

Quality improvement through evaluation of GP trainers' continuing professional development in Malta

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ABSTRACT

Background

Mandatory trainer continuing professional development (CPD) sessions were held during 2019 for each GP trainer actively involved in the Specialist Training Programme in Family Medicine – Malta.

Objective

GP trainer CPD sessions were evaluated to improve the quality of the provided CPD that was intended to refine their assessment skills.

Method

Participants were sent a link to an electronic feedback form to complete anonymously using Google Forms. The responses were exported into Microsoft Excel to enable analysis, both quantitatively and qualitatively using item content analysis.

Results

Twenty-six GP trainers completed the feedback questionnaire, giving a response rate of 46%. Positive comments were made regarding the relevance and group dynamics of the sessions (marked as 3 or more out of 5) and the ensuing discussion and interaction (81%). Moreover, 42% stated that they would not change anything about the CPD sessions, while 23% gave different comments about their timing. Educational needs identified by participants ranged from technical

help (42%) to providing trainee guidance (35%) and self-development (12%). While 38% of respondents wanted further training in assessment and marking, 27% wished to broaden training to include other teaching topics.

Conclusion

Since the 2019 trainers' CPD sessions were well-received, it was proposed that in 2020 the topic of assessment should be tackled in more depth, with fine-tuning made of the sessions' facilitation and timing. Trainer CPD sessions to be held after 2020 could incorporate further recommended topics that are set at different levels for participants with varying levels of knowledge and skills.

Key Words

Quality improvement, general practice/education, continuing medical education, Malta

INTRODUCTION

Background

Malta's Specialist Training Programme in Family Medicine (STPFM) was launched in 2007 after the training document drawn up by the Malta College of Family Doctors (MCFD) was approved in 2006 by the Specialist Training Committee within the Ministry for Health (Sammut, et al., 2006). Since then, 83 doctors have successfully completed the programme to become specialists in family medicine, with another 63 undergoing training

during 2019-20 within the Department of Primary HealthCare (PHC) (Sammut, 2017; Sammut and Abela, 2019a).

During the three-year training programme, each trainee is supervised on a one-to-one basis by a GP trainer while practicing on a 50-50 basis in family medicine and in other appropriate specialities, with the latter also being supervised by relevant specialists (Sammut and Abela, 2012). In 2018 PHC and the MCFD agreed to allow contracted GP trainers to take on another GP trainee if there are not enough available trainers (Sammut & Abela, 2018). After having undergone training as teachers in family medicine, GP trainers are expected to keep updated on educational methodology by undergoing regular training in teaching/medical education and continuing professional development (CPD) as assessors/examiners (Sammut, et al., 2006; Specialist Accreditation Committee, 2003).

As such trainer CPD meetings did not take place during the initial years of the STPFM, an assessment of the educational needs of trainers and their practices was carried out in 2015 by the postgraduate training coordinators in family medicine which resulted in an introductory CPD meeting in 2016 for new GP trainers (Sammut and Abela, 2017). Subsequently, in 2017 GP trainers were mandated to attend yearly GP trainers' CPD meetings by the inclusion of a requirement in their contracts with PHC following a recommendation by the Specialist Training Committee in Family Medicine (Sammut and Abela, 2017).

The yearly theme for GP trainers' CPD sessions is discussed and agreed between the postgraduate training coordinators and the MCFD, following which a number of sessions are then organised with each GP trainer required to attend at least one. The theme for the 2019 sessions was based on the recommendation of the Royal College of General Practitioners' International Development Adviser for Malta that GP trainers refine their assessment skills by undertaking educational activities involving double marking of video consultations and case-based discussions (Sammut and Abela, 2019a). This suggestion was consistent with the findings of an assessment of the educational needs of GP

trainers in Malta carried out in 2015 where the most important and urgent recommendation included more exam-oriented training (Sammut and Abela, 2017).

Objective

A fundamental part of any educational course is evaluation, with the aim of improving the quality of the education delivered (Karim, et al., 2013). An evaluation was carried out of the trainer CPD sessions on assessment skills held during 2019 to improve the quality of the CPD training that was provided.

METHOD

The study made use of a descriptive, cross-sectional retrospective method. GP trainer CPD sessions were organised as follows:

1. The contracted GP trainers were invited to choose a date when they could attend from a prepared list. The number of attendees per date was set at a maximum of seven. As there were 57 GP trainers who needed to attend these sessions, this resulted in the formation of 9 groups.
2. Each group nominated a coordinator and, through such coordinator, they were asked to select 2 video consultations and 2 case-based discussion write-ups. The necessary consent was obtained from the patients as well as from the GP trainees. Alternatively, the GP trainers could use video consultations and case-based discussions already available from other sources such as books.
3. The CPD session consisted of a review of the videos/case write-ups, followed by blind marking by all the GP trainers in the group using the relevant assessment forms developed by the MCFD. After the blind marking was concluded, the trainers discussed their markings accordingly with the scope of learning from each other's point of view.

Following each session, feedback from participants was collected and analysed as follows:

1. At the end of the session, the GP trainers were sent a link to an electronic feedback form to complete (Figure 1) using Google Forms, reassuring them that their replies would remain anonymous. The form was adapted from one devised by Sammut, et al. (2007).
2. The responses from the completed forms were exported into Microsoft Excel to enable analysis, both quantitatively and qualitatively using item content analysis (Krippendorff, 1989).

Ethical considerations

No ethical approval was needed since sensitive personal data were not gathered.

RESULTS

Response rate

All the 57 GP trainers that at the time were involved in the STPFM attended the sessions. Out of these, 26 GP trainers completed the feedback questionnaire, giving a response rate of 46%.

Relevance of the topic and group dynamics

Figures 2 and 3 outline the responses received to the first two questions of the feedback form regarding the relevance of the topic and the dynamics during the group sessions. Both topics were scored as 3 or more out of 5.

Positive aspects

All the GP trainers' replies to the question 'What I liked' are shown in Table 1. Grouping the replies into themes, no less than 21 trainers out of the 26 responders (81%) appreciated the discussion/interaction within the meetings that enabled sharing and comparing of different points of view. Six trainers (23%) also highlighted the fact that the topic was practical/relevant.

Areas for improvement

Table 2 shows the GP trainers' answers to the question 'What I would change'. Eleven participants (42%) stated that they would not change anything. Another six (23%) gave different

comments about the time, including duration, time of day, punctuality and protected time.

Area/s where further development needed in role of educator

The GP trainers' comments in reply to the question 'Which area/s in your role as an educator do you feel needs further development' may be seen in Table 3. Eleven participants (42%) requested help of a technical nature such as with the ePortfolio, new teaching methods, time management, appraisal of data, information technology (IT) skills, sharing resources and grading. While three trainers (12%) wished to develop their own assertiveness or confidence, ten respondents (38%) wanted to improve the guidance they provide to their trainees such as feedback, validation, encouragement, motivation, helping difficult trainees and exploring concerns.

Topics for future discussion

Table 4 lists the GP trainers' replies to the question 'Mention one topic which you would like to be discussed in next year's Trainer CPD'. Ten respondents (38%) wished further training in assessment and marking, with a couple suggesting a link to or focus on summative assessment. Another seven participants (27%) wanted to broaden training to include other teaching topics, such as handling difficult trainees (and trainers), one-to-one mentoring and giving feedback. A number of clinical topics were also suggested for future CPD meetings (see Table 4).

Comments/suggestions

Six GP trainers (23%) gave favourable comments regarding the CPD sessions, while three others made organisational suggestions for improvement (see Table 5).

DISCUSSION

Response rate

The fact that only 46% of participants completed the feedback questionnaire might be seen as discouraging if one uses this as a gauge of the GP trainers' interest in improving on these CPD sessions. However, as response rates to online surveys are lower than of paper-based questionnaires (Cho, et al., 2013), this 46% rate can be regarded as acceptable, especially as the

Figure 1: Feedback form

Trainer CPD Feedback Form 2019

Session held on

* Required

Session held on

1. Relevance of topic to your trainer (educational) CPD needs *

Mark only one oval.

	1	2	3	4	5	
Least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Best

2. Way topic was dealt with (group dynamics) *

Mark only one oval.

	1	2	3	4	5	
Least	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Best

3. What I liked *

4. What I would change *

5. Which area/s in your role as an educator do you feel needs further development *

6. Mention one topic which you would like to be discussed in next year's Trainer CPD *

7. Comments / suggestions

Figure 2: Relevance of topic to trainer's educational CPD needs (score: 1 - least, 5 - best)

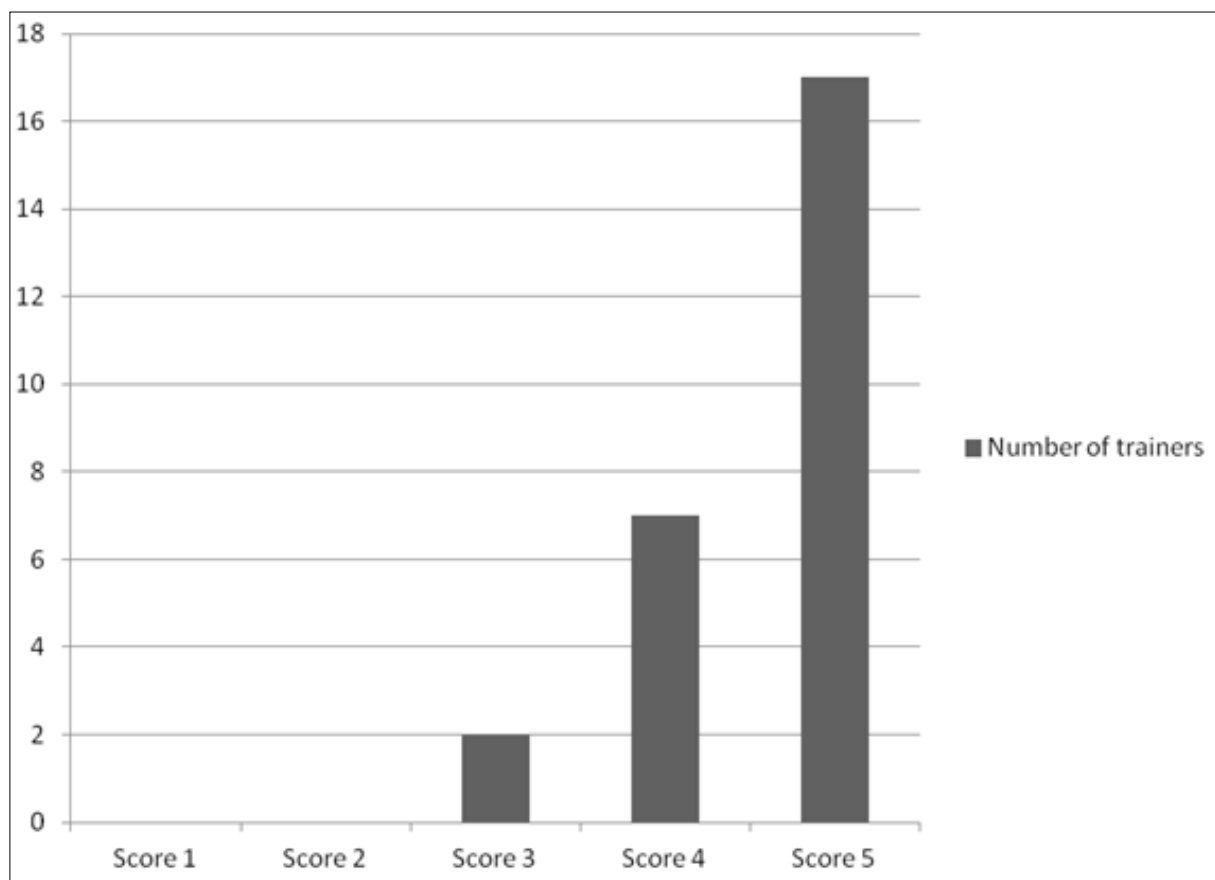


Figure 3: The way the topic was dealt with (group dynamics) - score: 1 - least, 5 - best

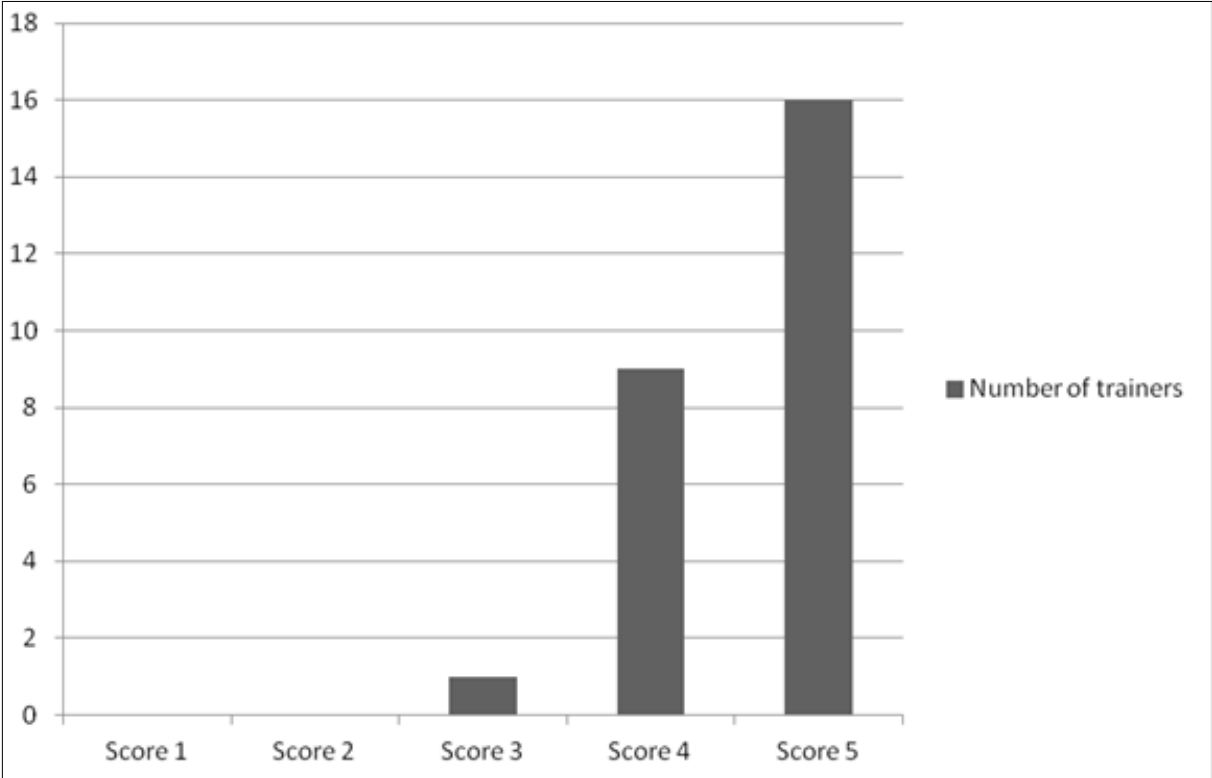


Table 1: Replies to the question 'What I liked'

Frank discussion with peers

Input from other trainers; discussion

Group interaction

Video Setup

Good interaction with frank discussions on approach in dealing with subject matter and trainee.

The very interesting and productive discussions.

Doctors with more experience had a different outlook from us younger doctors

Discussion

Sharing of different opinions and approach but reaching the same conclusions overall.

Being able to get practical feedback and seeing how and why colleagues mark in a particular way

Discussing feedback on how colleagues mark trainees.

Topic which we use daily, good to compare with peers

Interactivity and feedback from other trainers

CPD was practical and relevant and I also liked the group interaction.

Group discussion of things to look out for in COT and CBD scoring

Frank interaction between colleagues about various issues. Congruence between markings between trainers.

A very good experience. if only we can have them more frequent because its a learning experience. discussion with other doctors and learning from each other

Practical topic that will definitely come handy

Discussing scoring and appraisal with my peers. Very relevant

Relevance of topic...CBD + COT

Practical and useful to compare ideas

Possibility to discuss with colleagues

The open discussion on grading the Trainee

See different point of views; learn from others

Discussion with other trainers about common issues, different perspectives.

Group discussion

Table 2: Replies to the question 'What I would change'

Perhaps the food

Nothing regarding the session, but the quality of food could be improved

Nil

Not much.

Session format is fine

I would like to see some standardised scores especially of videos.

Punctuality

None

Presence of administrator missed.

Number of cases needed to discuss in one session as we had to rush to discuss cases.

Number of cases that need to be discussed. We had to rush through some cases since feedback given was quite significant and relevant.

Nil

Nothing from session except healthier food options

The time: late morning to early afternoon rather than all afternoon

Two step process of first scoring individually without discussion and then comparing scores!

Start at 1.00pm and end earlier to avoid traffic afterwards. Choose hot topics to discuss

The time when it was scheduled, has to be protected time catered for and covered

Possibly assessing material of either anonymous trainees or material off the internet

Nil

Nothing. Certainly not the boring format we had in previous years.

Good session. Nothing to change

Having the possibility to project the videos rather than see them on computer

The group size.

Twice a year; Health Centre based

Nothing

Smaller groups (3-4)

Table 3: Replies to the question 'Which area/s in your role as an educator do you feel needs further development'

Confidence

How to formulate and write reports of feedback in COTs and CBDs

Exposure to hospital specialities

Validating trainee work.

I had been away as a trainer so basically use of new portfolio and adapting to the new requirements

Guiding the trainees through the video consultations.

Alternative methods of teaching

Assertiveness

Researching new methods to make tutorials more dynamic and interesting.

How to encourage or motivate students

How to motivate students

How to help the trainee identify the his needs and guide him

Use of ePortfolio

Dealing with difficult trainees.

The e portfolio

How to interpret data, how to appraise journals or studies

More teamwork

Providing negative feedback. Sometimes I tend to sugarcoat things or worry about pointing out negative behaviors, which ultimately wouldn't benefit the trainee.

IT skills

Feedback in CBD.

Practical sessions - i feel time limitations do not allow us enough time to teach practical things to the trainees

Sharing resources that are used by Trainers in their training

Grading the CBDs

Timing

I would like to be more assertive at times.

Exploring trainees' concerns

Table 4: Replies to the question 'Mention one topic which you would like to be discussed in next year's Trainer CPD'

Same again

Discipline for truant GP Trainees and carefree supervisors

One to one mentoring

Consultation skills.

Same topics should be maintained

More on assessment.

As above

Depression

Medical legal

The above

The above

A topic related to coping with trainees problems

Contrast between marking of COT(Needs further dev, competent, excellent) and marking of Cases in final exit examine (Clear pass - Marginal pass - Marginal fail - Clear fail)

Social services available in Malta

Further ePortfolio training

Complex ethical issues when dealing with children and their carers

More video and CPD discussions

How to give constructive feedback

Guidance regarding assessments - going over difficulties experiences when filling out portfolio

Just a repeat of the same topic.

Same as this years

Sharing resources that are used by Trainers in their training

As this year. I felt that I learnt a lot from this session.

Preparing for summative assessment

Guidelines to trainers and trainees in difficult scenarios in clinic and home visits.

Metabolic syndrome

Table 5: Replies to the question 'Comments/suggestions'

Better than last year

Should the items for assessment have a description of what is meant by them to dispel uncertainties of meaning?

Good outcome

CPD's should not be too long as participants tend to lose interest and concentration when longer than 2 hours.

Very good initiative

Very useful session. Thank you

Found today's session extremely helpful - the most useful session so far . Would be happy to repeat it in a year or two's time

Very good meeting

A moderator would have helped the group reach the aims of the CPD, namely that marking of videos and CBDs become more consistent

survey targeted the whole population of trainers and not just a sample of them.

Favourable comments

Those participants that completed the questionnaire had positive comments regarding the relevance and group dynamics of the sessions (scoring 3 or more out of 5) and the ensuing discussion and interaction (81%). Moreover, 42% stated that they would not change anything about the CPD sessions, with 23% making favourable comments regarding them. This positive feedback regarding trainers' CPD resonated with previous studies in the UK and Malta, where educational CPD was found to be very important to GP trainers (Waters and Wall, 2007; Sammut and Abela, 2017).

Proposed organisational changes

Regarding areas for improvement, the most common comments (23%) were related to time concerns, specifically better timing of the sessions according to participants' availability and improving the schedule of topics to be tackled to avoid rushing through them. However, putting these comments into perspective, the afternoon timing of the sessions was mentioned by only two of the 26 participants, with the other respondents presumably happy with the time-slot allocated.

As regards the comments on the duration of the session and the speed with which the cases were covered, the direction given was to cover 2 video consultations and 2 case based discussions per session – this translates to 45 minutes per case which the coordinators believe was sufficient. Arising from a remark that the “presence of (an) administrator (was) missed” during the session, it is presumed that the problem arose when the identified coordinator of the group failed to act as moderator of the meeting.

Three observations were made regarding the quality of the food, which topic was promptly tackled by the coordinators, whose efforts were however limited by organisational and financial constraints. Another respondent commented that “the time when (the CPD session) was scheduled, has to be protected time catered for and covered”. This challenge of protected

time has also been identified by trainers in the UK (Waters and Wall, 2008) and is an ongoing problem faced in Malta due to staff shortages within state primary health care services (Sammut and Abela, 2013; Sammut and Abela, 2017; Sammut and Abela, 2019b).

Trainers' educational needs

A whole breadth of educational areas was identified by respondents as needing development. Some needs may be classified as basic (self-confidence, teaching methods, grading trainees' work) and organisational (developing IT skills, using the ePortfolio, managing time effectively, accessing resources and appraising data).

Other trainers said they needed to improve the guidance they provided to their trainees by enhancing their training skills, including:

- Giving feedback (4 participants);
- Motivation of trainees (2 respondents);
- Validating work;
- Providing guidance;
- Exploring concerns;
- Dealing with difficult trainees.

The development of teaching skills had similarly been identified as the top development need in an assessment of Maltese GP trainers' educational needs carried out during 2015 (Sammut and Abela, 2017).

A study of European GP trainers found that “experienced teachers were much more concerned about programme development, institutional support, methods of enhancing teaching and learning, while the emphasis for novice trainers was much more in relation to dealing with time constraints, putting theory into practice, and teaching while taking care of patients” (Guldal, et al., 2012).

Considering these conclusions of Guldal, et al. (2012), the two levels of educational needs identified by Maltese GP trainers (basic/organisational versus training skills enhancement) may have been proposed by different levels of trainers, namely those who are still new to the job and want to learn more in contrast to others who more experienced but feel they can do better.

Proposed topics for future sessions

A few specific topics were suggested for trainers' future CPD sessions, ranging from clinical (depression and metabolic syndrome), through social services availability, to medico-legal and ethical issues and problem cases. However, nearly two-thirds (65%) of participants requested topics related to teaching in general, with a special focus on assessment and marking.

The STPFM Quality Management Report for annual appraisals carried out in 2018 (Abela and Sammut, 2019) once again 'recommended that the theme of assessment and score allocation continues to be given its due importance and periodically discussed in the Trainer CPD sessions which are now being held regularly'. Thus, since the 2019 trainers' CPD sessions were overall well-received, it was only logical to propose that the same topic of assessment was tackled further during the sessions held in 2020. This proposal is consistent with a qualitative study of GP trainers in the UK which concluded that "achievable personal development plans can be constructed through an appraisal process" within an educational course (Pitts and Curtis, 2008).

Limitation of study method

Although the questions used in the feedback form were not passed through the process of validation, they were adapted from an evaluation form that has been used reliably for over ten years by GP trainees to evaluate half-day release course sessions they attended. Recall bias was avoided as the GP trainers were sent a link to an electronic feedback form promptly at the end of the session.

As just under half the GP trainers completed the feedback form, the opinions of the other 54% are unknown. The non-response may be due to participants being either happy with the training sessions or not being interested in providing feedback. Ideally non-respondents should have been contacted regarding their reasons for not replying, but this was not possible as the survey was anonymous. However, as the invitation to complete the survey was sent to all participating GP trainers and not just a sample, this effect of this bias was minimised.

While it would have been ideal to compare and contrast this local study with other international studies, such studies were found to be sparse; this finding highlighted the topic as a knowledge lacuna.

Recommendations

In the light of the feedback received, the following recommendations were proposed for discussion with the MCFD:

1. The same topic of assessment should be considered for 2020, while topics for trainer CPD sessions to be held after 2020 may include those suggested by the survey participants in their replies. These sessions could incorporate topics that are set at different levels for trainers with varying levels of knowledge and skills (Guldal, et al., 2012).
2. Organisationally, the same format used in 2019 could be used in 2020, however ensuring that the coordinators of the groups act as moderators during the sessions, making it a point that sessions start on time and keep to the time schedule allotted. Also, some worked examples could be used in these sessions.
3. In future, the use could be considered of any available face-to-face or online modules prepared by reputable institutions (such as the Royal College of General Practitioners and the European Academy of Teachers in General Practice/Family Medicine) that are approved by the MCFD as equivalent to or as a substitute for the trainer CPD meetings.

CONCLUSION

Since the 2019 trainers' CPD sessions were well received, it was proposed that in 2020 the topic of assessment should be tackled in more depth, with fine-tuning made of the sessions' facilitation and timing. Trainer CPD sessions to be held after 2020 could incorporate further recommended topics that are set at different levels for participants with varying levels of knowledge and skills. It is hoped that GP trainers' CPD activities will continue to develop their educational skills and thus benefit the quality of training provided to GP trainees.

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REFERENCES

- Abela, G. and Sammut, M.R., 2019. *Quality Management Report. Annual Appraisal performed during January 2018 to December 2018*. Specialist Training Programme in Family Medicine, Primary Health Care Department, Mtarfa, Malta.
- Cho, Y.I., Johnson, T.P., VanGeest, J.B., 2013. Enhancing Surveys of Health Care Professionals: A Meta-Analysis of Techniques to Improve Response. *Evaluation & the Health Professions*, 36(3), pp.382-407.
- Guldal, D., Windak, A., Maagaard, R., Allen, J. and Kjaer, N.K., 2012. Educational expectations of GP trainers. A EURACT needs analysis. *European Journal of General Practice*, 18(4), pp.233-237.
- Karim, S.I., Irfan, F., Qureshi, R., Naeem, N. and Alfaris, E.A.M., 2013. Evaluation of Continuing Professional Development Program for Family Physicians. *Pak J Med Sci*, 29(2), pp.458-463.
- Krippendorff, K., 1989. Content analysis. In Barnouw, E., Gerbner, G., Schramm, W., Worth, T.L. and Gross, L. (Eds.), *International encyclopedia of communication*, (1), pp.403-407. New York, NY: Oxford University Press.
- Pitts, J. and Curtis, A., 2008. Reflections of General Practice Trainers on Educational Appraisal and Structured Continuing Professional Development. *Education for Primary Care*, 19(1), pp.32-42.
- Sammut, M.R., 2017. Ten years of specialist training in family medicine in Malta 2007-17. *Journal of the Malta College of Family Doctors*, 6(2), p.25.
- Sammut, M.R., Abela, J.C., Grixti, M., Mallia, P. & Sciortino, P., 2006. Specialist Training Programme in Family Medicine – Malta. Malta: Malta College of Family Doctors.
- Sammut, M.R. and Abela, G., 2012. The Specialist Training Programme in Family Medicine – Malta. *Journal of the Malta College of Family Doctors*, 1(2), p.10.
- Sammut, M.R. and Abela, G., 2013. Specialist training in Family Medicine in Malta during 2007-2012: a comparative evaluation of the first and fifth years of the programme. *Journal of the Malta College of Family Doctors*, 2(3), pp.21-28.
- Sammut, M.R. and Abela, G., 2017. Empowering the continuing professional development of general practitioner trainers in Malta through educational needs assessment. *Journal of the Malta College of Family Doctors*, 6(3), pp.7-17.
- Sammut, M.R. and Abela, G., 2018. *Specialist Training Programme in Family Medicine – Malta Annual Report 2018*. Primary HealthCare, Ministry for Health, Malta.
- Sammut, M.R. and Abela, G., 2019a. *Specialist Training Programme in Family Medicine – Malta Annual Report 2019*. Primary HealthCare, Ministry for Health, Malta.
- Sammut, M.R. and Abela, G., 2019b. A seven-year review (2011-17) of the work-based assessment component of Malta's Specialist Training Programme in Family Medicine. *Journal of the Malta College of Family Doctors*, 8(2), pp.11-17.
- Sammut, M.R., Bonnici, J.J., Borg, M.A., Calleja, F.P. and Soler, J.K., 2007. *The Half-Day Release Course - A Curriculum for Malta's Specialist Training Programme in Family Medicine*. Adapted from an assignment prepared by the authors for the Malta College of Family Doctors – Royal College of General Practitioners Teachers' Course, 27 June – 1 July 2006, Sliema, Malta.
- Specialist Accreditation Committee, 2003. *Framework Specialist Training Programme*. Statutory Boards – Health Division, 181 Melita Street, Valletta.
- Waters, M. and Wall, D., 2007. Educational CPD: how UK GP trainers develop themselves as teachers. *Medical Teacher*, 29(6), pp.e160-9.
- Waters, M. and Wall, D., 2008. Educational CPD: an exploration of the attitudes of UK GP trainers using focus groups and an activity theory framework. *Medical Teacher*, 30(8), pp.e250-9.