Comparing GP trainees' evaluations of placements within Malta's Specialist Training Programme in Family Medicine before and after a COVID-19 pandemic related break in training

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ABSTRACT

Background:

Malta's Specialist Training Programme in Family Medicine lasts for three years, made up of three six-month training posts in family medicine interspersed with other-speciality placements lasting eighteen months in all. As a result of the COVID-19 pandemic, all training was suspended from 23 March to 5 July 2020.

Objective:

A comparison of GP trainees' evaluations of their training placements during the six-month periods before and after the training break was carried out to identify if and how training was affected by the pandemic and what corrective measures or improvements were needed.

Method:

Training placements are evaluated by GP trainees through online forms on their ePortfolio. The information from these forms was transcribed into Microsoft Excel to enable quantitative and qualitative analysis. Feedback given for posts during October 2019 to March 2020 (i.e. prior to the COVID-19 enforced break in training) was compared with that given during July-December 2020.

Results:

GP trainees were satisfied overall with the teaching provided during the family practice and other-speciality posts. Post-break satisfaction ratings in government health centres rose while those for private general practice declined, both as a consequence of the pandemic. While a post-break drop in satisfaction ratings for Paediatrics was attributed to the pandemic, similar declines for Taster and Orthopaedics posts were unrelated.

Conclusion:

The COVID-19 pandemic affected teaching in government practice positively through reducing patient numbers, which allowed a better training environment. Private practice was affected negatively by the pandemic, namely through limited clinical scenarios for teaching. The

post-break drop in ratings for Paediatrics also was attributed to the pandemic which reduced outpatient attendance, doctor-patient interaction and consultation dynamics.

Recommendation:
Training during placements within the STPFM can be improved and safeguarded from negative factors such as a pandemic if administrators endeavour to enhance the educational environment.

Key Words
Education, family practice, program evaluation, COVID-19, Malta

INTRODUCTION

Background

The Specialist Training Programme in Family Medicine (STPFM) was inaugurated in Malta in 2007 by the Primary HealthCare Department and the Malta College of Family Doctors (MCFD). This followed approval in 2006 of the MCFD's training document by the Specialist Accreditation Committee within Malta's Ministry for Health (Sammut, et al., 2006).

The STPFM lasts for three years, made up of three six-month training posts in Family Medicine (supervised by a General Practitioner [GP] trainer) which are interspersed with training placements in other specialities (supervised by specialist consultants) lasting eighteen months in all. The mandatory specialties are classified as major (Emergency, Medicine, Paediatrics, Obstetrics & Gynaecology and Orthopaedics) and minor (Dermatology, Ear Nose & Throat, Geriatrics, Palliative Care/Hospice, Ophthalmology and Psychiatry). There are also two short Taster posts in specialities chosen by the GP trainees according to their educational needs (Zammit, Sammut and Abela, 2017).

To ensure the quality and success of teaching programmes, evaluation is an important tool, not only for teaching in general (Morrison, 2003) but also for family doctor training in particular (Karim, et al., 2013). While studies have been carried out over the years to evaluate the STPFM (Sammut, 2009; Sammut and Abela, 2013; Sammut and Abela, 2019), training posts are reviewed regularly by GP trainees who are mandated to fill in evaluation forms on the educational ePortfolio. Such feedback is monitored systematically by the postgraduate training coordinators in family medicine who then tackle any resulting issues to improve the quality of training provided (Sammut and Abela, 2012).

As a result of the COVID-19 pandemic, the Specialist Training Committee in Family Medicine (STCFM) decided that all training within the STPFM be suspended from 23 March 2020 because the quality of training had been compromised by the suspension of normal services within other specialities and by additional demands being posed by the situation in family medicine (Sammut and Abela, 2020). Three months later the STCFM agreed that training placements in family practice and in other specialities be restarted on 6 July 2020 as government health centre and private practice services were returning to pre-COVID-19 levels and as hospital outpatient and other routine clinical services had either resumed or were in the process of starting again (Sammut and Abela, 2020).

Objective

Following the resumption of training after the 3-month break enforced by the COVID-19 pandemic, the postgraduate training coordinators felt that a comparison of the trainees' evaluations of their training placements in the six-month periods before and after 23 March – 5 July 2020 was warranted to identify if and how training was affected by the pandemic and what corrective measures or improvements were needed.

METHOD

Placements in family medicine (in government health centres and private general practice) and in other specialities are evaluated by GP trainees through online forms on their ePortfolio. These were adapted from questionnaires developed by the Yorkshire Deanery Department for NHS Postgraduate Medical and Dental Education (2003). The information from these forms was transferred to Microsoft Excel spreadsheets so that anonymous analysis could take place, both quantitatively and also qualitatively using item-content analysis (Krippendorff, 1989). Feedback

given for posts during the six-month period of October 2019 to March 2020 (i.e. prior to the COVID-19 enforced break in training in April-June 2020) was compared with that given during the subsequent six-month period of July-December 2020.

Ethical considerations

Permission for this study was provided by the Data Protection Officer and the Clinical Chairman of Primary HealthCare. Ethical approval was not required since no sensitive personal data were gathered. This study also falls within the 'zone of accepted practice' (Zeni, 1998), as regular reviews of GP trainee evaluations form part of the training coordinators' own internal quality assurance and practitioner research, with the ultimate aim of improving the training programme.

RESULTS

As the completion of post-placement evaluation forms is mandatory in the training programme, all GP trainees in training gave their feedback. The participating trainees consisted of those in their first (n=18), second (n=16) and third/final (n=18) years of training, totalling fifty-two.

Quantitative analysis

The percentage satisfaction ratings for teaching during the 6-month period of October 2019 - March 2020 (prior to the break in training during April-June 2020 due to the COVID-19 pandemic) were compared with those for the post-break 6 months (July- December 2020).

GP trainees were very satisfied overall with the teaching provided during the family practice posts, with pre-break ratings of 81-91% and post-break ratings slightly higher at 84-94% (Figure 1). When looking separately at the satisfaction ratings for teaching in government health centres and those in private general practice, it was noted that in the former the ratings increased by 5 to 11 percentage points from the pre-break to the post-break period, while for the latter the ratings decreased by 3 to 7 percentage points.

The GP trainees' satisfaction with the effectiveness of training in the other specialities during the 6-month periods before and after the 3-month COVID-19 break may be viewed in Figure 2 (major specialities lasting 6 weeks to 3 months) and in Figure 3 (minor specialities lasting 2 weeks to 1 month). The trainees were very satisfied overall with training provided during the major speciality posts (86-94% ratings) and

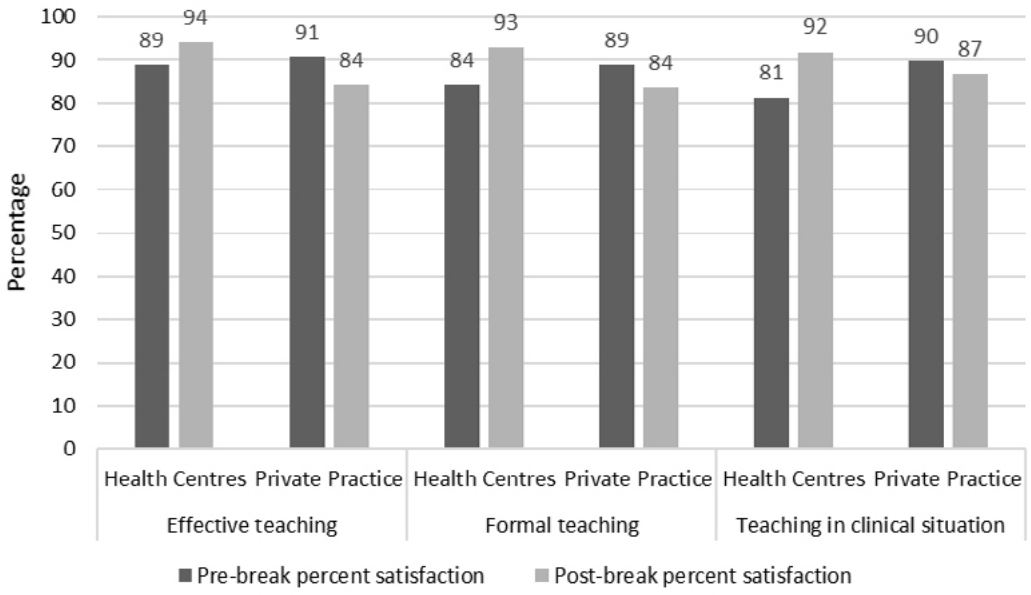

Figure 1 - Trainee satisfaction ratings for teaching during the Family Medicine placement for October 2019-March 2020 (prior to the April-June 2020 break intraining due to the COVID-19 pandemic) and for July-December 2020

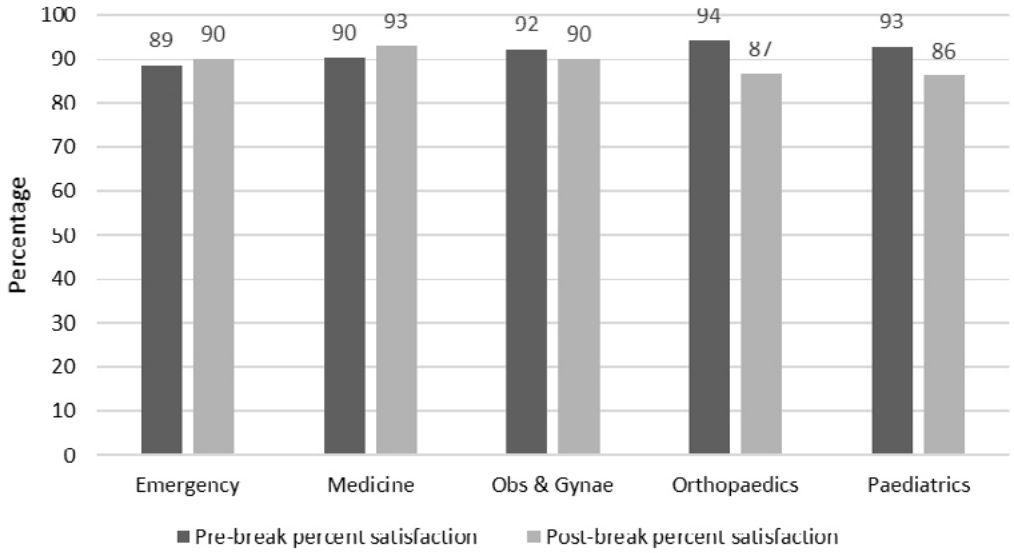

Figure 2 - Trainee satisfaction ratings for effectiveness of training during Major Speciality Placements for October 2019-March 2020 (prior to the April-June 2020break in training due to the COVID-19 pandemic) and for July-December 2020

quite satisfied with minor-speciality post training (78-97% ratings).

The specialities that had a notable drop in satisfaction rating from the 6-month pre- break period to the 6-month post-break period were the Taster posts in various optional specialities (94 to 86%) by 8 percentage points and the posts in Orthopaedics (94 to 87%) and Paediatrics (93 to 86%) by 7 percentage points. On the other hand, there were two minor specialities which were awarded a higher rating by 9 percentage points after the COVID-19 break: these were the posts in Ear, Nose & Throat (ENT) from 79 to 88% and Ophthalmology from 78 to 87%.

Qualitative analysis

The GP trainees made suggestions how the practice could be improved as a teaching unit within the family medicine placements (Table 1), with the top two concerning training in the government health centres. The trainees in fact emphasised the importance of working in the same shift and health centre as their trainers (18 suggestions in all) and requested more or

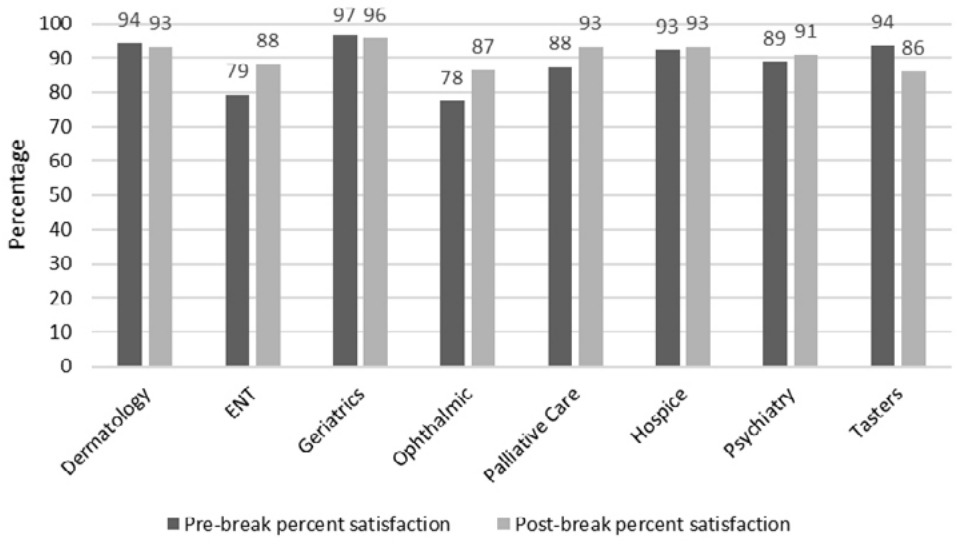

Figure 3 - Trainee satisfaction ratings for effectiveness of training during Minor Speciality Placements for October 2019-March 2020 (prior to the April-June 2020 break in training due to the COVID-19 pandemic) and for July-December 2020. [NB:ENT – Ear, Nose & Throat]

Table 1: Top results from item content analysis of replies by GP trainees to the question *'Can you suggest any way in which you think the practice could be improved as a teaching unit?'* regarding family medicine posts [Pre-break: October 2019 – March 2020; post-break: July-December 2020]

Suggestions for improvement	Number	
	Pre- break	Post- break
Working in same shift / health centre as trainer	12	6
More / protected clinical teaching despite workload / lack of staff in health centres	9	2
Continuity of care of patients (seeing same patients in follow up clinics) to improve learning	6	0
Being assigned for more exposure to specialty clinics in health centres	5	3
Case-based teaching using clinical scenarios and challenges in health centres	4	4
More tutorials on Clinical Skills Assessment	4	2
Private practice exposure should be longer to improve experience (more hours if full-time, longer post if part-time)	1	6

protected clinical teaching in view of the heavy workload and lack of staff (11 total requests).

The GP trainees proposed a number of ways how their other-speciality assignments could be improved. Tables 2 and 3 list the proposed improvements for the major and minor other-speciality posts respectively. The top suggestion was for more outpatient sessions in all other-speciality posts (31 requests), followed by 28 requests for a longer placement in minor other-speciality posts, 21 proposals for more formal teaching/tutorials across all other-speciality placements and 16 appeals to see patients alone / hands-on during all other-speciality posts.

DISCUSSION

Family medicine placements

While GP trainee satisfaction ratings for the overall family medicine placement and for government health centres during July-December 2020 were slightly higher compared to October 2019 - March 2020 (by 3 and 5-11 percentage points respectively), the drop of 3-7 percentage points for private general practice was intriguing (Figure 1).

The probable reasons for this drop in satisfaction with teaching during private GP posts were given by the trainees themselves in comments they wrote in the evaluation forms. In

Table 2: Top results from item content analysis of replies by GP trainees to the question *'In what ways can the educational value of the post be improved?'* regarding the major other-speciality posts [Pre-break: October 2019 – March 2020; post-break: July-December 2020]

	Emergency		Medicine, Mater Dei Hospital		Medical Consultant Clinic, Health Centres		Obs & Gynae		Orthopaedics		Paediatrics	
Suggested improvements	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**
More outpatients, less wards/theatre/duties			4	3					3	3	4	2
More formal teaching/tutorials		1	1				1	1		2	2	4
Seeing patients alone & discussing with consultant			1		2							3
More time/exposure to these clinics					3							1
Formal introduction / adequate training before working in admission room							3	1				
More exposure to admission room								2				
Gaining experience and learning from outpatients of different specialities				2								
Being assigned to care also for Emergency Severity Index 3-4 cases	2											

Table 3: Top results from item content analysis of replies by GP trainees to the question *'In what ways can the educational value of the post be improved?'* regardingthe minor other-speciality posts [Pre-break: October 2019 – March 2020; post-break: July-December 2020]

	Dermatology		Ear, Nose & Throat		Geriatrics		Ophthalmology		Palliative Care		Hospice		Psychiatry		Tasters	
Suggested improvements	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**	**Pre-break**	**Post-break**
Longer placement	1	2	1	1	1	1					5	4	3	4	4	1
More outpatients, less ward rounds			3	2		1				2			3			1
Seeing patients alone / hands-on	3	2	2					1					1		1	
More formal/ protected teaching/ tutorials				2				1		1			2		1	2
More exposure to casualty / emergency clinic				1			3	1								
An induction session at the start of the placement				2					1							1

reference to the July-September 2020 period, one trainee in fact stated that "due to the COVID19 pandemic the number of patients attending the practice decreased greatly from previous periods - I would say we saw only 30-40% of what we would usually see. This situation also resulted in a smaller variety of presentations, and as such teaching through clinical scenarios was in some ways limited." Another trainee added that "the current situation prevented us from implementing much research/auditing as previously planned." In Europe, while distance-learning solutions are being sought due to the COVID-19 pandemic, face-to- face skills training in clinical settings remains an integral part of medical training (Michels, et al., 2020).

However the situation in private practice then improved during October-December 2020, as

reported by a GP trainee who wrote that "the greater workload throughout these three months allowed for a greater variety of GP trainer and trainee discussions to take place on the different cases encountered." In fact, there were no less than 6 recommendations made by trainees after the COVID-19 suspension of training that private practice exposure should be longer (more hours if full-time, longer post if part-time) to improve their experience in this placement, as compared to just one such recommendation made before the break in training (Table 1).

Regarding government health centres, one possible reason for the post-break improvement in satisfaction ratings for teaching was provided by a trainee who commented that "due to the COVID situation patient numbers in the health centre have reduced, which allowed a better training environment; ideally this should be the norm." Another GP trainee agreed, revealing that "given (that) the overall influx of patients decreased in view of (the) COVID 19 pandemic, more time could be allowed for discussion with (the) trainer." The relationship between the trainee and the trainer is central to learning, with the former's engagement in clinical challenges needing to be balanced by the latter's provision of clinical, educational and professional support (Wearne, et al., 2012).

Moreover, the state teleconsultation service introduced by Primary HealthCare as a consequence of the pandemic was welcomed by a trainee who stated that the service is "very helpful, telecommunication is ever-developing and a vital part of family medicine. This post helped me improve these skills, which would not have been possible at the health centre". Another trainee also "found telemedicine to be very useful and would strongly suggest a part time rotation for all trainees." Training in the utilisation of telemedicine has become more pertinent in these pandemic times and its integration into specialist training curricula improves both trainee education in care provision and patients' access to specialty care (Lee and Nambudiri, 2019).

Currently GP trainees are assigned morning duties at Primary HealthCare's telemedicine centre on an ad hoc basis by health centre principal GPs, meaning that they would not be in the same health centre as their official GP trainer during that time. There are a number of certified and experienced GP teachers working in telemedicine who had to renounce participation in GP training because the telemedicine centre is not a 'hands-on' health centre. If trainees were assigned an official rotation to telemedicine, each could be paired for that period with one of the 'inactive' GP teachers, who would provide the trainees with experienced supervision in terms of tele and video-consultations.

Two perennial problems regarding training in the government health centres were again highlighted in the results of this study (Table 1): that of GP trainees not being assigned to work in the same shift and health centre as their GP trainers and of the curtailment of clinical teaching by the heavy workload and lack of staff. Despite repeated recommendations made over the years for trainees and trainers to be assigned to work together in the same venue and for the facilitation of 'on the job' training (Sammut and Abela, 2013; Sammut and Abela, 2019), these have not materialised despite evidence in the literature that such arrangements facilitate clinical teaching and work-based assessment (Spencer, 2003; Norcini, 2003).

Other speciality placements

Three other-speciality placements experienced notable drops in satisfaction ratings for teaching from October 2019 – March 2020 to the post-COVID 19 break period of July-December 2020.

The reason for the post-break decrease in rating of 8 percentage points for the two- week Taster posts in various optional specialities was not related to the COVID-19 pandemic, as revealed in the comments made by the GP trainees on their evaluation forms. One trainee reported that the problem was that the "taster placement took place during Christmas and New Year's (and) hence (s/he) missed two days of placement since they fell on (a) public holiday. Clinics and lists were quieter than usual", while another made a suggestion to "avoid having the taster weeks during festive seasons" for the same reason. In fact one GP trainee had the placement curtailed by a week as all the consultants were

on leave. Consequently the MCFD agreed with a proposal made by the postgraduate training coordinators in family medicine that, as from spring 2021, these posts take place during January, April, July and October instead of during March, June, September and December (Psaila, 2020).

The 7 percentage point drop in satisfaction rating for the Orthopaedic post following the training suspension also was unrelated to the COVID-19 pandemic. Three trainees gave medium (50-60%) scores for formal and ward teaching, with one of them recommending "more exposure to out-patient cases, where GP training is most relevant, less emphasis on ward work - more opportunity for formal teaching". On the other hand, a similar drop for the Paediatrics placement was squarely attributed to the pandemic by 8 out of the 9 GP trainees, many of whom were relatively dissatisfied (giving scores of 60-70%) with the teaching provided. One of them specified that "COVID-19 had quite a (negative) impact on outpatient attendance, as well as (on) doctor-patient interaction and consultation dynamics". This situation has been mirrored in the United States of America, where there were reports of outpatient volume being considerably reduced during the pandemic with adverse consequences on trainees' exposure to different diseases and their ability to develop skills in managing them (Edigin, et al., 2020).

While most of the minor other-speciality placements and all the major ones were scored in the high eighties or nineties in the percentage satisfaction ratings for teaching by the GP trainees, the only two minor specialities which were given lower scores were ENT (79%) and Ophthalmology (78%) for the pre-break period of October 2019 – March 2020. The reasons for this were given by the trainees in the evaluation forms.

Regarding the ENT post, the pre-break overall satisfaction ratings were reduced by the low scores (20-40%) given for teaching by one GP trainee who stated that "unfortunately the consultant made very little effort to teach during the placement and (I) was not involved in clinical decision making and rationale". Three trainees asked for more outpatient sessions and less ward rounds ("a greater focus on the outpatient setting, as ward rounds generally involved reviewing patients post-op"), while there were two requests to see patients alone / hands-on ("ideally having a room in which to see patients would be helpful, whether this is logistically possible is another thing").

Similarly, the pre-break satisfaction ratings for the Ophthalmology post were negatively affected by the 50-60% scores given by two GP trainees. While one did not provide any reason for the low score, the other wrote that, as s/he was assigned to a consultant working in a specialised area of ophthalmology, "unfortunately given this factor educationally I did not get to see much of the more common conditions". Three trainees asked for more exposure to emergency cases at the casualty clinic, with one explaining that "on the days where I joined in the emergency room, I feel that I improved my knowledge in the treatment of acute conditions".

The GP trainees' suggestions for improvements to the other-speciality posts focused mainly on the location (outpatient rather than ward-based), the duration (longer placements in minor other specialities) and the method (a balance of formal teaching and hands-on training). GP trainees can benefit from productive and fulfilling teaching experiences in outpatients when provided with quality teaching and supervision (Logan, Rao and Evans, 2021). However, if the trainee is restricted to the passive role of observer, clinical teaching remains limited because hands-on learning on the job is essential for professional development (Spencer, 2003). Moreover other- speciality placements need to be of adequate duration to permit an improved or increased exposure to each speciality during postgraduate training (Lennon, et al., 2013).

Study method limitations, strengths and implications for the future

While the completion of feedback forms on placements in family medicine and other specialties is mandatory for GP trainees, a bias may have been introduced in the qualitative analysis by disinterested trainees not replying to open questions. The information gathered did not include demographic data of the repondents

such as age and gender as this was considered to be beyond the aim of the study. Statistical analysis to highlight any significant differences between the pre and post-training break periods was not performed, this not being within the scope of the project, which was to detect areas for improvement in training posts.

This study investigated how an external issue such as a pandemic affected specialist training in family medicine in Malta; it also provided suitable recommendations for future practice, education and policy. Although the project comprised a suitable evaluation of placements by GP trainees, research involving similar feedback from GP trainers and other-speciality supervisors would be of benefit.

CONCLUSION

While GP trainees were very satisfied overall with the teaching provided during the family practice posts, the satisfaction ratings for teaching increased in government health centres and decreased in private general practice after the training suspension. The COVID-19 pandemic affected teaching in government practice positively through reducing patient numbers, which allowed a better training environment for the trainee and more time for discussion with the trainer. Private practice was affected negatively by the pandemic, namely through a drop in attending patients, a smaller variety of presentations and limited clinical scenarios for teaching.

All the major other-speciality posts and most of the minor ones were scored in the high eighties or nineties by the GP trainees in the percentage satisfaction ratings for teaching. Of three placements that experienced notable drops in ratings during July- December 2020 after the COVID-19 training break, only that in Paediatrics was attributed to the pandemic which was held responsible for decreases in outpatient attendance, doctor-patient interaction and consultation dynamics.

Recommendations

Training during placements within the STPFM can be improved and safeguarded from negative factors such as a pandemic if Primary HealthCare and administrators of other specialities endeavour to ameliorate the educational environment for GP trainees.

Family medicine training posts can be enhanced as follows:

- the allocation of GP trainees to work in the same shift and health centre as their GP trainers in government practice;
- the balancing of trainees' clinical duties with the provision of clinical teaching and support by their trainers to safeguard their educational collaboration;
- the prolongation of the private practice placement (more hours if training full-time and a longer post if part-time), in the context of an increase in the duration of the whole training programme, to improve GP trainees' experience in this post; and
- the introduction of formal training in telemedicine for trainees, perhaps through a part-time rotation, with possible assignment to GP trainers located at the telemedicine centre (instead of the current system where trainees are assigned ad hoc and without their trainers' supervision).

Recommendations for improving training in other-speciality placements include:

- the provision of regular placements in outpatient and casualty clinics where cases seen are more community-oriented and GP-relevant;
- an increase in duration of minor other-speciality posts to improve exposure and experience;
- an improvement in formal teaching according to the GP trainee's educational needs; and
- the ability of trainees to see patients independently and then discuss their hands-on management with supervising consultants.

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