



The training of hospital doctors in Sligo General Hospital



Basis for further study
April 2000



Research & Education
Foundation



North Western
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Abbreviations

CCST	Certificate of Completion of Specialist Training
CME	Continuous Medical Education
FAEM	Faculty of Accident and Emergency Medicine, London
GIM	General Internal Medicine
GPT	General Professional Training
HMT	Higher Medical Training
HST	Higher Specialist Training
ICHMT	Irish Committee on Higher Medical Training
NCHD	Non Consultant Hospital Doctor
NWHB	North Western Health Board
PGMDB	Postgraduate Medical and Dental Board
RCA	Royal College of Anaesthetists, London
RCOG	Royal College of Obstetricians and Gynaecologist, London
RCPCH	Royal College of Paediatrics and Child Health, London
RCPI	Royal College of Physicians in Ireland
RCPs	Royal College of Psychiatrists, London
RCSI	Royal College of Surgeons in Ireland
SAC	Specialist Advisory Committee
SGH	Sligo General Hospital
SHO	Senior House Officer
SpR	Specialist Registrar

Preface

The Research and Education Foundation at Sligo General Hospital was set up in the early 1990s with the primary objective of improving the quality of medical care offered to the general public by supporting programs of research and improving education.

In February 2000, the Foundation initiated a study of the conditions and requirements for postgraduate medical training in the hospital in response to:-

- a. The aspiration to improve training conditions for doctors at SGH in general
- b. The development of structured training programmes at national level
- c. The current difficulties in recruiting NCHDs in some specialties.

The study involved all hospital doctors and consultants working within the hospital itself and the two associated institutions, St. Columba's Hospital and Our Lady's Hospital Manorhamilton. It did not cover the vocational training scheme for General Practice.

Whilst a number of specialties have made individual progress in the past, this report is the first hospital-wide step in the process of improving the training environment for hospital doctors and consultants.

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NB: In the report, "Hospital Doctor" has been used to denote those in training who are not consultants. It equates to and replaces the label NCHD, which has been used in tables and charts.

Aims & Objectives

The overall aim of this report is to inform the Foundation, Hospital Management and the NWHB about the need for a joint effort in the development of a high quality training environment within the hospital. It is the first step in the process of joining forces to meet the existing and future requirements of the bodies responsible for training in Ireland.

The report investigated the training requirements for all postgraduate hospital doctors in training grades in the 10 specialties at SGH. There was a particular emphasis on establishing both the required core skills and the framework for training in all specialties. Clinical skills for specific specialties have not been included.

Existing training conditions were explored by means of:-

1. postal questionnaires to all consultants and hospital doctors
2. a discussion forum for all doctors
3. an examination of the teaching programmes in each specialty
4. identification of the teaching facilities in each specialty
5. consultation with the General Practitioner Training Unit

Finally, a set of recommendations has been formulated in order to move the process forward.

1. Introduction

In the late 1990s, postgraduate medical training underwent radical changes in the UK as a result of the recommendations of the working group led by Professor Kenneth Calman, the then Chief Medical Officer. The new arrangements placed more emphasis on structured teaching and supervised learning and less on apprenticeship. Postgraduate medical training in Ireland is currently in transition. In some specialties it has already been brought into line with the UK developments and in general there has been considerable collaboration between the training bodies of Ireland and UK, particularly for Higher Specialist Training.

The reform of postgraduate training has seen the introduction of the *Specialist Registrar Grade (SpR)*. Posts accredited for this grade involve the setting of specific educational objectives, training agreements, induction at the start of each placement, rotational placements designed to offer specified experience and regular feedback on progress from the supervising consultant. The overall aim of such training programmes is to shorten the specialist training time and to ensure a training environment of high quality for Irish doctors. This should also reduce the age at which consultant status is attained.

The move towards more structured training is also evident in the junior training grades. Some specialties have already introduced new, specific guidelines for General Professional training and the Medical Council is currently addressing the streamlining of the Intern Year. In the near future, all levels of postgraduate medical training will require a tight structure with well defined training programmes at national as well as at local level.

Sligo General Hospital faces a major challenge in meeting these requirements in order to obtain accreditation from the professional bodies responsible for inspection of the training posts. Only by achieving these will it attract high quality trainees. Good quality training already takes place in the hospital but there is room for improvement. Apart from in a few specialties, SGH does not have a reputation for training, however so far accreditation for SpRs has been sought and obtained in a couple of specialties. Others are in the process of acquiring accreditation for SpR posts. Traditionally, the hospital has recruited overseas doctors to fill up to 80% of the hospital doctor posts to which Irish graduates were not attracted.

Recently the number of overseas doctors applying has abruptly dwindled following new Medical Council rules and the hospital is experiencing a manpower problem. The link between the quality of postgraduate medical training in the hospital, manpower issues and both quality and quantity of service has now become palpable. Resources must be invested in training or the hospital will not be approved for rotational training posts, the standard of trainees will deteriorate and the service to patients may suffer.

2. Context & Background

This chapter looks at the international, national and local context to the current need for change in the training structures for hospital doctors at Sligo General Hospital. Manpower issues, policy initiatives, institutional conditions etc. have all influenced the training programmes at local level in individual hospitals.

2.1 The International Context

The need for establishment of structured programmes for training of specialists in Ireland is partly a result of various international attempts to streamline the postgraduate training of doctors in Europe and the UK.

- a) In 1993 the EU adopted a Council Directive 93/16/EEC to facilitate free movement of doctors and mutual recognition of their diplomas, certificates and other evidence of formal qualification. In 1996 the “*European Specialist Medical Qualification Order 1995*” came into force. It laid down regulations for recognition and registration of specialist medical qualifications and awarding of a CCST (Certificate of Completion of Specialist Training).
- b) The Calman Report (“*Hospital doctors: Training for the Future*”) published in the UK in 1993 aimed to bring the UK into line with other EU countries in the definition of “specialist”. The main proposals in the report were to introduce a clear definition of specialist training with structured curricula, reduction of the duration of specialist training, awarding of the Certificate of Completion of Specialist Training (CCST) and an increase in consultant numbers. As a result, medical training has undergone a major change in the UK and at this stage all of the Royal colleges in the UK have produced training curricula, setting out the skills doctors will need to acquire and regulations for how their competence should be measured. Transition to the new system began in December 1995 and was completed in April 1997 in the UK.

The first evaluation of the impact of the Calman reforms of Higher Specialist Training (HST) on trainee satisfaction has recently been published in *BMJ*, March 2000. Questionnaire surveys on various aspects of the training programme were conducted two years apart in 1996-97 and 1998-99. The results showed that trainees in all grades reported greater satisfaction with their current posts and that the changes required extra training time and effort from consultants. Improvements were most noticeable at the level of specialist registrar, but changes in the same direction were also seen in more junior grades (Paice, 2000).

- c) The issue of reducing the long working hours of trainees also impacts on the staffing shortage in Irish hospitals. In 1999, the European Parliament suggested a four-year transition period for the introduction of the 48-hour week for hospital doctors. The European Commission will make a final decision on this matter in May 2000. The average working week for a hospital doctor was found to be 69 hours in 1995 (PGMDB, 1997) and if the regulations are passed, even greater numbers of hospital doctors will be required to fill hospital doctor posts.

2.2 The National Context

In Ireland, a pre-Calman training culture has traditionally prevailed. Training of postgraduate medical staff has been carried out on a model of apprenticeship as opposed to in formalised training programmes. In the past, a significant proportion of Irish doctors have undertaken all or part of their postgraduate training abroad, partly due to the absence of recognised training schemes in Ireland and partly due to a pursuit of training in centres of excellence abroad. These doctors would then aspire to return to the Irish hospital system as consultants. This pattern of emigration along with the decreasing number of overseas doctors working in Ireland has contributed to the major staffing problems that hospitals throughout Ireland are currently experiencing.

- a) In 1973 the Council for Postgraduate Medical and Dental Education was set up to promote and coordinate the development of postgraduate medical and dental training. It is now known as the **Postgraduate Medical and Dental Board** (pgmdb). The council published several reports giving a review of postgraduate medical education and programmed training as well as suggesting standards for postgraduate centres, libraries and the provision of finance. In its second report published in 1977, the Council stated that the service delivered to the hospitals had to be supplemented by lectures, discussions, observation of the work of others, individual reading and other forms of formal education. For the Health Boards it was stated that, if a hospital accepts a doctor for training, it has an obligation to make every effort to ensure that the trainee gets that training and the trainee must not have such a large service commitment that there is no time to learn.

The latest report published by the Board is the “*Third Report, 1991-96*”. It presents work of the previous five years and it supports the following moves towards a more structured postgraduate medical training:

- the introduction of Specialist Registrar posts in Ireland
- preservation and enhancement of structured training posts and schemes
- matching programmes for hospital doctor appointments

- b) In 1993, the Tierney Report (“*Medical Manpower in Acute Hospitals*”) addressed the issue of manpower and put forward a number of recommendations to meet the future service and training needs in Irish hospitals. Amongst them were:

- an overall ratio of one consultant to one hospital doctor
- a gradual reduction of the service work of hospital doctors
- accelerated and a more intensive training of hospital doctors in order to reach high clinical standards at an earlier stage in the career
- increased direct consultant involvement in the supervision and training of junior doctors.

- c) The latest report to contribute to the medical manpower debate is the draft report of the “*Forum on Medical Manpower*” circulated by the **Medical Manpower Forum** in October 1999. The Minister for Health established the Forum in May 1998 to develop a programme of action to deliver changes necessary in the area.

Initiatives for improvement of the post-graduate medical training are among the briefs of the Forum. In the document, the Forum argues that a manpower initiative must offer opportunities to doctors to spend a greater part of their training and subsequent careers in Ireland. The forum also supports the move towards more focused training programmes.

In its draft report, the Forum states that *“Ensuring that each hospital has a training strategy in place that defines the approach used and the duties of those responsible for the provision of training provides supervision, monitoring and assessment of trainee progress, and envisages continuing professional development for all medical staff is key to real and meaningful change.”*

Currently, most specialties in Ireland are moving towards shorter and more focused training programmes. The introduction of the Specialist Registrar grade echoes the UK model for Higher Specialist Training and several specialties are indeed establishing common programmes with UK colleges through the Joint Committees. However, there are still specialties in Ireland with no or very little progress in the area of setting up specific training programmes, particularly for General Professional Training (see Chapter 3).

- d) Representatives of hospital doctors have also called for improvement in training conditions. The IMO, the Department of Health and the Health Service Employers Agency are currently negotiating a new national agreement to succeed the 1997 conditions of service agreement for hospital doctors. The priorities for these talks include issues such as working hours, payment for overtime and properly resourced protected training time (IMO, 1999).

2.3 The Local Context

- a) Irish postgraduates generally shy away from working in general hospitals with no structured training programmes or training record. Therefore, overseas doctors have to a large extent provided the medical service. However, the supply of Non-EU medical staff has dwindled in the last year with the introduction of a registration exam by the Medical Council and the costs associated with it.

The nationwide problems with recruitment of staff, long working hours and shortage of Irish trainees prepared to work in general hospitals have also affected Sligo General Hospital since the Medical Council changes. Every six months the hospital experiences major recruitment problems in some specialties and several hospital doctor posts remain unfilled. This impacts on the working conditions of all medical staff and is reflected in the excessive average working hours of the hospital doctors in the hospital (on average 77 hours/week, see Section 5.3.2).

- b) All “Teaching Hospitals” in Ireland have links with a university for purposes of undergraduate teaching and have international kudos as such. They are listed under the Health Act and controlled by the Medical Council. Some may acquire the new title “Major Academic Teaching Hospitals” in the near future. Sligo General Hospital has no direct link with undergraduate medical teaching institutions and is not listed under the Health Act as such. It is therefore not considered a teaching hospital although undergraduate students rotate through some departments.

A “Training Hospital” is a hospital with accreditation for postgraduate medical training of Pre-registration (intern), General Professional and Higher Specialist trainees. Training hospitals have no statutory standing. The professional medical bodies are responsible for accreditation of posts for postgraduate training. SGH is approved as a postgraduate training hospital in a number of specialties, mostly for General Professional Training.

In the future, requirements for approval by the inspection bodies will be tightened. Rotational arrangements will be in place in various specialties, Higher Specialist Training will be formalised and involve approved Specialist Registrar posts etc. The signs are that if Sligo General Hospital and the Health Board as a whole do not take up the opportunity to coordinate the training of hospital doctors in a structured, formalised manner, the current recruitment difficulties will escalate.

- c) Four specialties have so far been accredited for training of the Specialist Registrar grade (SpR) in the SGH catchment area. SAC accreditation has been granted to the Trauma & Orthopaedic Department for three posts, years 1 to 4, as part of the National SpR Higher Surgical Training Scheme. Two of these posts are currently filled. Orthodontics has a visiting SpR and the Public Health Department in Ballyshannon shares a SpR with Galway on a two year rotational basis. Orthodontics and Public Health are not part of the study. General Medicine has been accredited for year 1 of the SpR training scheme, however the post is unfilled at present. Anaesthesia is in the process of seeking recognition for SpR years 1-3 for two posts in its North Western regional training scheme.

3. Training Guidelines

Guidelines for postgraduate training are continuously under review. Many medical specialties have only recently introduced formalised, structured training programmes with associated written guidelines, whereas those of others are still under development. During the recent modifications in postgraduate medical training, many Irish training bodies have introduced similar structures to that of the UK. This chapter gives a brief overview of the training guidelines applicable to the hospital doctors at SGH and the bodies responsible for the recognition of training posts.

3.1 Overview of Guidelines

Programmed training is under the immediate guidance of the recognised professional bodies. They lay down the criteria and standards for training and are responsible for the general organisation and monitoring of training.

In Ireland, the relevant Royal College or other appropriate Irish training body generally lays down the training programme for General Professional Training (GPT). GPT in psychiatry is an exception and follows the UK guidelines. In the case of Higher Specialist Training (HST), the programme is laid down by the Irish training body concerned and by the Joint Committee where such exists. Table 1 gives an overview of the guidelines for postgraduate training of doctors in Ireland.

Some specialties (A&E, Obstetrics & Gynaecology, Paediatrics) have no official, written Irish guidelines for GPT. A doctor wishing to specialise in A&E can follow the surgical, anaesthetic or general medical career path at SHO level and obtain a suitable amount of training in A&E departments to qualify for an A&E exam. Paediatrics has not introduced a formalised GPT programme, but it will probably be similar to that of the UK. The same applies to that of GPT in Obstetrics & Gynaecology.

Most specialties have several sub-specialties and they in turn have specific guidelines mostly concerning clinical skills. They are not included in this report.

The guidelines vary from being very detailed documents with descriptions of exact targets for clinical skills and for administrative, personal and managerial skills, to being rather broad documents with little or no reference to curricula or specific targets. The latter are primarily guidelines for the amount of training time required in the specific specialty.

Specialty	General Professional Training	Higher Specialist Training
Accident & Emergency	No Irish guidelines Surgical, Anaesthesia or medical GPT are all relevant	<i>Higher Specialist Training A&E Medicine, SAC in A&E, 1997 Guidelines for Specialist Training in A&E Medicine, 1996, SAC in A&E and FAEM(UK)</i>
Anaesthesia	<i>Specialist Training in Anaesthesia, FA, RCSI, 1998*</i> (<i>Specialist Training for Senior House Officers in Anaesthesia, RCA (UK)</i>)	<i>Specialist Training in Anaesthesia, FA, RCSI, 1998*</i>
General Internal Medicine	<i>Handbook and Core Curriculum for SHOs in GIM and the Medical Specialties, RCPI, 1998</i>	<i>Curriculum for Higher Specialist Training in GIM, ICHMT, 1997</i>
Obstetrics/ Gynaecology	No Irish guidelines (<i>Personal Development File, RCOG(UK) (logbooks, progress assessments etc.)</i>)	<i>Curriculum for Higher Specialist Training in Obstetrics and Gynaecology, ICHMT, 1998</i>
Paediatrics	No Irish guidelines (<i>A Syllabus and Training Record for General Professional Training in Paediatrics and Child Health, RCPCH (UK), 1999</i>)	<i>Curriculum for Higher Specialist Training in General Paediatrics, ICHMT, 1998</i>
Psychiatry	<i>Basic Specialist Training Handbook, RCPs(UK), 1999</i>	<i>Higher Specialist Training Handbook, RCPs(UK), 1998</i>
Surgery (Orthopaedics, General Surgery, Ophthalmics, ENT)	<i>Basic Surgical Training and Examinations, RCSI, 1998</i> (updated version awaited April 2000)	<i>Manual of Higher Surgical Training in the UK and Ireland, JCHST, 1999</i>

* Criteria for hospital educational approval and accreditation procedures

Table 1: *Guidelines for postgraduate training of Hospital Doctors in Ireland.*

3.2 Approval of training posts

Doctors wishing to further their career within a specialty should work in approved training posts. The Medical Council controls intern training and inspects hospitals with intern posts. For GPT and HST each department within hospitals in Ireland must seek formal approval for postgraduate training from the appropriate College or Faculty in that particular specialty.

Inspection generally takes place every 2-3 or 5 years and is undertaken by a visit from Irish and/or UK inspectors. They are supplied with a range of documentation on the case mix, facilities, manpower, publications, teaching programmes etc. in the respective department. The information required varies between the specialties.

Table 2 lists the bodies responsible for recognition of GPT and HST in the specialties with hospital doctors at SGH.

There are Joint Committees representing Ireland, England, Wales, Scotland and Northern Ireland in all specialties except for Obstetrics & Gynaecology. For example, the JCHST (Joint Committee for Higher Surgical Training) includes among its members representatives from each of the four surgical Royal Colleges and the specialist associations, which relate to each of the nine surgical specialties. The JCHST is responsible for specialist training through its nine Specialist Advisory Committees (SAC), which supervise training in the specialties.

The Joint Committees are involved in the recognition of all posts for HST except for Obstetrics & Gynaecology.

Specialty	Body responsible for recognition of GPT posts	Body responsible for recognition of HST posts
Accident & Emergency	RCSI	Joint Committee on Higher Training in A&E Medicine
Anaesthesia	The College of Anaesthetists RCSI	The Joint Committee with the Association of Anaesthetists of GB and Ireland
General Internal Medicine	RCPI	Irish Committee on HMT and also the Joint Committee on Higher Medical Training
Obstetrics/ Gynaecology	The Institute of Obstetricians & Gynaecologists, RCPI for the MRCPI and also RCOG (London) for MRCOG	The Institute of Obstetricians & Gynaecologists, RCPI
Paediatrics	RCPI	Irish Committee on HMT and also the Joint Committee on Higher Paediatric Training
Psychiatry	The Irish Psychiatric Training Committee	The Irish Psychiatric Training Committee and also the Joint Committee
Surgery (ENT, Orthopaedics, General Surgery, Ophthalmics)	RCSI	Irish Surgical Postgraduate Training Committee and also the Joint Committee for Higher Surgical Training.

Table 2: *Bodies responsible for recognition of hospitals for General Professional Training and Higher Specialist Training*

4. Core Training Requirements

The guidelines for training hospital doctors have many common threads across the ten specialties with trainees at SGH. This chapter points out the core requirements for General Professional Training and Higher Specialist Training as well as summarises the guidelines for Interns.

4.1 The Intern year

Until recently, no official guidelines were available for the intern year. In Autumn 1999, the Medical Council issued the Intern Co-ordinators and tutors with brief guidelines for the reform of the intern year. In the document, the Medical Council states that an educational programme and supervision are amongst the overall objectives of intern training.

The educational proposals directly related to formalised training conditions contain the following:-

- Structured educational course of 7-10 hours per week under the guidance of the intern co-ordinator.
- Each educational package to combine relevant skills teaching e.g. consultation/prescribing skills, ACLS, with personal development, career guidance, self directed learning, project work and a didactic component.
- Development of valid and reliable logbooks
- Intern tutors to provide formative assessment
- Systematic feedback to interns on performance

4.2 General Professional Training

The guidelines for GPT are mainly produced by Irish Colleges and Faculties. The most comprehensive handbook for training at SHO level is published by the RCPI for General Internal Medicine (*Handbook and Core Curriculum for SHOs in GIM and the Medical Specialties*, RCPI, 1998). It is very similar to that of the UK equivalent. The list of general training requirements below is largely based on this document with additions from guidelines for other specialties. They are written in bullet point format to facilitate a quick overview.

The Working Environment

- General introduction to the hospital and the post
- Introduction to Educational supervisor and any other with responsibility for education and training at the hospital.

The Learning Environment

- Clear job description should be available detailing the educational opportunities.
- Written, agreed learning plan early in the tenure of the post.

- Clinical experience should be appropriate to both service needs and the career aims of the SHO. The balance of the two should be maintained, so that service needs do not swamp the career aims.
- No tasks should be undertaken for which the SHO has not been adequately trained.
- Appropriate study leave should be available.

Educational supervision

- Every SHO should have a named Educational Supervisor.
- The Educational Supervisor should meet with the SHO early in the tenure and agree on an individual, written learning plan with educational objectives
- The Educational supervisor should appraise the SHO at regular intervals (formative assessment). Some guidelines say interviews should take place at least every six months, others say every three months.
- Written documentation is provided in the trainee's logbook at the end of each placement. Some guidelines require a confidential report to be prepared for discussion with, and countersigning by, the trainee.
- A questionnaire should be administered to record the SHOs experience and views on the post.

Learning

- Informal learning should be an integral part of the environment.
- Time should be taken on ward rounds and in outpatient clinics to explain and discuss patient care
- A period should be set aside at the end of clinical sessions for education
- The Educational supervisor should spend a protected hour per week with the trainee and it should focus on the development of clinical skills.
- Clinical training should include out-patient clinics
- Educationally unproductive tasks should be minimised.
- Formal learning should be programmed and bleep-free. On average 4 hours per week (some guidelines say 2 sessions including study time)
- Learning sessions should involve all grades of doctors. SHOs should be involved in presentation and preparation at both lectures and small group seminars.
- Teaching sessions should include postgraduate meetings, audit, ward rounds, departmental and inter-departmental meetings and can also include half-day release programmes.
- Training in Cardiopulmonary resuscitation
- Training should include the principles of equity and ethics in practice

Administration, Audit and Research

- Direct involvement in audit
- An understanding of the methods of research, statistical evaluation and critical assessment of published work, is desirable for all SHOs e.g. via journal clubs.
- Administrative tasks such as discharge summaries should be undertaken. Computer and secretarial support is necessary.
- Some understanding of management skills

Study Leave

- Study leave should be readily available
- Study should be relevant to the SHOs career objectives even if this is outside their specific clinical duties.

Facilities

- A “quiet space” in the hospital’s residence and at the postgraduate medical education centre should be available.
- An accessible and well-stocked library must be available.
- Accessibility to books in library out-of-hours.
- Lecture room, seminar room and video facilities should be available

Career Advice

- All SHOs must have access to career advice from either supervising consultant or other tutors.

4.3 Higher Specialist Training

In most specialties, the criteria for Higher Specialist Training are laid down by the Joint Committees. However, in the specialties General Internal Medicine, Obstetrics & Gynaecology and Paediatrics, the Irish Committee on Higher Medical Training has published guidelines for HST. Psychiatry, Surgery (and all subspecialties) and A&E follow the UK guidelines. Anaesthesia has no official Irish guidelines other than a document concerning the criteria and procedures for hospital educational approval.

The most comprehensive set of guidelines is for higher specialist training in surgery (*Manual of Higher Surgical Training in the UK and Ireland*, JCHST, 1999). This document sets out the requirements for the Specialist Registrar Training programme. All other specialties are in the process of developing and/or implementing the SpR grade and its associated structured training programmes. It is likely that these guidelines will be comparable to the surgery manual.

Generally, the requirements laid down for GPT are appropriate for HST as well. Therefore only divergent and additional aspects of the postgraduate training for HST are referred to in this section.

The Learning Environment

- Trainees will be invited to complete a formal training agreement with their postgraduate deans on the educational duties and obligations on each side.
NB: Postgraduate deans do not yet exist in Ireland.

Learning

- A formal education programme should be timetabled and allocated 1 session a week.
- Protected time for academic study should be 1 session per week. Some guidelines say at least two hours and preferably 4 hours.
- Specialist registrars should be required to teach undergraduates, supervise less experienced doctors and to teach other professional groups. They should also take part in organising journal clubs and case conferences.

- Trainees should be expected to show evidence of the development of effective communication skills as a result of the above.
- Knowledge of ethical principles. Careful decision making concerning life saving procedures, genetic engineering, observing the rules of respectful human relations.

Administration, Audit and Research

- All trainees are encouraged to undertake research and are expected to develop an understanding of research methodology. Some specialties require two sessions per week to be devoted to planning, conducting and communicating the outcome of research.
- Administration should be timetabled for 1 session per week.
- Audit is a vital component of training. Educational inspectors will inspect audit reports during their programme inspections.
- Trainees in HST should obtain management experience through tasks such as teaching, committee work and clinical work of the hospital. Experience may also be gained at management courses.

Study Leave

- Trainees will require protected time for study and tuition within the training location and participation in full or part-time courses elsewhere.

Facilities

- Trainees should be provided with adequate secretarial help for all aspects of their work, including research.

4.4 Overall Aims of Postgraduate Training

On the basis of the above requirements the overall principles of training for all grades can be summarised as follows. They should:-

- have clear objectives
- be planned
- be supervised
- be evaluated
- allow time for formal teaching
- allow time for personal study
- accommodate the specific needs of individuals
- be of finite duration

5. Survey on Training

The training requirements outlined in chapter four encompass guidelines relating to training and working conditions, content of the training programme, facilities, level of supervision etc. In order to set up structures to meet these requirements it is necessary to assess the present conditions for training of hospital doctors at SGH and to investigate the perceived needs for change. This has been attempted by means of a survey, a discussion forum for all hospital doctors and by collecting information about the facilities and training programmes of each specialty. This chapter looks at the survey results.

5.1 Aims and Objectives

The overall purpose of the survey was to obtain the views of both consultants and hospital doctors on the nature of training of hospital doctors at Sligo General Hospital, St. Columba's and Our Lady's Hospital Manorhamilton in all specialties in order to advise the Foundation, NWHB and Hospital Management as to identify how an improved training environment could be attained.

More specifically, the objectives of the survey were to assess the

- training programme for hospital doctors
- contents of the training offered
- supervision and appraisal of trainees
- career advice offered to trainees
- training conditions for Consultants
- perceived barriers to an improved training environment
- measures to facilitate an improved training environment
- teaching and training facilities
- working conditions for hospital doctors

5.2 Methodology

The methodology applied was a survey, conducted by means of a postal questionnaire in March 2000. It was aimed at all Interns (4), Senior House Officers (40), Registrars (25), Specialist registrars (2) and Consultants (37) at Sligo General Hospital, St. Columba's and Our Lady's Hospital. All specialties were included, including those with no hospital doctors attached. GP trainees on a rotational scheme were included in the survey. Three part time hospital doctors who are not in training were excluded from the survey.

Two separate questionnaires were prepared, one for hospital doctors and one for Consultants (Appendix 1 & 2). A week prior to posting the questionnaires all consultants were informed in writing about the survey. Recipients of the questionnaire were given two weeks to return the completed questionnaire. The hospital doctor questionnaire was also circulated to consultants for their information.

All specialty coordinators were contacted in person requesting them to encourage their colleagues and trainees to respond. A reminder was also posted to all survey participants one week prior to the return deadline.

5.3 Results

5.3.1 Study Sample and Return Rates

A total of 71 hospital doctors and 37 consultants were surveyed. The overall response rates obtained were 73% for consultants and 51% for hospital doctors (Table 3).

Department	Consultants	Returns	Return rate	NCHDs	Returns	Return rate
A&E	1	1	100%	6	5	83%
Anaesthesia	6	4	67%	3	3	100%
ENT	2	0	0%	6	2	33%
Medicine	5	3	60%	18	6	33%
Obs/Gynae	2	1	50%	7	3	43%
Ophthalmics	1	1	100%	3	0	0%
Orthopaedics	3	3	100%	9	8	89%
Paediatrics	3	3	100%	6	3	50%
Pathology*	2	2	100%	0	0	N/A
Psychiatry	5	2	40%	4	2	50%
Radiology*	4	4	100%	0	0	N/A
Surgery	3	3	100%	9	4	44%
Total	37	27	73%	71	36	51%

* No hospital doctors attached to the specialty

Table 3: *Sampling population, returns and return rate for the training questionnaires.*

All specialties, except for ENT, are generally well represented in the consultant sample; they all have at least one responding consultant.

The hospital doctor sample is not entirely representative of the sampled population. It is complicated by a high response rate from departments such as Orthopaedics, A&E and Anaesthesia, whereas ENT and Medicine are poorly represented. There were no responses from Ophthalmics. Two of the responding hospital doctors are on the General Practitioner Training Scheme at SGH. The distribution of hospital doctor grades in the sample is listed in Table 4.

Grade	No. of returns
Specialist Registrar	2
Registrar	12
SHO	20
Intern	2

Table 4: *Hospital doctor grades in the study sample.*

The predominant nationality among the hospital doctors is Pakistani followed by Irish (Figure 2). The gender balance is 69% male to 31% female (Figure 1).

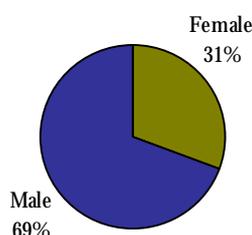


Figure 1: *Gender of hospital doctors*

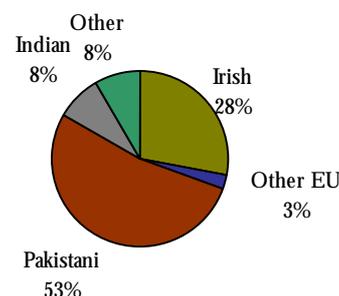


Figure 2: *Nationality of hospital doctors*

Most hospital doctors surveyed have taken up employment in their current post at July 1st, 1999 or January 1st 2000 and the majority have a 6 or 12 months contract (Figure 3). Seven of the 71 hospital doctors working at SGH have been employed in their current post for more than 2 years.

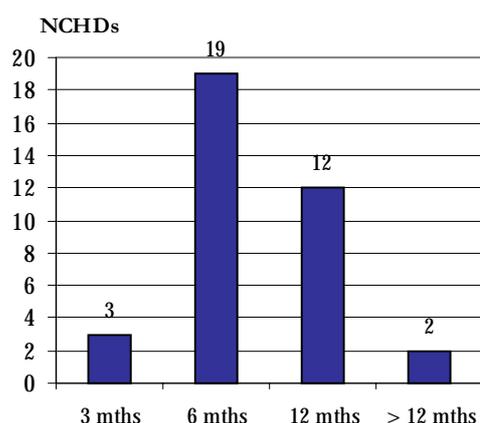


Figure 3: *Duration of contract*

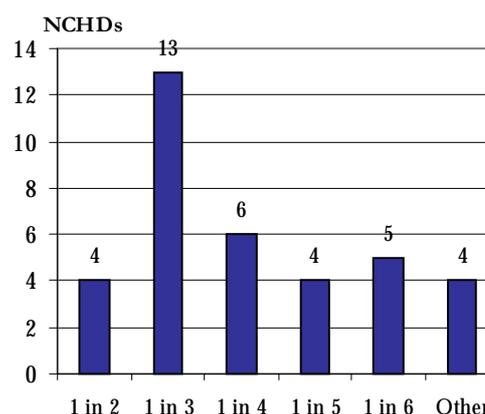


Figure 4: *On-call commitments*

5.3.2 Working Conditions

The hospital doctors sampled all worked full-time. The average working week is approximately 77 hours, which is 13 hours greater than the average contractual working week (Table 5). Almost half of the responding hospital doctors had on-call commitments of 1 in 3 or 1 in 2 (Figure 4).

	Min. hours	Max. hours	Mean hours
Contractual Working Week	36	95	64
Actual Working Week	40	132	77

Table 5: *Hospital doctors' contractual and actual working week.*

The hospital doctors were asked to estimate what percentage of their working time was spent doing inappropriate tasks such as finding empty beds for admissions, taking request forms/samples to X-ray or pathology departments, providing phlebotomy services, finding case notes etc. About one third of the hospital doctors indicated that they spend more than one third of their time carrying out such activities (Figure 5).

Consultants were queried on the balance of training opportunities for hospital doctors and their role in service delivery at the hospital (Figure 6). Overwhelmingly, the opinion was that there is too much emphasis on service delivery. None of the respondents believed that there was too much emphasis on training. The “Other” respondents included comments such as “no balance at all”, “don’t know” and “not enough emphasis on training”.

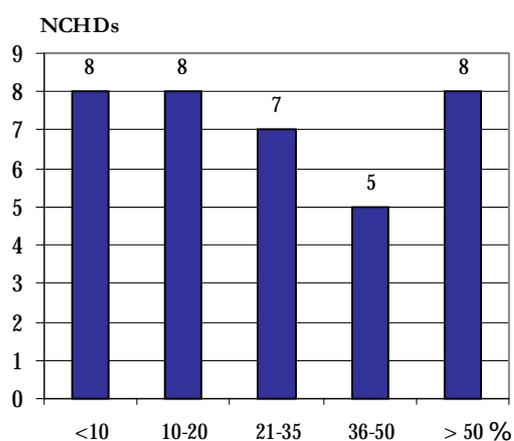


Figure 5: *% of work inappropriate to hospital doctors.*

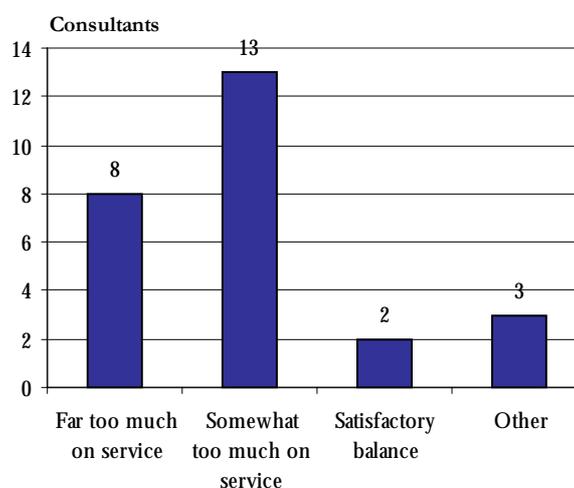


Figure 6: *Training/Service balance at SGH*

Most hospital doctors had some form of introduction to their job at the hospital, either by means of an induction course or manual. Only one third received written induction material about their department. A little over half of the responding hospital doctors had received a job description (Table 6).

	NCHDs
Attendance at Induction Course	75 %
Receipt of Induction Manual for the hospital	72%
Receipt of departmental Induction Manual	36%
Receipt of job description	56%

Table 6: *Introductory information to hospital doctors.*

5.2.3 Rating and Framework of Training at SGH

Over 50% of both consultants and hospital doctors regarded the standard of postgraduate medical training as either basic or inadequate (Figure 7). The hospital doctors' rating corresponds almost exactly to that found in a survey conducted by PGMDB in 1995. At that time, 7% of the responding hospital doctors based in the NWHB assessed their training as excellent, 37% thought it was good, 33% said it was basic and 24% rated it as inadequate (PGMDB, 1997).

The consultants were generally in agreement with the hospital doctors on the standard of training (Figure 7). None found it excellent, however some of the respondents that indicated that it is good felt that it could be a lot better.

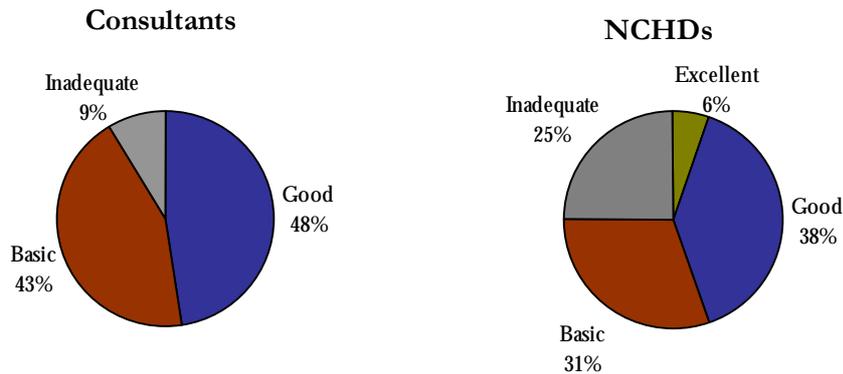


Figure 7: Overall assessment of the standard of postgraduate medical training at SGH.

Only 28% of the hospital doctors were aware of a person in the hospital who is responsible for their training and the same percentage was familiar with the official guidelines in their specialty. Three quarters of the responding consultants were familiar with the official training guidelines.

About half of the consultants agreed with trainees on a training programme tailored to the individual hospital doctor's needs. A similar proportion of the hospital doctors had not agreed on a programme with their supervising consultant (Figure 8).

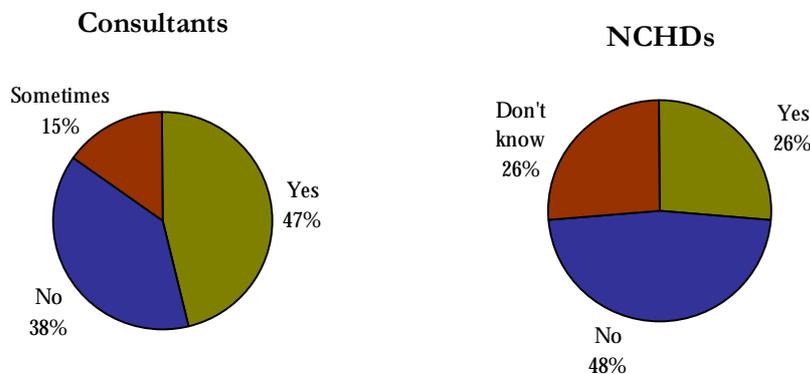


Figure 8: Proportion of Consultants who agree on a training programme tailored to each trainee's needs and the proportion of hospital doctors who indicated this happened.

5.3.4 Content of Training Programme

One third of the hospital doctors had no protected teaching time in their specialty (Figure 9). A significant group had 2-4 hours teaching time per week. The two GP trainees that responded had 2-4 hrs and 5-7 hrs protected teaching time per week respectively. Hospital doctors in A&E, Anaesthesia, Orthopaedics and Paediatrics all received formal teaching. Respondents in Psychiatry and ENT said they have none. The remaining departments got a mixed response; within the same specialty some hospital doctors said they have formal teaching, some do not. These are specialties with several teams.

Every specialty (bar one) had at least one consultant involved in formal teaching within the specialty. Most consultants provide 2-4 hours formal teaching per week.

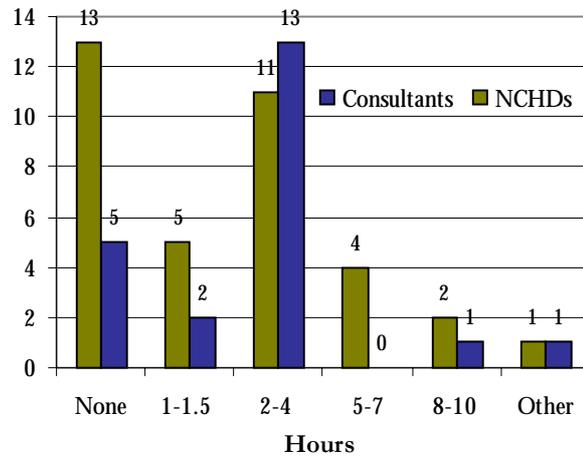


Figure 9: Provision of protected teaching time for hospital doctors.

Consultants provide hospital doctors with most of their teaching, according to the hospital doctors (Figure 10). Of the hospital doctors 31% (11 people) have themselves been involved in teaching at the hospital e.g. other postgraduate trainees, nurses etc. (Figure 11). Of these, 9 are registrars and two are SHOs.

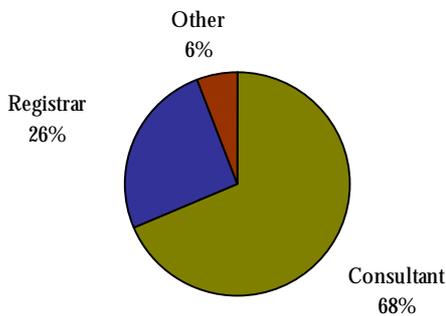


Figure 10: Provision of most teaching

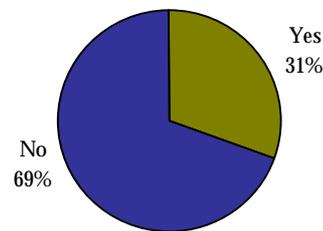


Figure 11: Hospital doctors' involvement in teaching

The training component available to most hospital doctors was routine ward rounds (Table 7). Case conferences, formal teaching sessions within the specialty, journal clubs

and X-ray conferences are also available to a significant proportion of hospital doctors. The hospital doctors indicated that they regularly attend the training components that are available to them. Training components such as hospital wide teaching sessions, special teaching rounds, post-mortem examinations, local postgraduate seminars, local training courses and career & life skills training were either not available, perceived to be unavailable or scarce.

Training Component	Availability to NCHDs: No. in sample	Availability to NCHDs: % of NCHDs
Routine ward rounds	27	75.0
Special teaching rounds	3	8.3
Case conferences	21	58.3
Formal in teaching sessions in specialty	15	41.7
Formal in teaching sessions hospital-wide	0	0
Journal clubs	17	47.2
Local postgraduate lectures	5	13.9
Local postgraduate seminars	2	5.6
Post-mortem examinations	0	0
Clinico-pathological conferences	4	11.1
Video conferencing	8	22.2
X-ray conferences	15	41.7
Training course at SGH	2	5.6
Training course outside SGH	4	11.1
Reading time	6	16.7
Career skills training	1	2.8
Life skills training	1	2.8
Other (e.g. GP training scheme)	2	5.6

Table 7: *Availability of formal training components for hospital doctors at SGH.*

Hospital doctors were asked to identify which of the skills listed in Table 8 they have been or are being taught while training at SGH. Consultants indicated which of these skills hospital doctors receive training in within their specialty. The results are shown in Table 8. There is considerable disparity between the opinions of the two groups.

Topics	NCHDs who received training	Consultants who say their NCHDs receive training
Medical legal issues	9	11
Risk management	6	10
Audit	3	14
Communication skills	4	12
ALS/ATLS	7	15
Research Methods	3	4
Clinical governance	0	5
Management skills	3	N/A*
Patient management skills	N/A*	15
Team management skills	N/A*	10
Out-patient skills	15	N/A**

* The topic “management skills” was subdivided into “patient management skills” and “team management skills” in the consultant questionnaire. ** Question not put to consultants.

Table 8: *Topics that the hospital doctors receive training in according to consultants and hospital doctors.*

A surprisingly large proportion (50%) of hospital doctors do not consider themselves adequately trained to carry out some of the procedures that they are required to undertake in their post (Figure 12). They mention procedures such as central line insertion, chest tube insertion, lumbar puncture, endotracheal intubation, scanning etc.

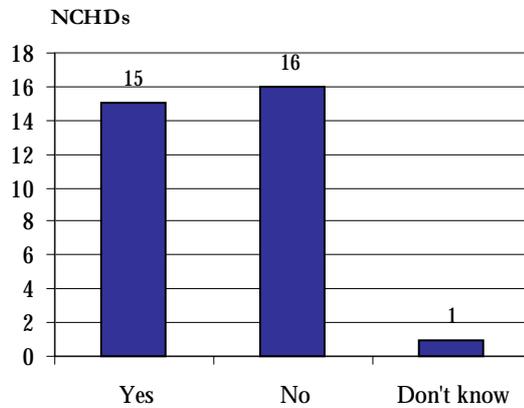


Figure 12: *Hospital doctors who consider themselves adequately trained to carry out the procedures they are required to in their post.*

Training in research methods is uneven across the specialties. The opportunities either do not exist or do not seem apparent to 64% of the responding hospital doctors (Figure 13). About one quarter (10 hospital doctors) have been or are involved in research at SGH (Figure 14). Eight of these train in one specialty.

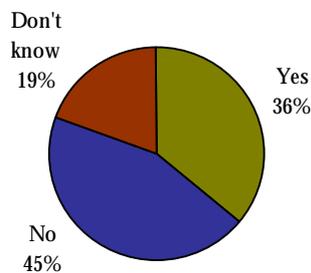


Figure 13: *Hospital doctors' opportunities for research*

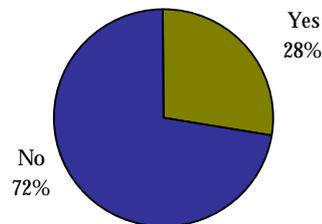


Figure 14: *Hospital doctors' involvement in research at SGH.*

5.3.5 Supervision and Appraisal

Supervision of the performance and progress of the hospital doctors involves appraisal of the individual trainee on a range of clinical and personal skills. Most hospital doctors had not yet attended any appraisal or assessment meetings with their supervising consultant (Figure 15). Similarly, a significant number of consultants reported that they do not have official appraisal meetings with their trainees. However, a significant number of the responding hospital doctors had less than 3 months experience at SGH (23 out the 36 respondents) and may not yet have been aware of the frequency with which their supervisor officially appraises them.

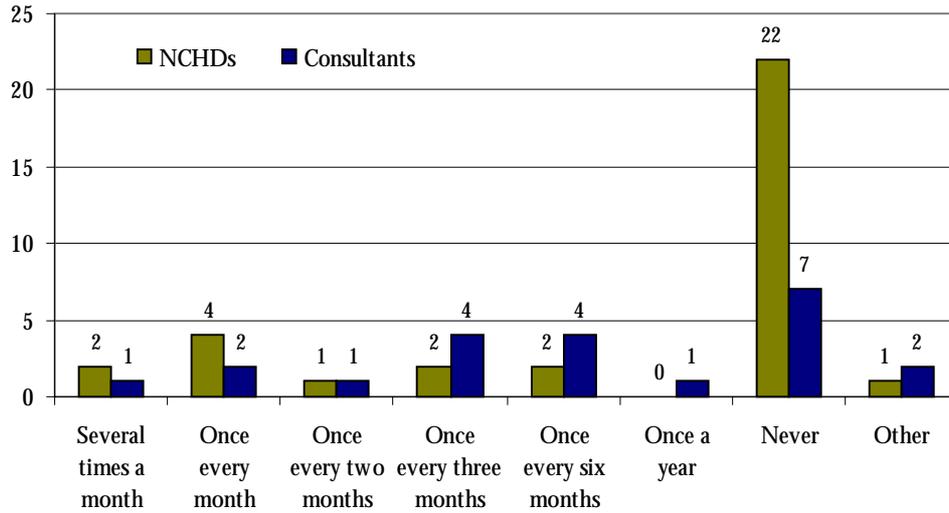


Figure 15: Frequency of appraisal meetings with the supervising consultant and hospital doctors.

Written feedback is generally not provided to the hospital doctors in SGH. The vast majority of both consultants and the trainees said that they do not give or receive written feedback on their performance (Figure 16). In some specialties a logbook was countersigned by the supervising consultant, however 70% of the responding hospital doctors did not have or use a logbook system.

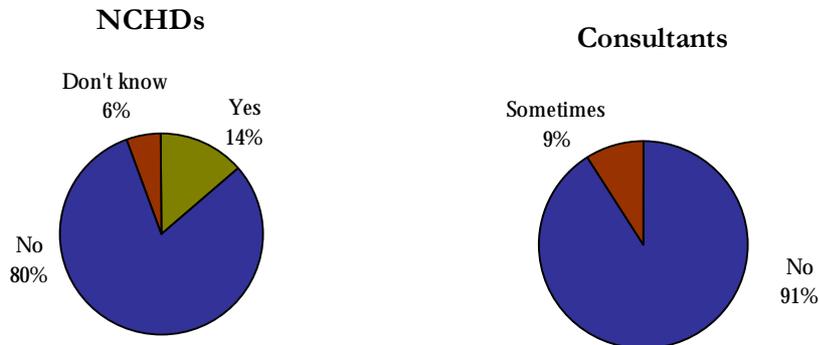


Figure 16: Written feedback on the performance of the hospital doctors.

The overall assessment of the supervision of the hospital doctors' patient management skills was quite mixed. Over half of the respondents said it was good or excellent, whereas about 9% deemed it to be non-existent (Figure 17).

The protected study time available to hospital doctors on a weekly basis is generally insufficient or non-existent (Figure 18). Only one quarter of the responding hospital doctors consider the study time available sufficient.

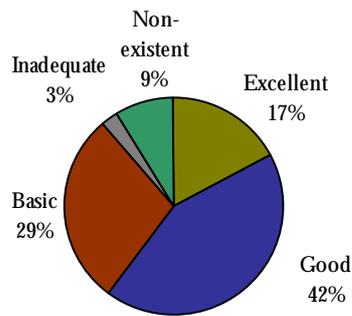


Figure 17: *Hospital doctors' overall assessment of the supervision of their patient management skills.*

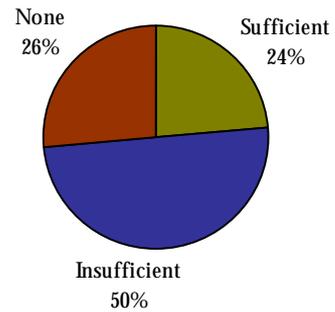


Figure 18: *Hospital doctors' view on the protected study time available.*

5.3.6 Facilities

Most hospital doctors were very satisfied with the library facilities housed in the Foundation Centre at the hospital, however they did not consider the accessibility and opening hours adequate (Figure 19 & 20).

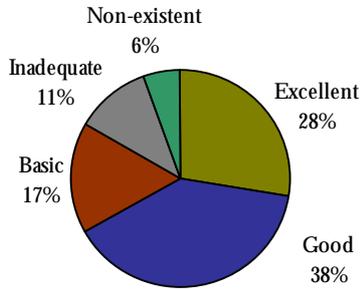


Figure 19: Hospital doctors' views on the library facilities

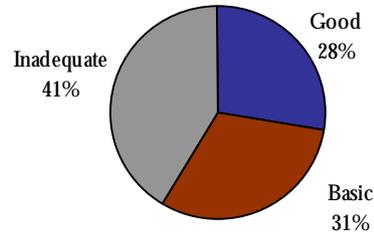


Figure 20: Hospital doctors' views on the accessibility and opening hours of the library

The accessibility to reference books and journals during library out-of-hours was non-existent or inadequate in most specialties, according to the hospital doctors (Figure 21). However, the study space was generally considered satisfactory (Figure 22).

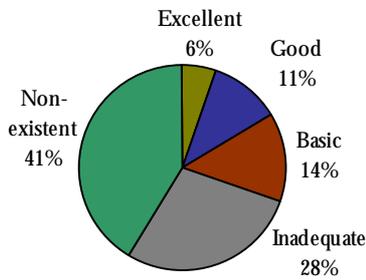


Figure 21: Hospital doctors' views on the accessibility of reference books and journals during library out-of-hours.

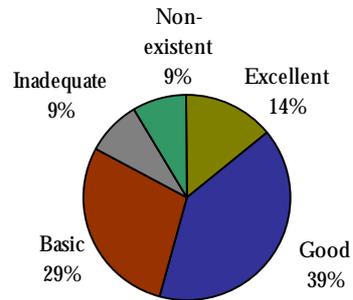


Figure 22: Rating of quiet study space.

The computer and internet facilities at the hospital were considered good or excellent by the vast majority of the hospital doctors (Figure 23 & 24).

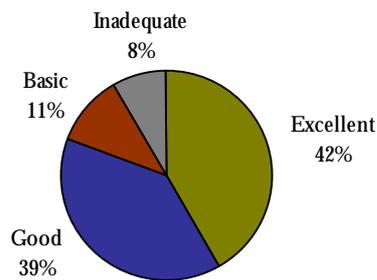


Figure 23: *Hospital doctors' views on the computer facilities at SGH.*

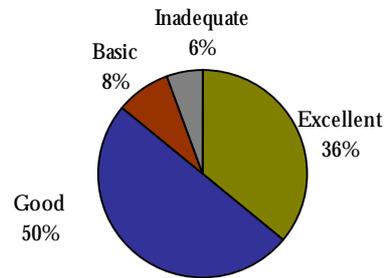


Figure 24: *Hospital doctors' views on the internet facilities at SGH.*

A large proportion of the consultants considered the teaching facilities at ward level unsatisfactory, in fact all consultants in Paediatrics, Medicine and Surgery (bar one) found their local teaching facilities inadequate. Orthopaedics, A&E and Ophthalmics generally rated their facilities as excellent or good (Figure 26). There were also mixed views on the teaching facilities in general at the hospital (Figure 25). Some commented that the facilities are excellent when they are available, others would welcome a technician to assist with the audiovisual equipment.

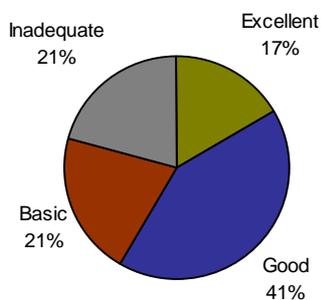


Figure 25: *Consultants' view on the teaching facilities at SGH in general.*

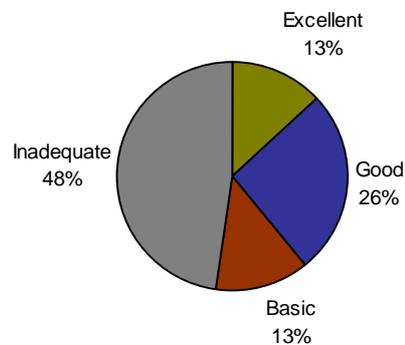


Figure 26: *Consultants' view on the teaching facilities at ward level*

5.3.7 Career Advice

Hospital doctors seek career advice most frequently from their supervising consultants and other medical colleagues (Table 9).

Career advice sought from:	Frequency	% of NCHDs
Supervising consultant	17	53.1
Other consultant	5	15.6
Other medical colleagues	14	43.8
Postgraduate organisers	1	3.1
None	5	15.6

Table 9: *Advisors to hospital doctors at SGH on their career.*

Overall the hospital doctors' rating of the advice and assistance they have been given to plan their career in their current post was very mixed. Almost half of the respondents said that it is either non-existent or inadequate (Figure 27). Similar responses were obtained for ratings on how to get the next job. The majority of the hospital doctors will change jobs on July 1st, 2000 and perhaps the reason for the negative rating of the career advice was that they have not yet sought advice.

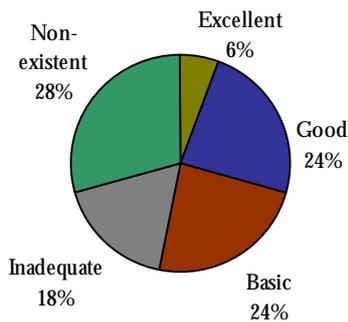


Figure 27: *Hospital doctors' rating of the overall advice they have received at SGH on planning their career.*

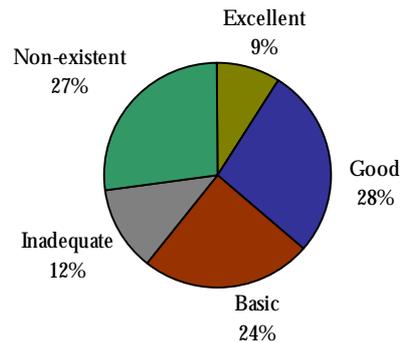


Figure 28: *Hospital doctors' rating of the advice received on how to get the next job.*

5.3.8 Conditions for Consultants' Involvement in Training

There was general consensus amongst consultants that there is too much emphasis on service delivery as opposed to training at the hospital (Figure 6). However, satisfaction with the training conditions at SGH varied among the responding consultants. About half of the responding consultants (47%) felt that the training delivered is good (Figure 7) and a similar proportion was satisfied with their role as a trainer (Figure 29). That still leaves almost half of the consultants who rated the standard of training as basic or inadequate (Figure 7) and who were not satisfied with their role as a trainer (Figure 29). Quite a large percentage also felt that the hospital doctors' commitment was basic and some considered that trainees were insufficiently committed (Figure 30).

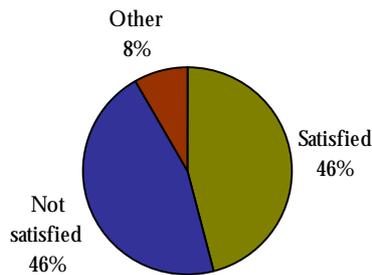


Figure 29: Consultants' rating of their role as a trainer.

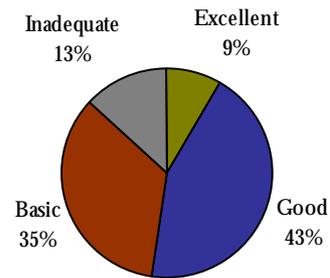


Figure 30: Consultants' views on hospital doctors' commitment to learning

Very few consultants were officially appointed or elected as trainers (Figure 31) but exactly half of the responding consultants were involved in a formal teaching programme, of which only two were formally appointed (Figure 32).

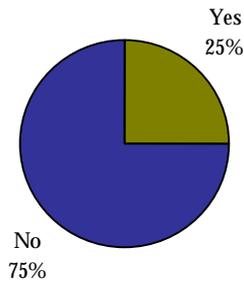


Figure 31: Official appointment of consultant as a trainer.

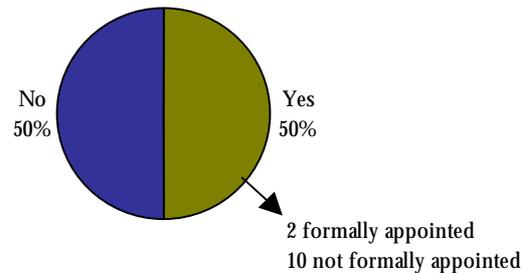


Figure 32: Consultant involvement in a teaching programme at SGH.

In the working week, consultants have very little or no protected time for continued professional training and education. There is provision for study leave in their contract and respondents mention this in the "other" category (Figure 33)

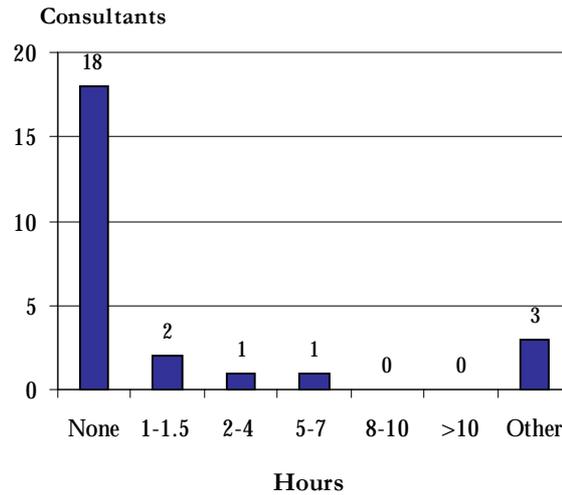


Figure 33: Provision of protected study time per week for consultants for continued professional training

The consultants were asked to indicate the main barriers to their involvement in training of hospital doctors at SGH. Overwhelmingly, “no protected teaching time” was the most significant obstruction. Extra workload was also considered a significant barrier, whereas interest, payment, skills and repetitiveness were not important issues for the vast majority of responding consultants (Figure 34).

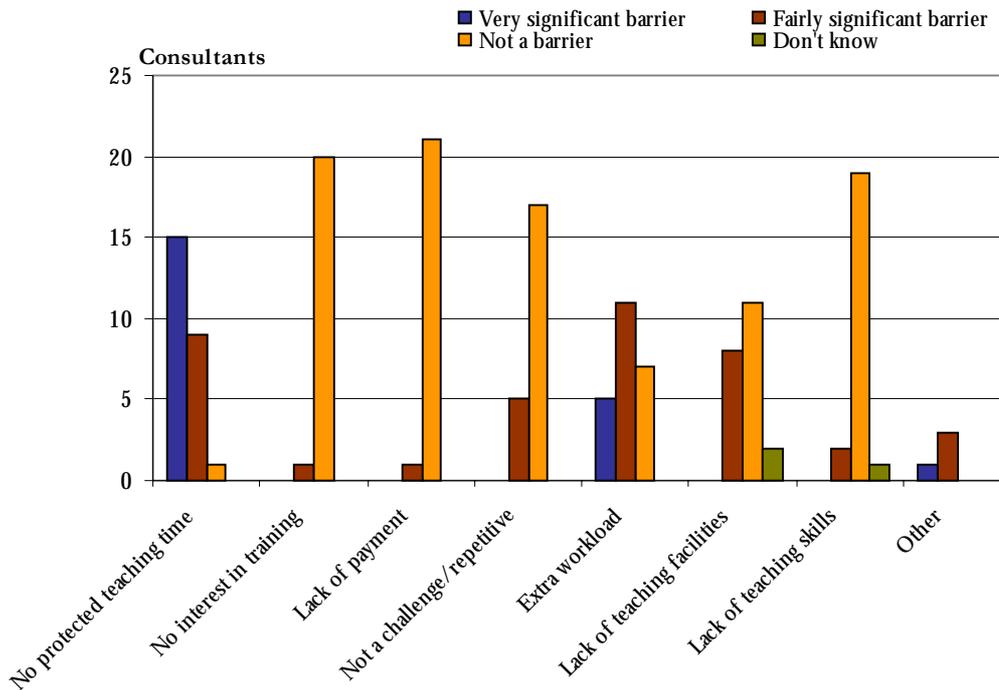


Figure 34: Perceived barriers to consultants' involvement in training at SGH.

On the other hand, what measures would facilitate a positive change in the training environment at the hospital? According to the consultants, a number of factors are important. There was general agreement that formal appointment of tutors/trainers, rotational agreements with other training centres, protected time for continued professional education of consultants and secretarial support for training were very

important measures. There are more mixed opinions on issues such as more consultant numbers, a NWHB training strategy, provision of “Learning how to teach” programmes, and buildings/equipment (Figure 35).

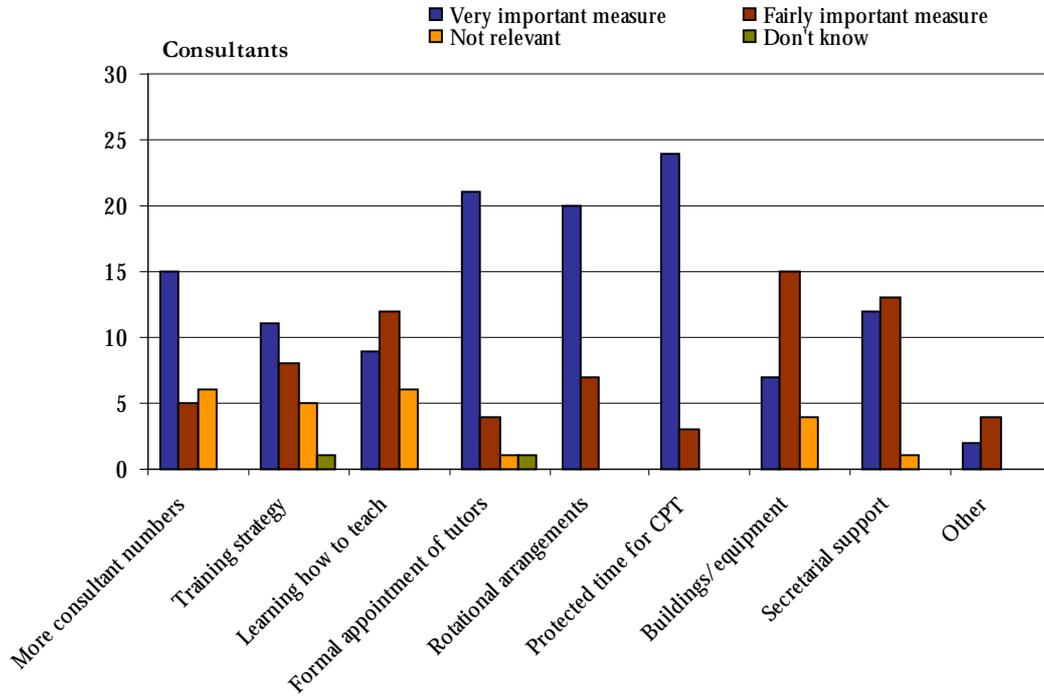


Figure 35: *Consultants’ view on the measures that would facilitate a positive change in the training environment at SGH.*

5.4 Conclusion

Strengths and Weaknesses

Strengths. The views of both consultants and hospital doctors were obtained in the survey. The consultants at SGH were well represented in the survey sample and all specialties bar one responded.

Weaknesses. The main weakness of the study was the somewhat skewed hospital doctor sample, which suggests an overrepresentation of the experience of certain departments. The questionnaire methodology can be rather categorical and some respondents found it hard to generalise about some of the training issues. The level of informal teaching is hard to quantify and no effort was made to measure it.

Room for Improvement

Consultants and hospital doctors at SGH agreed that there is room for considerable improvement of the postgraduate training conditions. Less than 50% of both groups found the training good and a majority considered it basic or inadequate. This was also reflected in the consultants' level of contentment with the supervision of trainees; almost half of the respondents were not satisfied with their role as a trainer. The situation is compounded by a combination of service pressure and a deficit in the structured training programme. There was some evidence that the inadequate training may have had an impact on the standard of service that can be provided in some situations. Half of the hospital doctors that responded expressed doubt that they were adequately trained to carry out one or more of the procedures they are expected to do.

Working conditions

The working conditions for both consultants and hospital doctors do not further a culture of uniform, structured training across all specialties. The long working hours for hospital doctors (77 hrs/week), the excessive emphasis on providing service as opposed to training and the relatively high proportion of the working week spent on tasks that are not appropriate for hospital doctors are all factors that impede a training environment of high quality.

Formal teaching & Protected time

Less than half of the responding hospital doctors received formal teaching within their specialty and there was relatively little protected teaching time on a weekly basis. Lack of protected teaching time is the single most important barrier for consultants to become more involved in formal teaching. Extra workload also contributed, which again points towards the intense service pressure.

Training Content

There is some discrepancy in the perception of the content of the training that is given and received respectively. A significant proportion of consultants said they offer training in skills such as audit, advance life support, communication and medical legal issues whereas a considerably smaller proportion of hospital doctors stated that they receive training in these areas. Involvement in management, research and teaching was not widely available to the majority of responding hospital doctors. The frequency with which the hospital doctors were appraised varied greatly and many are never officially appraised. Only 30% used a logbook system to record their clinical experience.

Facilities

The facilities for training were generally considered reasonably good. The Foundation centre incorporating the library, computer/internet facilities, videoconferencing and the overall hospital training facilities were rated highly. However, the teaching facilities at ward level (multipurpose rooms) and the opening hours of the library are considered inadequate.

Consultants' views

The consultants believed that the following are particularly important measures for an improvement of the training environment at SGH:

1. Formal appointment of tutors
2. Rotational arrangements with other postgraduate training centres
3. Protected time for continued professional training of consultants
4. A NWHB training strategy
5. Increased consultant numbers
6. Improved secretarial support

6. Teaching Programme at SGH

This chapter presents the teaching facilities at ward level and the timetable for the scheduled regular teaching sessions at each specialty.

6.1 Teaching facilities in the specialties

Basic teaching facilities at ward level include a room available for meetings and seminars as well as AV equipment. In SGH, three specialties have a room available for teaching. Obs/Gynae carry out meetings in a multipurpose room (Antenatal room). These four specialties have an overhead projector and some have additional audiovisual equipment such as slide projector, combined TV/Video, LCD computer projector etc.

Five specialties have no teaching facilities in the department and make use of the Foundation facilities at Level 6 for teaching purposes.

Specialty	Teaching Room at specialty	Overhead Projector
Medicine	÷	÷
Orthopaedic	✓	✓
General Surgery	÷	÷
Paediatrics	÷	÷
A&E	✓	✓
ENT	÷	÷
Obs/Gynae	(÷)	✓
Ophthalmics	÷	÷
Anaesthesia	✓	✓

Table 10: *Teaching facilities at ward level at SGH*

6.2 Timetabled teaching sessions in the specialties

There is currently no inter-specialty teaching programme at the hospital. A core skills teaching programme for hospital doctors from all specialties was pioneered with contribution from 5 consultants in 1998/99. However, the workload involved in preparing and presenting this course proved too much of a burden on such a small group to be sustained. Nor was protected time available.

At present, all formal teaching takes place within the specialties. The time, place and general content of the formal teaching sessions in each specialty in SGH are presented in Table 11. Only regular teaching sessions with at least one consultant present are listed.

The table shows that most teaching sessions take place outside regular working hours and this does not fall within the definition of “protected teaching time”. Accreditation could be withheld in such circumstances.

Department	Session	Day	Time	Place	Remarks
Medicine	Journal Club (team)	Tu	8.30-9.15	Level 6	Regular
	Journal Club (dept.)	Fr	12.30-1.30	Level 6	Regular
	X-ray discussion (team)	Mo	12.30-1.00	X-ray Dept	Regular
	X-ray discussion (team)	We	12.30-1.00	X-ray Dept	Regular
	Case presentation	Tu	1.00-1.30	Level 6	Regular
Orthopaedic	Clinical Meeting & Case presentation	Fr	2.00-4.30	Level 6	Regular
	Video Conference (Core program)	We	5.00-7.00	Level 6	Irregular
General Surgery	X-ray discussion	Mo	9.30-10.30	X-ray Dept	Regular
	Clinical Meeting or Journal Club	Mo	10.30-11.30	Ward	Regular
	Pathology	Tu	5.00-6.00	Path. Dept.	Regular
Paediatrics	Journal Club or X-ray clinic alt weeks	Tu	8.30-9.15	Level 6 X-ray Dept.	Regular Regular
	Clinical meeting	We	8.30-9.15	Level 6	Regular
	Perinatal meeting (with Obs/Gynae)			(Ante Natal room, L. 4)	Every three months
A&E	Teaching/discussion	Tu, We, Th	8.15-9.00	Ward	Regular
ENT	X				
Obs/Gynae	Clinical meeting (J. Club/Topic disc.)	We	8.30-9.30	Ward	Regular
	Risk Management	We	12.00-12.30	Ward	Regular
	Perinatal meeting (with Paediatrics)			(Ante Natal room, L. 4)	Every three months
Ophthalmics	X				
Anaesthesia	Case presentations/ Topic discussion	Tu, We, Th	8.30-9.15	ICU	Regular

Table 11: *Scheduled postgraduate medical teaching at SGH*

7. Evaluation of Training at SGH

This chapter presents the viewpoints of representatives from the consultants, hospital doctors and the GP Training Unit staff on the postgraduate medical training at the hospital.

7.1 Discussion Forum on Training of Hospital doctors

In order to give both consultants and Hospital doctors an opportunity to voice their views on the postgraduate training at SGH, a Discussion Forum was organised at the hospital on March 9, 2000 at 5-7 pm. Dr. Jeremy Smith, Coordinator of Postgraduate Training, chaired the meeting. All departments except ENT and Psychiatry were represented. The forum was open for everybody to contribute to the debate on any issue they deemed relevant. The following is a summary of the topics discussed.

Training versus Service delivery

There was general consensus that the “corporate culture” does not recognise training of medical staff as part of the hospital’s brief. The health board management should contribute to the facilitation of a proper training environment for medical staff. Research, teaching and clinical governance should all be part of the daily activities of the hospital and should not be sidelined for the purpose of solely carrying out service work. Although SGH is not a “Teaching Hospital”, it is a hospital where training and teaching of doctors takes place. Health board support for such training is essential if it is to discharge its responsibility.

Training plans

Consultants and hospital doctors agreed that specific learning plans for each specialty should be produced from central postgraduate course curricula. They should consist of a basic curriculum with details of the learning objectives of each step in the postgraduate medical training process. This would also facilitate a formalised assessment procedure.

Inter-specialty core skills teaching programmes

The issue of core skills training was strongly supported by a number of consultants and hospital doctors. Topics such as emergency medicine, risk management, audit, presentation skills, management skills, personal skills (interviews, CVs etc.), research methods etc. are generally common for all specialties and could be taught to hospital doctors across the specialties. Protected time must be allocated.

Grand rounds were also mentioned as an opportunity for learning and exchange of information across the specialties. However, a grand round system introduced a couple of years ago, failed to be self-sustaining. If a system of grand rounds were to be reintroduced, its success would be dependent on the support of a clinical tutor who continuously kept the system active.

Clinical tutor

The topic of appointment of a clinical tutor led to a discussion on the advantage of an overall teaching programme for all specialties or separate teaching schemes within the departments.

Some attendees (both consultants and Hospital doctors) felt that a training programme organised at specialty level was most appropriate. The tutor would know each trainee's learning needs in detail, it would be easier to tailor an individual programme to match the trainee's needs etc. Career counselling would also be more personal if handled at local level.

Others were of the opinion that a clinical tutor would have a valuable function in the overall infrastructure of the training environment. Among the duties of the clinical tutor would be: planning of grand rounds and core skills programmes; act as a mentor to trainees, liaise with postgraduate bodies and management, provide log-books for each specialty etc.

Hospital doctors suggested that the clinical tutor could be an experienced registrar perhaps with a role in research.

Protected teaching time

It was generally agreed, that protected teaching time is vital for a proper training environment. Several suggestions for the organising of teaching time were put forward:

- A one-hour teaching slot per week for all specialties, for example from 8.30-9.30 am on Friday morning plus a full-days teaching on the 5th Friday in the month, when it occurs (about 5 times per year).
- One teaching day per month as per "The Borders Hospital", Scotland. Half of the day could be specialty based, the other half for all specialties.
- The specialties should arrange their own protected teaching time within the normal working week, for example like the Orthopaedics Dept. model: one teaching afternoon per week and a full teaching day on the 5th Friday in the month.

Some hospital doctors also suggested linking up with other teaching hospitals for pre-exam courses.

Funding for training activities

Hospital doctors requested more funding for training courses. The official list only contains four courses eligible for funding and therefore a number of other courses are financed fully by the trainee him/herself. A sum of £1500 annually per trainee was suggested as a realistic figure for course expenditure. It was suggested that this issue should be looked at in connection with the review of the hospital doctors contracts. If course expenditure is mentioned in the contracts, it will be tax deductible.

Also, a method of collecting information on funding for training courses i.e. the number of doctors turned down for funding, the reasons for it etc. should be established. Such a record can be used to arrive at a better system of supporting this activity.

The only funding for medical training in the Health Board goes to the two postgraduate coordinators in the two hospitals. The local postgraduate coordinator donates his share to support the Research & Education Foundation Centre.

Appraisal of trainees

There is a need to put in place procedures for appraisal of trainees. One suggestion involved expanding the GP training appraisal system to all trainees. With introduction of

postgraduate deans in the coming years appraisal will be formalised and the named educational supervisors will have to appraise the individual trainee. It may mirror the UK model of records of in-training assessment (RITA), a record of specialist registrars' progress through their training programme. Until this structure is in place, SGH should introduce its own appraisal system.

Training facilities

The library and the audiovisual equipment in the Research & Education Foundation were generally viewed as being of high standard. However, the opening hours are not conducive to the working hours of the average trainee doctor. They should be extended to include the hours 6-9.30 pm on weekdays and Saturday morning.

General dissatisfaction with the access to reference books at out-of-hours was also expressed.

Staff needs

Several consultants felt that the shortage or absence of clerical staff to support teaching activities is a major stumbling block. Training and teaching does not have any secretarial backup. Also, there is a great need for technical support such as a medical illustrator, photographer and computer technicians who can operate various pieces of technical equipment and store images and data for future use i.e. research, cases of interest etc.

Some Hospital doctors also expressed a need for more skilled technical staff at the library facilities. The excellent audiovisual/video-conferencing facilities are under-used, as there is nobody around who can show the doctors new to the hospital how to operate them.

Human Resources

The hospital doctors expressed frustration about the support in personnel matters. Salaries and contracts are often problematic according to the trainees. It was suggested that dedicated human resources staff be appointed to take care of all matters relating to medical staff.

Practical issues such as domestic facilities, catering, removal of personal belongings etc. are all matters that should be dealt with by the dedicated human resources staff.

A record on past performance of medical staff in terms of passing of exams, next jobs etc. should be kept. This information might then be used to attract new trainees if records are good and also to help 'plot' a career path for the individual doctor.

Attracting trainees could also be furthered by expanding the NWHB website which is currently heavily biased towards nursing staff. More information should be provided about the training opportunities and facilities in general.

7.2 GP Training Unit Staff

The viewpoints of the GP Training Unit Staff at Sligo General Hospital on the training and education of hospital doctors is outlined in this section.

Main Concerns Regarding the Training conditions at SGH

- The prevailing culture does not recognise or facilitate proper training. There is no overall strategy for training or contracts involving commitments to training etc.
- There is little or no acknowledgement of people who are already engaged in the training of doctors. SGH is not considered a teaching hospital and traditionally management has been most interested in reducing waiting lists, not facilitating training. Severe service pressure adds to this problem. The better the standard of training that is provided, the greater the spin off in terms of quality service in the years ahead.
- Certain specialties/doctors do not provide ideal training conditions for GP trainees. In some specialties the trainee is mainly seen as a service provider and if most of the time is spent carrying out medical procedures in an unsupervised fashion, the training period is of limited value. A hospital doctor (in GP training) needs to learn patient management skills from a professional culture of high standards in order for the training period to have relevance to the doctor's future career.

The Way Forward

- Training should become part of normal practice, not just an optional extra that gets pushed aside when service pressure builds up.
- Central health board management must acknowledge that training is a cornerstone in the hospitals' foundation. Protected training time, encouragement, a training strategy etc. should be established from the CEO down.
- Each specialty should appoint a person responsible for training. It is vital that each specialty speaks with "one voice" and that agreement has been reached by all consultants concerning training in their specialty.
- Appointment of tutors could lead to some problems with the establishment of a training culture if those without remit wound down. All consultants should take some responsibility for training and not just leave it to appointed persons to undertake the training.
- All consultants should receive some training in how to teach ("Training of Trainers"). This is of significant importance in the process of improving communication, teaching and motivation skills. It would also ensure a more uniform approach to teaching across specialties.

- The trainee must learn to take responsibility for his/her own training and not expect to be “spoon-fed”. A culture of “asking questions” generally doesn’t exist, partly due the trainees themselves and partly due to some consultants’ reluctance to engage in communication.
- Increasing consultant numbers will not necessarily solve the problems. The main issues are individual/departmental motivation and proper teaching/training methods.

8. Discussion

With the current reforms in the postgraduate medical training, Sligo General Hospital faces a significant challenge in meeting the new training requirements and competing with the academic teaching hospitals in attracting trainees. Consultants and hospital doctors in all grades agree that change is necessary if Sligo is to conform to the guidelines that are already in place or are underway. Such change must not be “too little and too late”.

Strengths and weaknesses

Strengths. The study sought the opinions of doctors of all grades in all specialties at the hospital. The data collection was both structured (survey) and unstructured (discussion forum). Factual information was collected about the facilities and the training programmes in each specialty. Consultants from all specialties (bar one) were well represented in the survey and at the discussion forum. GP trainers, who have considerable experience with the placement of their trainees at the hospital, were also consulted. All consultants had the opportunity to contribute to the recommendations of the report.

Weaknesses. The return rate of the hospital doctor questionnaire was relatively low and the sample was not entirely representative of the hospital doctor population. The questionnaire methodology is rather categorical and some respondents found it hard to generalise about some training issues. The level of informal teaching is hard to quantify and no effort was made to measure it.

Meaning and implication

This report has identified a deficit in the general approach to training of hospital doctors at SGH. The guidelines for both GPT and HST are or will soon be comprehensive, as will requirements for the content of the training programme, provision of teaching time, supervision and appraisal, rotational arrangements, facilities etc. No such training framework exists for a high proportion of the hospital doctors in SGH. A large proportion of consultants are also dissatisfied with both their role as a trainer and the general standard of training arrangements.

The hospital and the NWHB have no overall training strategy for medical staff. An induction course and manual are offered to new trainees but there is no coordination of teaching schemes (such as the previous core skills curriculum (Appendix 3)) nor a strategy for the training of hospital doctors at specialty level.

In most specialties there is little or no protected teaching time. This issue along with protected study time is of particular importance and official guidelines insist upon it as a criterion for recognition for training. According to the consultants, protected teaching time is the single most significant barrier for them to become involved in formal training. However, some specialties have, with great difficulty, organised their weekly workload in a manner that has made it possible to free up some joint consultant and hospital doctor time for teaching in spite of service pressures.

The teaching facilities in the Foundation Centre and its Library are generally considered good. Some specialties have poor or no teaching facilities within their departments and

several of the rooms that were originally designated for teaching at ward level are now used for service purposes.

Further development

There is general concern that Sligo will be marginalized even further in the future with the introduction of the structured rotational training schemes. If Sligo General Hospital is left out of the nationwide training schemes this will impact on both the working conditions of medical staff and the standard of service. If the best trainees prefer to remain in the large centres such as Dublin, Cork and Galway where it is perceived that highly specialised training takes place, this may have a negative effect on the standard of service provision to the population of the North West.

The study showed that a combination of measures is necessary for the situation to improve. Not all parties agree fully on the way forward, however there is consensus that service pressures impede the training opportunities and that protected teaching time is of vital importance.

The training plans, logbooks and appraisal guidelines that both consultants and hospital doctors called for in the survey and at the discussion forum are largely in place for SpRs. They will eventually emerge from national training bodies for SHOs (“the lost tribe”). However until this system is fully operational in all specialties, SGH should produce its own guidelines and training programme for this grade. These exist in some specialties and the Core Skills Curriculum proved temporarily successful as an inter-specialty exercise. Such a structured and documented training scheme could be used to attract hospital doctors to Sligo. Staffing issues in the area of training have also been identified. Additional staff such as clinical tutors, an audiovisual technician, secretarial assistance, medical illustrators and a consultant trainer with protected time in each specialty have been suggested by several parties.

9. Recommendations & Suggestions for an Action Plan

1. Ethos

- Confirm that SGH is a training hospital. Encourage and support trainers.
- NWHB to continue to employ hospital doctors (a trainee grade)
- Obtain recognition by both NWHB and consultants that it is a requirement to train employees

2. Budget

- Ensure a budget line for training of this group of health service workers

3. Capital Development

It is now appreciated that additional accommodation is needed at the hospital for training etc. It should include:-

- Large lecture theatre
- Tutorial rooms
- Multipurpose rooms in each specialty
- Skills laboratories
- A-V/Clinical photography/multimedia laboratory
- The recent plans put forward by the Foundation for the development of level 7 should be expedited.

4. Equipment

- The budget should include maintenance and regular upgrading of equipment.
- Network improvements within SGH and beyond are urgently required.
- HEAnet should be joined immediately.

5. Staff

- Additional resources for training director/tutor is required
- Protected time for Postgraduate co-ordinator and specialty tutors.
- Specialty tutors to be formally appointed.
- A 'tutor bank' should be established for those willing to "train as trainer" in 'Publish or Perish', 'Lecture or Leave', information & communication technology skills etc.
- An AV & ICT technician is required
- A clinical photography/digital imaging/multimedia technician should be considered.
- Links with dept. statistics etc.

6. Activity

- All departments to meet accreditation criteria
- Obtain training/teaching support from training bodies
- Re-activate and fully support a core skills programme in protected time.

- Explore and develop links with similar hospitals in N.I. and the UK e.g. “Border Hospital” Scotland.
- Extend these contacts to linkages/rotations for training.

7. Personnel

- Recruit high quality trainees
- Improved human resources processes i.e. separate medical personnel dept.
- Improve package on offer
- Be proactive
- Explore/define EU potential
- Mediated entry for non-EU
- Develop contract matters:
Hospital Doctors: general conditions, overtime etc.
Consultants: protected time, Comhairle ± submit Buckley review body

8. Action Plan

- The NWHB to lead out in providing the training arrangements for hospital doctors in Sligo. An action plan to implement the recommendations from July '00 would be feasible.

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The guidelines mentioned above are available from the Research & Education Foundation

APPENDIX 1

NCHD TRAINING QUESTIONNAIRE

Personal details

1. Current Grade

Specialist Registrar	<input type="checkbox"/>
Registrar	<input type="checkbox"/>
Senior House Officer	<input type="checkbox"/>
Intern	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

2. Gender

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

3. Nationality

Irish	<input type="checkbox"/>
Other EU	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

4. Place of qualification

Ireland	<input type="checkbox"/>
UK	<input type="checkbox"/>
EU (other than Ire and UK)	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

5. Is your current post

Full-time	<input type="checkbox"/>
Part-time	<input type="checkbox"/>
Other please specify:	<input type="checkbox"/>

6. What is the duration of your existing contract in your current post?

Less than 3 months (Locum)	<input type="checkbox"/>
3 months	<input type="checkbox"/>
6 months	<input type="checkbox"/>
12 months	<input type="checkbox"/>
Longer than a year	<input type="checkbox"/>

7. Please indicate the date you commenced your current contract: _____

8. In what specialty are you currently working:

Accident & Emergency	<input type="checkbox"/>
Anaesthesia	<input type="checkbox"/>
ENT	<input type="checkbox"/>
General Internal Medicine	<input type="checkbox"/>
Obstetrics/Gynaecology	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>
Surgery (General)	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

9. Please indicate the specialty of medicine in which you hope to make your career (*Please tick one only*)

Accident & Emergency	<input type="checkbox"/>
Anaesthesia	<input type="checkbox"/>
ENT	<input type="checkbox"/>
General Internal Medicine or any medical specialty	<input type="checkbox"/>
General Practice	<input type="checkbox"/>
Obstetrics/Gynaecology	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>
Surgery (General) or any surgical specialty	<input type="checkbox"/>
Uncertain	<input type="checkbox"/>
No specific specialty, need experience to pass membership exam	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

The Working Environment

10. Please indicate the number of hours you are officially contracted to work each week:
On average: _____ per week

11. Please indicate the number of hours actually worked each week (including teaching activities that occur in the hospital during working and on-call):
On average: _____ per week

12. Please indicate your on-call commitments:

1 in 2	<input type="checkbox"/>
1 in 3	<input type="checkbox"/>
1 in 4	<input type="checkbox"/>
1 in 5	<input type="checkbox"/>
1 in 6	<input type="checkbox"/>
Other please specify:	<input type="checkbox"/>

13. Have you received a job description for your current post?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>

14. In your opinion what percentage (%) of your working time is spent on work inappropriate to NCHDs (e.g. routinely finding empty beds for admissions; routinely taking request forms/samples to x-ray or pathology departments and obtaining results; providing routine phlebotomy services; undertaking routine ECGs; finding case notes and/or filing forms therein)?

Under 10%	<input type="checkbox"/>
10-20%	<input type="checkbox"/>
21-35%	<input type="checkbox"/>
36-50%	<input type="checkbox"/>
Over 50%	<input type="checkbox"/>

Information relating to training

15. Please give an overall assessment of the training you received so far in your current post:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>

16. Are you aware of a particular person within the hospital that has been designated to be responsible for your training?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

17. Are you familiar with the official guidelines/requirements/curricula for training (not exam curricula) at your current grade?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

18. Are you part of a rotational training scheme?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

If Yes, please specify: _____

19. Did you discuss your training programme with your consultant when you first started your job at SGH?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

20. Did you agree on a training and education programme tailored to your needs?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

21. Did you attend an induction course when you first started your job at SGH?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

22. Were you given any of the following, when you first started your post at SGH?

(Please tick any that applies)

Hospital-wide handbook	<input type="checkbox"/>
Departmental handbook	<input type="checkbox"/>

23. How frequently does your supervising consultant have official appraisal/assessment meetings with you?

Once every month	<input type="checkbox"/>
Once every two months	<input type="checkbox"/>
Once every three months	<input type="checkbox"/>
Once every six month	<input type="checkbox"/>
Once a year	<input type="checkbox"/>
Never	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

24. Does your supervising consultant provide you with written feedback of your performance?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

25. Please give an overall assessment of the supervision of your patient management skills in your current post:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

26. Do you receive any training in out-patient skills?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

27. Do you keep a log-book recording the operations or medical procedures you are carrying out?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

28. Do you consider that you are adequately trained in the procedures you are required to undertake in your current post?

Yes	
No	
Don't know	

If No, please indicate the procedures for which you are inadequately trained: _____

29. How much time do you have during the normal working week that is designed for postgraduate study and during which you are free from clinical duties? (this includes attendance at teaching sessions, local conferences etc.) Please indicate how many hours are officially allocated per week: _____

30. How many of these official hours do you avail of? _____

31. Considering the number of hours you work, which of the following describes the time you have available for personal study?

Sufficient	
Insufficient	
None	

32. Have you received study leave during the tenure of your current post?

Yes		How much? _____
No		
Never applied		

33. What grade of doctor provides most teaching for you in your current post?

Consultant	
Specialist Registrar	
Registrar	
Senior House Officer	
Other, please specify:	

34. Which of the following areas have you received training/education in during your employment at SGH?

Management skills	
Medical legal issues	
Risk management	
Audit	
Communication skills	
Advanced life support/advanced trauma life support	
Methods of research	
Clinical governance	

35. Please indicate which of the following learning opportunities exist in your current post:

(Please tick any box that applies)

a. Routine ward rounds	
b. Special teaching rounds	
c. Case conferences	
d. Formal teaching sessions specific to your specialty	
e. Formal teaching sessions hospital-wide	
f. Journal clubs	
g. Local postgraduate lectures	
h. Local postgraduate seminars	
i. Post-mortem examinations	
j. Clinico-pathological conference	
k. Video-conferencing	
l. X-ray conferencing	
m. Training course organised at SGH	
n. Training course organised outside the hospital	
o. Reading time	
p. Career skills training (interviews, CV etc.)	
q. Life skills training (management, personal dev. etc.)	
r. Other, please specify:	

36. From the learning opportunities you have ticked above (question 35), please indicate (by letter) the three you find most useful:

1. _____
 2. _____
 3. _____

37. Which of the following do you regularly attend:

a. Routine ward rounds	<input type="checkbox"/>
b. Special teaching rounds	<input type="checkbox"/>
c. Case conferences	<input type="checkbox"/>
d. Formal teaching sessions specific to your specialty	<input type="checkbox"/>
e. Formal teaching sessions hospital-wide	<input type="checkbox"/>
f. Journal clubs	<input type="checkbox"/>
g. Local postgraduate lectures	<input type="checkbox"/>
h. Local postgraduate seminars	<input type="checkbox"/>
i. Post-mortem examinations	<input type="checkbox"/>
j. Clinico-pathological conference	<input type="checkbox"/>
k. Video-conferencing	<input type="checkbox"/>
l. X-ray conferencing	<input type="checkbox"/>
m. Training course organised at SGH	<input type="checkbox"/>
n. Training course organised outside the hospital	<input type="checkbox"/>
o. Reading time	<input type="checkbox"/>
p. Career skills training (interviews, CV etc.)	<input type="checkbox"/>
q. Life skills training (management, personal dev etc.)	<input type="checkbox"/>
r. Other, please specify:	<input type="checkbox"/>

38. On average, what is the amount of protected teaching time provided in your post?

>10 hrs weekly	<input type="checkbox"/>
8-10 hrs weekly	<input type="checkbox"/>
5-7 hrs weekly	<input type="checkbox"/>
2-4 hrs weekly	<input type="checkbox"/>
1-1.5 hrs weekly	<input type="checkbox"/>
None	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

39. On average, how much of the protected teaching time do you avail of?

>10 hrs weekly	<input type="checkbox"/>
8-10 hrs weekly	<input type="checkbox"/>
5-7 hrs weekly	<input type="checkbox"/>
2-4 hrs weekly	<input type="checkbox"/>
1-1.5 hrs weekly	<input type="checkbox"/>
None	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

40. Have you attended a specialist conference during your employment at SGH?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If Yes, did you receive any funding from SGH to cover fees and expenses?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

41. Have you been involved in organising and/or the running of teaching sessions for medical undergraduates, other trainees at SGH, nurses etc.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

42. Are there any opportunities for you getting involved in research in your department?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

43. Have you been involved in research in your specialty at SGH?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Facilities at SGH

44. Please indicate your views on the library facilities at SGH:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

45. Please indicate your views on the accessibility and opening hours of the library facilities at SGH:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>

46. Please indicate your views on the computer facilities at SGH:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

47. Please indicate your views on the internet facilities at SGH:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

48. Please indicate your views on the study facilities i.e. "quiet space" at SGH:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

49. Please indicate your views on the accessibility of reference books and journals during library out-of-hours:

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Basic	<input type="checkbox"/>
Inadequate	<input type="checkbox"/>
Non-existent	<input type="checkbox"/>

Career guidance

50. Have you ever sought career advice from any of the following?

(Please tick any that apply)

- | | |
|---|--------------------------|
| Consultant for whom you work | <input type="checkbox"/> |
| Other hospital consultant | <input type="checkbox"/> |
| Other medical colleagues | <input type="checkbox"/> |
| Postgraduate organisers, directors etc. | <input type="checkbox"/> |
| Other, please specify: | <input type="checkbox"/> |

51. Please rate overall the advice you have been given at SGH to help plan your career:

- | | |
|--------------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Basic | <input type="checkbox"/> |
| Inadequate | <input type="checkbox"/> |
| Non-existent | <input type="checkbox"/> |

52. Please rate overall the advice/assistance you have been given at SGH to help you get your next job:

- | | |
|--------------|--------------------------|
| Excellent | <input type="checkbox"/> |
| Good | <input type="checkbox"/> |
| Basic | <input type="checkbox"/> |
| Inadequate | <input type="checkbox"/> |
| Non-existent | <input type="checkbox"/> |

Other Comments

53. If you have any comments to make that you think will be useful in helping SGH to make improvements to training and educational opportunities, please write them below:

Thank you very much for taking the time to complete this questionnaire.

Please return it no later than

FRIDAY, MARCH 10, 2000

APPENDIX 2

CONSULTANT QUESTIONNAIRE

Personal details

1. When were you appointed in your current post? _____
2. What is your area of specialty?

Accident & Emergency	
Anaesthesia	
ENT	
General Internal Medicine	
Obstetrics/Gynaecology	
Ophthalmology	
Orthodontics	
Orthopaedics	
Paediatrics	
Pathology	
Psychiatry	
Radiology	
Surgery (General)	
General Practice	
Other, please specify:	

Information related to the training of NCHDs

3. In your view, what is the general standard of training of NCHDs at SGH in your specialty?:

Excellent	
Good	
Basic	
Inadequate	
4. What is your level of satisfaction with your role as a trainer of NCHDs at SGH?

Very satisfied	
Satisfied	
Not satisfied	
Other, please specify:	
5. In general, how do you view the balance of the NCHDs' training opportunities and their role in service delivery at SGH?

Far too much emphasis on service delivery	
Somewhat too much emphasis on service delivery	
Satisfactory balance	
Somewhat too much emphasis on training	
Far too much emphasis on training	
Other, please specify:	
6. Are you familiar with the official guidelines/requirements/curricula for the training of NCHDs in your specialty (excl. exam curricula)?

Yes	
No	
Don't know	
7. Have you been officially appointed or elected as an educational supervisor?

Yes	
No	
Don't know	

8. Do you discuss a training programme with each individual NCHD when they first start their job at SGH?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

9. In general, do you agree on a training and educational programme tailored to each NCHD's needs?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

10. In general, how frequently do you have official appraisal/assessment meetings with your trainees on an individual basis?

Once every month	<input type="checkbox"/>
Once every two months	<input type="checkbox"/>
Once every three months	<input type="checkbox"/>
Once every six month	<input type="checkbox"/>
Once a year	<input type="checkbox"/>
Never	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

11. Do you provide the NCHDs with written feedback of their performance?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>

12. Do your trainees receive training in any of the following:

Patient management skills	<input type="checkbox"/>
Team management skills	<input type="checkbox"/>
Medical legal issues	<input type="checkbox"/>
Risk management	<input type="checkbox"/>
Audit	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>
Advanced life support/advanced trauma life support	<input type="checkbox"/>
Methods of research	<input type="checkbox"/>
Clinical governance	<input type="checkbox"/>

13. On average, what is the amount of protected teaching time the NCHDs are provided with in your specialty?

>10 hrs weekly	<input type="checkbox"/>
8-10 hrs weekly	<input type="checkbox"/>
5-7 hrs weekly	<input type="checkbox"/>
2-4 hrs weekly	<input type="checkbox"/>
1-1.5 hrs weekly	<input type="checkbox"/>
None	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

14. On average what is the amount of protected study time (continued professional training) you are provided with in your post?

>10 hrs weekly	<input type="checkbox"/>
8-10 hrs weekly	<input type="checkbox"/>
5-7 hrs weekly	<input type="checkbox"/>
2-4 hrs weekly	<input type="checkbox"/>
1-1.5 hrs weekly	<input type="checkbox"/>
None	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

15. Are you involved in a formal teaching programme of NCHDs at SGH?

Yes	
No	

If Yes, have you been formally appointed?

Yes	
No	

16. How would you rate the NCHDs' commitment to learning, other than what is strictly necessary in order to pass exams?

Excellent	
Good	
Basic	
Inadequate	

17. In your view, which statement best describes the NCHDs in your specialty, when you consider the NCHDs' ability to take learning initiatives themselves?

They are very active in their search for knowledge	
They are active in their search for knowledge	
They are adequate in their search for knowledge	
They are passive in their search for knowledge	
They are very passive in their search for knowledge	
Other, please specify:	

18. Please rate the protected teaching facilities at ward level in your specialty (e.g. a room dedicated to teaching, group discussions, meetings etc.):

Excellent	
Good	
Basic	
Inadequate	

19. Please rate the protected teaching facilities at the hospital in general:

Excellent	
Good	
Basic	
Inadequate	

The Future

20. Please indicate the significance of each of the following factors when you consider the main barriers to your involvement in training NCHDs:

	Very significant barrier	Fairly significant barrier	Not a barrier	Don't know
No protected teaching/training time				
No interest in training				
Lack of payment for training activity				
Not a challenge/repetitive				
Extra workload				
Lack of teaching facilities				
Lack of teaching skills				
Other, please specify:				

21. In your view, which of the following measures would facilitate a positive change in the training environment at SGH in order to attract and retain NCHDs:

	Very important measure	Fairly important measure	Not relevant	Don't know
More consultant numbers				
Training strategy from central management				
"Learning how to teach" programmes				
Formal appointment of tutors/trainers at SGH				
Rotational arrangements with other training centres				
Protected time for CME of consultants				
Buildings/equipment etc.				
Secretarial support				
Other, please specify:				

Other Comments

22. If you have any comments to make that you think will be useful in helping SGH to make improvements to training and educational opportunities, please write them below:

Additional information

23. If you have any additional information about the training and education of postgraduate trainees that you think may be of use in the context of this exercise, Mette Jensen would be delighted to accept them at the address below. Training guidelines, local education programmes (at specialty level) and other information is most welcome.

Thank you very much for taking the time to complete this questionnaire

Please return it no later than:

FRIDAY, MARCH 10, 2000

APPENDIX 3

CORE SKILLS CURRICULUM

Table 12 presents the core skills curriculum offered to hospital doctors from all specialties at SGH from Sept. 1998- June 1999. Five consultants contributed to the programme, which took place at 8:30 am the first and third Friday monthly at the Foundation Centre.

Session Number	Topic 1	Topic 2
1	Management of Major Trauma	
2	The Foundation Centre	CV
3	Presentations principles	Presentation tools
4	Presentation – Giving it!	Presentation – slide making, computer projector
5	How to survive at Interview	Appraisal of Trainees
6	Death and Bereavement	Stress Management
7	How not be sued	Pitfalls of Practice
8	Internet	
9	Anaesthesia essentials	
10	Introduction to paper writing	The case report – practical workshop
11	Paediatric Emergencies	Children and communication
12	Referral & discharge documentation	Clinical communication – talking with patients
13	Time management – theory	Time management – practice
14	Surviving in Court I – Witness to fact	Surviving in Court II – Expert witness
15	Myocardial infarction update	Service planning
16	Starting your next job	Appraisal and on the job training

Table 12: *Topics of the Core Curriculum Programme for hospital doctors at SGH Sept. 1998- June 1999.*