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Extension of general practice training from three to four years: experiences of a vocational training programme in Southern Ireland

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WHAT IS ALREADY KNOWN IN THIS AREA

- Numerous studies suggest that the traditional three-year training programme in the UK and Ireland does not adequately prepare GP trainees for a career in general practice.

WHAT THIS WORK ADDS

- Trainees taking part in this four-year programme felt that the fourth year of training enhances professional and personal development, improves confidence and readiness to practise and creates a more varied and diverse learning environment.

SUGGESTIONS FOR FUTURE RESEARCH

- All Irish training schemes are now moving to include a fourth year; there is a need for ongoing research to ensure that this additional year of training is of added value.
- This study might usefully be repeated in the future, once changes have been implemented to this programme over time.

Keywords: education, extension of training, general practice registrars, vocational training

SUMMARY

The aim of this study was to evaluate the experiences of trainees taking part in an extended (four-year) general practice training programme introduced in the South Eastern region of the Republic of Ireland to replace the previous traditional (three-year) programme.

In a qualitative design, eight homogeneous focus groups were held to determine the value of the additional year of training. The first cohort of

trainees was interviewed towards the start and at the end of their fourth year. Trainees finishing the following year were also interviewed, as were graduates from the final three-year programme. GP trainers and the four members of the programme directing team comprised two further independent focus groups.

Trainees reported that the integration of hospital posts and general practice attachments over the four years was particularly beneficial. The exposure to a variety of different general practices and the opportunity to take part in specialty

clinics were considered extremely useful. The fourth year of training was felt to be less pressurised than previous years. Professional and personal development was enhanced; improved readiness to practise and confidence were noted. Perceived disadvantages of extended training included a lack of acknowledgment for doctors in their fourth year and excessive emphasis placed on research during the final year of training.

The addition of an extra year of vocational training improves professional and personal development and changes the learning experience for doctors. Doctors felt more confident and ready to enter independent practice at the end of the fourth year of training.

INTRODUCTION

The vocational training scheme model for training in general practice was first established in 1972; in that year a statement from the Royal College of General Practitioners set out the educational goals expected of such training programmes.¹ This statement allowed GP educators freedom to devise a curriculum in line with GP registrars' (GPRs) learning needs, with flexibility in the method of delivery to meet those needs. In the UK and Ireland traditional training schemes for general practice have usually comprised four hospital posts lasting six months each, followed by a year spent working in a practice that has been approved for training. Since they were first established, changes to the general structure of such schemes have been few, and have not tended to address the balance of these three years in spite of it long being argued that this may be inappropriate for learning the art of general practice and developing a lifelong commitment to the specialty.²⁻⁴ In particular, it has been suggested that three-year programmes do not prepare GPs fully and that extension of the general practice component of training would enhance the capability of doctors.⁵⁻⁸ In 1994 the European Union Parliament introduced legislation making specific training mandatory in all member states, with full implementation to be achieved by January 1995.⁹ This EU directive advises that training should be centred in general practice and, where possible, at least 50% of training should take place in a community setting. While there are many differences across Europe as to how the directive has been implemented, the average time spent in general practice training is now four years with two of these spent in a primary care setting.¹⁰

The HSE South East GP vocational training programme was established in 1991. This was a three-year GP training scheme comprising two years in hospital medicine and one year in general practice. In recent years all the training programmes in Ireland have moved from three to four years in duration, of which two years are spent in general practice. In 2003 the first cohort

of doctors entered a four-year GP training programme in Waterford (South East of Ireland). The structure and functioning of this four-year programme are both innovative and unique, in that it seeks to integrate general practice and hospital experience throughout the four years of training. It has been described as trainee focused, experiential and problem based. In year one of the four-year programme there are two six-month hospital senior house officer (SHO) posts, each with four weeks allocated to an attachment in general practice. In the second year there are two four-month hospital SHO posts and four months in general practice combined with special skills teaching in ear, nose and throat (ENT), ophthalmology, dermatology and palliative care. Year 3 comprises an eight-month general practice attachment and a four-month elective hospital post. During 2004 the option of spending this elective in Perth, Western Australia, was introduced on a pilot basis; this Australian elective involved combined experience in a general practice and community hospital post. More recently (2006), the option to spend a four-month rotation abroad in Malawi, Africa, was also introduced on a pilot basis. In the fourth and final year there is a 12-month general practice attachment. During this year doctors can take part in up to three special interest clinics, spending one full day per week for up to six months in the sexually transmitted infection, breast, rheumatology or dermatology clinics. Throughout years 1 to 4 trainees attend an educational programme based at Waterford Regional Hospital. In years 2 and 3 this programme takes up one full day each week; in years 1 and 4 trainees attend for half a day per week. The aim of this study was to determine the perceived benefits and disadvantages of the move to a four-year training programme.

METHODS

This study used systematic, non-probabilistic sampling, the purpose of which was not to establish a random sample drawn from a population but rather to include all those whose characteristics and circumstances were relevant to the focus of the research.¹¹ A total of 26 subjects participated in a number of focus group meetings, including the entire cohort of trainees from the first four-year programme (2003 to 2007; $n = 6$) and five of six graduates from the cohort which completed in 2008. Others participating in the study included a control group of graduates from the three-year programme which ran from 2002 to 2005 ($n = 5$), a sample of GP trainers involved in both programmes ($n = 6$) and all four members of the programme directing team. The relevant trainees, graduates and GP trainers were identified by the programme directors and invited to take part in various focus group meetings (Table 1).

Table 1 Focus group participants and data-gathering phases

Date	Focus group	Participants' status	Attendance	Male	Female	Total contacts
<i>Phase 1</i>						
November 2005	Meeting	Programme director and assistant director (research)	2 of 2	1	1	2
November 2005	Meeting	Programme directing team	4 of 4	2	2	4
November 2005	Focus group A	First cohort of 4-year training, three months into 4th year	6 of 6	1	5	6
November 2005	Focus group B	GP trainers	5 of 6	4	1	5
March 2006	Focus group C	Graduates of 3-year training, 18 months out. Comparison	5 of 6	3	2	5
<i>Phase 2</i>						
May 2006	Focus group D	Programme directing team	4 of 4	2	2	4
May 2006	Focus group E	First cohort of 4-year training, at end of training	4 of 6	1	3	4
May 2006	Focus group F	GP trainers	6 of 6	5	1	6
June 2006	Telephone interviews	First cohort of 4-year training, at end of training	2 of 6	0	2	2
<i>Phase 3</i>						
June 2007	Focus group G	Second cohort of 4-year training, at end of training	5 of 6	1	4	5
June 2007	Focus group H	First cohort of 4-year training, one year after graduation	6 of 6	1	5	6
Total number of data-gathering contacts with individual participants				21	28	49

In total, eight focus groups were held. These were homogeneous, as has been recommended for this type of research.¹² Trainees involved in the four-year programme were interviewed towards the start of their fourth year (focus group A) and at the end of their fourth year (focus group E). Graduates from the three-year programme were interviewed after the end of their training (focus group C). GP trainers involved in both programmes were interviewed on the same day as each of these trainee and graduate groups (focus groups B and F). The four members of the programme directing team also participated in several meetings and an independent focus group (focus group D). Two of the six trainees from the four-year programme were unable to attend focus group E; they were subsequently interviewed by telephone. Graduates from the second cohort of fourth year training were interviewed at the end of their fourth year (focus group G).

One moderator and one other researcher (CS & WT), both independent of the South East GP Training Programme, facilitated each focus group. The groups were run in accordance with relevant guidelines.^{12,13} The focus groups began with an introduction explaining the nature and purpose of the research. It was further explained that confidentiality was paramount and that information would be treated with sensitivity and would not be attributed to any individual. The researchers clarified that they were not looking for a consensus but for the authentic experience of the participants that may include a range of views and opi-

nions. Permission to audio tape the focus groups was sought and freely given by all participants. Consent to participate was confirmed. The other researcher asked supplementary questions and also observed and took notes during the focus groups that encompassed both a summary of the verbal content and non-verbal communication such as noting nods of agreement or indications of disagreement.

In the data analysis of information gathered during the focus groups, confidentiality was ensured. Participants were not identified and personal details were treated with sensitivity, taking care to preserve anonymity. The notes taken during the focus groups and the audiotape transcripts were analysed based on grounded theory.¹⁴ Field notes and audiotape transcripts were analysed by two researchers (CS & WT).¹¹ Emerging themes and links were identified and coded. The categories into which the data were placed were modified to accommodate new data collected until 'saturation' was reached.^{15,16} When new or unexpected themes emerged they were checked with the participants of subsequent focus groups to ensure congruence with their experience. The results used verbatim quotations.¹¹

RESULTS

A number of major themes emerged during this study. The two cohorts of trainees involved in the

extended South East General Practice Training Programme reported that the integration of general practice and hospital jobs throughout the four years of training was particularly beneficial. They felt that this integration reinforced what they needed to learn during the hospital posts in order to develop the skills required for their work in general practice. These trainees also felt that working in a variety of GP practices was beneficial; they were able to spend more time in different types of practices, including those in rural, urban and mixed settings. Fourth-year trainees reported that the learning environment changed during the additional year. There was a view reported that the fourth year was 'less pressurised', particularly as most trainees had completed specialty exams at this stage. These trainees felt that they had experienced significant professional and personal development during their fourth year; in addition they learned more about the business aspects of general practice. The opportunity to experience a placement in another country was considered beneficial. Doctors felt that the exposure to a different health-care system made them more optimistic about the potential for future changes to practice in Ireland.

Both the graduates of the previous three-year programme and the fourth-year trainees reported that they felt able to enter independent practice with confidence in their clinical abilities. The graduates of the three-year programme reported that they felt well prepared for the clinical aspects of the job although they were aware that there would always be more to learn in general practice. They reported that they were less well prepared for being self-employed and for the 'form-filling' aspect of general practice. They were very positive about their experience during training and felt that the programme directing team had designed a very effective programme. When asked how they would feel about a fourth year of training, the graduates of the three-year programme felt that the main benefit would be the opportunity to focus on a specialty of interest.

There seemed to be a consensus among the trainees of the four-year programme that their achievement in passing general practice specialty exams in the third year should have been marked in some way. The GP trainers also commented that trainees would have liked the fact that they had completed an additional year of training to be acknowledged. Both trainees and trainers considered the time allocated to the research project was excessive; both groups felt that the duration of the project should be curtailed.

DISCUSSION

This is one of the first studies to objectively examine the extension of general practice training in the Republic of Ireland. GP registrars from the

South East General Practice Training Scheme reported that the addition of an extra year of vocational training improves professional and personal development; trainees felt more confident and ready to enter independent practice at the end of the fourth year of training. The addition of a fourth year changes the learning experience for doctors; in particular, there was more integration of learning over time. The trainees felt that there was less pressure in the fourth year. Placements abroad were considered beneficial, as were specialty clinical attachments in the fourth year.

In a study reported from the Eastern Deanery of England, GPRs stated that they would like to cover more specialties in training and be able to spend more time based in general practice.¹⁷ A recent study from Southampton reported on a new model of integrated training; training was more GP focused than in the traditional model and involved more exposure to general practice.¹⁸ In this study educators reported favourably on the integrated model; it was felt that while both traditional and integrated training produced doctors that were 'fit for purpose', the new model produced doctors that were more confident. Other studies have reported increased confidence of doctors after extension of training.¹⁹ All doctors who completed their fourth year of training in this Irish study reported favourably on the integrated nature of the training programme. The opportunity to move from GP attachments back to hospital posts made their learning more relevant; they were able to see what they needed to learn from the hospital attachments and which areas were important for general practice. The exposure to a range of different clinical specialties was considered by the trainees to be of particular benefit. Graduates of the three-year programme also perceived the exposure to a greater mix of specialties to be a particular advantage of extended training.

The fourth-year registrars found that the experience of placement in different types of general practices made them feel better prepared for working in their own practice in the future. All of these trainees reported that the fourth year increased their confidence and readiness to practise; all expressed that they had undergone both professional and personal development during the final year of training. This may in part be due to the fact that while in the fourth year doctors have no exams, and have protected time and funding for their learning. This is in keeping with other studies which have suggested that higher professional education of GPs which involves protected time, adequate funding, peer support, and flexible, learner-centred teaching leads to positive outcomes including increased confidence and learning along with reduced stress.^{20,21} McKinstry reported on extension of training in Scotland and noted that the increased confidence reported by doctors after six months of additional training may not persist after a further six months. The

first cohort of fourth years had been in practice for one year at the time of their third and final interview and reported continuing confidence at this time.²²

It has been suggested that the final teaching year in the traditional (three-year) model of GP training is too short, particularly once exams, study leave and annual holidays are accounted for.²³ This view was supported by a study conducted in the West Midlands and Oxford regions to explore GPRs' views of the strengths and weaknesses of their training.²⁴ These registrars felt that their ability to develop necessary skills in a 12-month period was hampered by the burden of examinations and summative assessments; in particular, there was insufficient time to learn skills related to the business side of general practice. The GP registrars in the HSE South East vocational scheme reported that the fourth year was less pressurised. This allowed them to concentrate on other aspects of practice including specialty clinics and the business side of practice. They reported that they were confident in the business aspect of practice and felt more prepared for independent practice. In contrast, while the control group (three-year scheme) also felt well prepared for practice, they specifically identified the business element as an area in which they would like to have had extra teaching.

Studies of GP recruitment and retention have shown that reasons for leaving general practice either temporarily or permanently include difficulty in finding a GP post suited to individual needs, and a desire to work abroad.²⁵ This author suggests that a cultural change is needed amongst medical educationalists so that general practice is promoted as a career choice that is just as attractive as hospital practice.²⁵ The HSE South East training programme offers the opportunity to work abroad and experience a different healthcare system. Doctors in this study who worked abroad reported very positively about this learning experience; they felt more positive about general practice as a career and felt that they were able to bring something positive from a different healthcare system back to Ireland. The fact that this programme offers a broad integrated training which includes placement abroad may in turn make general practice a more attractive career option for doctors of the future, and may improve retention in those who complete training. Further work would need to be done to establish if this is the case or not.

Perceived disadvantages of extended training included the lack of acknowledgment of the seniority and qualifications of doctors who were in their fourth year, and the emphasis placed on research during this final year of training. The GPRs felt that the research project dragged on for too long; GP trainers similarly reported that the final year was over-shadowed by the research project. As a direct result of this, the course has been changed and a shorter time frame has been

allocated to this research. The Irish College of General Practitioners should consider certification once exams have been completed and passed; this would serve to acknowledge the seniority achieved at this stage. Entry to the specialist register should remain dependent on successful completion of the fourth year.

It must be acknowledged that this study was limited by the relatively small number of participants. On the other hand, a total of eight focus groups were held over various times in the fourth years' experience, and the first cohort of fourth years was interviewed on three separate occasions, at the beginning and end of the fourth year and following one year out in practice. This provided ample opportunity to fully explore themes which emerged during the interviews. The researchers who facilitated each focus group and analysed the transcripts were both independent of the South East GP Training Programme. This assured anonymity and confidentiality and allowed for completely honest opinions to be expressed by the trainees. This removed the possibility, noted by McKinstry, that observed registrars may have reported more positively due to a feeling of loyalty to the training scheme.²² This study was conducted in the first two years following the extension of training and while the integrated programme was still new to both trainees and to the course organisers; this may have influenced the outcome. Based on these results, the content and structure of the four-year programme have been altered; this study could usefully be repeated once the extended programme has been established for a number of years. It would be useful to ascertain the experience of other Irish GP training schemes which have moved to a four-year programme; insights gained from this and other studies could help to design a curriculum best suited to develop and promote trainees' skills and ultimately improve patient care.

CONCLUSION

This study suggests that the move from three years to four years of GP vocational training improves professional and personal development, readiness to practise and confidence among doctors.

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Ethical approval

Ethical approval for this study was granted by the Irish College of General Practitioners in Dublin.

Conflicts of interest

None.

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