (37% compared with just 4% in the BBT2014 group). However about a quarter of the comparator group of trainees felt that they were not ready to specialise after the foundation years.

Encounters with patients presenting complex problems was reportedly high for both groups, although BBT trainees indicated more encounters on a daily basis. Both BBT and comparator trainees recognised the benefit of gaining further experience. The majority of the Comparator2014 group would consider six-months additional time in CMT, Paediatrics and GP although fewer were open to additional time in Psychiatry. The comparator group agreed that training generalists was a good idea and commented on their own need to be able to manage patients with complex problems and provide patient-focused care.

BBT trainees were significantly more confident that their training would develop doctors who: can apply learning across related specialties, have a wider perspective, have an understanding of how specialties complement one another, and who have conviction in the career pathway. BBT trainees were also more confident that their training would develop doctors adept at managing complex patients and able to provide patient-focused care. Comparator trainees on the other hand had more confidence in their training equipping them to progress successfully in their chosen specialty.

BBTs rated their satisfaction with experiences and processes of their training highly. They reported greater satisfaction with workplace-based assessments and ePortfolio than the comparator group. Satisfaction ratings for the training experience and their LETB were also higher amongst the BBT2014 group. However BBT2014 satisfaction ratings for their Educational Supervisor were lower than those recorded in the Comparator2014 group, although the differences were not statistically significant.

There were commonalities across both groups in how they would judge the success of their training. Both groups referred to having confidence in their abilities and both groups highlighted the management of complex patients and providing patient-focused care.

There was good evidence in the questionnaire responses that training was working well for both the BBTs and comparator groups: they were getting good support, experience and learning opportunities. Both groups could identify areas of improvement. For the BBT group this tended to be quite specific (for example, managing the 10% and enhancing others' awareness of BBT); in contrast, more in the comparator group made reference to the balance of training and service provision.

Conclusions

On the basis of the questionnaire data, BBT is achieving its stated aims. Judging from the improved satisfaction ratings, the initial ePortfolio problems appear to have been resolved.

There are possible indications of the generalist agenda gaining momentum: the comparator group also recognised the need to manage patients with complex presentations. Yet relative to BBT trainees, far fewer were confident that their training would prepare them for this. On the other hand, more comparator trainees were confident that their training would equip them to progress successfully in their chosen specialty. There are implications here for both traditional training (in better equipping trainees for managing patients with complex needs) and for BBT (in helping trainees to feel well equipped for successful progression).