Evaluation of Broad Based Training

Final Report: Executive Summary

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Executive Summary

Introduction and evaluation aim

Patient demographics and healthcare services are changing. In accord with a move towards broader based general training, the Academy of Medical Royal Colleges (AoMRC) introduced the two-year broad-based training (BBT) programme in 2013. At the same time, they also commissioned a programme evaluation, funded by Health Education England. The principal aim of our study was to evaluate whether the BBT programme better prepares trainees for the next step in their training compared with those following conventional pathways.

Methods

We adopted a longitudinal, mixed-methods approach collecting data from annual questionnaire surveys (from BBT trainees and comparator groups), focus groups, semi-structured, one-to-one interviews and Q-sort methodology. Our primary focus was two groups of BBT trainees (BBT2013 and BBT2014; total n at baseline = 62) whom we followed for three years.

We submitted regular interim reports throughout the evaluation. The intention of this final report is to review the evidence on the extent to which BBT has achieved its aims, drawing comparisons with data from trainees following conventional training pathways and highlighting unintended consequences.

Results

Specialty complementarity

Relevant programme aims:

- to deliver a more broad-based practitioner who is likely to be able to bring a wider perspective to healthcare provision both now and for the predicted future NHS
- to promote greater integration and understanding within the specialties involved in the programme for both trainers and trainees

From questionnaire data, BBT trainees were significantly more confident that their training would result in: wider perspectives, understanding how specialities complement one another and application of learning across specialties. BBT trainees welcomed the additional time spent training. Importantly, our data also revealed that comparator groups were open to undertaking an additional six-months training in the BBT specialties.

Experience from all four BBT specialties was noted to benefit trainees in caring for patients in their chosen specialty. They suggested that BBT experience enabled them to better understand referrals and to tailor discharges appropriately. From focus group data, it was apparent that experiencing the four specialties fostered greater tolerance and understanding of the pressures and limitations experienced by colleagues in different specialties.

Possible unintended consequences of developing a wider perspective included the risk of feeling isolated or like an ‘outsider’ during BBT training compared to those on traditional pathways. However, feelings of isolation were just as prevalent amongst
comparator groups. A lack of understanding of the BBT route was raised by trainees in post-BBT interviews. During training, other trainees shared experiences of being ‘overlooked for procedures’ as traditional trainees’ needs were prioritised. In contrast, special treatment from trainers who wished to recruit to the specialty could result in enhanced learning opportunities.

**Recruitment, career conviction and progression**

Relevant programme aims:

- to provide service an opportunity to recruit trainees into potentially under subscribed or expanding specialties
- to develop trainees who are well-equipped to progress successfully into any specialties concerned at CT/ST2 level on successful completion of the BBT programme
- to allow trainees to develop career conviction in their choice of career pathway

Most BBT trainees chose to exit into GP, supporting the aim of providing the service with the opportunity to recruit into priority areas. Moreover, in comparison with the previous year, larger proportions of those exiting from the second cohort (BBT2014) chose GP and Psychiatry.

Trainees from comparator groups indicated that they decided on their career specialty much earlier than BBT trainees. However, BBT trainees displayed significantly greater satisfaction with their choice of specialty compared to comparators at the same point (two years post Foundation training). This seems to suggest that for some on conventional pathways, training experience can diminish initial certainty about career choice.

BBT provides trainees with extra time to decide on an onward career specialty. Although BBT can be an important option for the undecided, taking longer to decide should not simply be associated with indecisiveness or lack of commitment. For many, their choice to follow the BBT route was to acquire confidence, contentment and conviction in their decision-making. For example, being able to confirm a career choice or experience specialties for the first time enabled them to make an “informed decision”.

BBT and comparator trainees were similarly confident that their training equipped them to progress into their chosen specialty. However, some BBT trainees experienced difficulties in transitioning; this primarily concerned those exiting into Paediatrics and Psychiatry and centred on exams and particular areas of clinical experience. More generally, the broader experience benefited BBT trainees. In interviews, post-BBT, they spoke of increased confidence in managing patients in comparison with their traditional route colleagues.

**Patient-related aspects**

Relevant programme aims:

- to develop practitioners who are adept at managing complexity within patient presentations and the associated risk assessment and management
- to ensure that trainees have a firm grounding in the provision of patient focused care
BBT trainees were notably more confident that their training would lead to being able to manage complex patients and provide patient focused care. Exposure across the specialties enabled them to better understand the patient journey through the healthcare system and foster a more patient centred approach. By considering the psychological, as well as physical needs of patients, trainees felt able to take a holistic approach that appreciated the whole patient journey, rather than a discrete part of it. The 10% time could be particularly valuable here. A more holistic approach was reiterated in post-BBT interviews (with former BBT trainees and their Educational Supervisors). It was evident that the trainees were utilising the knowledge they had acquired in different specialties to help them take a more holistic approach to the care of their patients.

The Q-sort analysis suggested that the BBT programme attracted and developed a broad spectrum of trainees, not only those with a generalist disposition but also those with an open-minded specialist leaning and/or those who value a work-life balance.

Negotiating the 10% time contributed to one notable unintended and welcome consequence, namely that BBT trainees became more self-directed and demonstrated leadership and management skills. Less welcome was the impact of a lack of knowledge about BBT amongst others that could result in BBT trainees being treated more like Foundation trainees on occasion.

**Conclusions**

Our evaluation benefits from multiple data sources at regular points over time. We can demonstrate a consistent and detailed response which overwhelmingly shows that the BBT programme developed trainees who bring a wider perspective to health care, promote specialty integration, who adopt holistic, patient-centred approaches to care, are able to manage patients with complex presentations, and who have conviction in their choice of career.

BBT trainees talked enthusiastically about the way their training would help them meet the demands faced by the NHS in the future. They spoke confidently about how their wider perspective and cross-specialty skills equipped them to work with growing numbers of patients with complex health needs. BBT was shown to foster deep understanding of the workings and limitations of different specialties.

As a programme, BBT provides the service with an opportunity to recruit trainees to under subscribed or expanding specialties and suits the needs of the changing health service. The generalist outlook is critical to the outcomes of patients with multiple chronic diseases that straddle the boundaries between traditional specialties. However, the perceived lower status of generalists relative to specialists is a potential issue. Changes are needed to ensure UK statutory education and training agencies improve national and local awareness of generalism and, where relevant, the BBT programme.