Local Assessment of the Quality of Postgraduate Medical Education and Training by Directors of Medical Education

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Abstract

Introduction: Monitoring the quality of Postgraduate medical education and training is an essential component of the role of Directors of Medical Education (DMEs) in the UK. In this qualitative study we investigated the local feedback approaches used by DMEs in our region.

Methods: We interviewed eleven out of twelve DMEs working in our region of the Learning, Education and Training Board. A standard qualitative content analysis approach was used to analyse the transcripts.

Results: DMEs reported relying on informal local systems and using multiple tools/sources of information with a focus on foundation doctors. They perceived their role as primarily reactive to issues and concerns. The sources of information were the trainees, trainers, managers and the Deanery. There was a wide range of tools in use including surveys, formal meetings and interviews.

Conclusions: This study provided an insight into local quality assessment approaches used by DMEs, which they perceived to work well and could be applied by others. Informal feedback and direct communications are common features of these quality review systems and should be better recognised and promoted. Informal feedback could be strengthened by developing methods for recording, further investigation and advice on how to collate in formats that provide more formal evidence.

Practice points

1. Qualitative approaches to feedback allow for the complexities of human interactions
2. Informal communications are common features of quality control systems and should be better recognised and promoted
3. DMEs tend to see their roles as reactive to problems and concerns
4. Doctors who rotate to multiple departments can act as a useful gauge of quality
5. The information needed for quality reviews might not be reliably gained from a single source

Keywords: Assessment and postgraduate education
Introduction

Two high profile reviews of the quality of patient care in the UK have recently highlighted the importance of feedback from trainees as a fresh pair of independent eyes on the quality of education, training and patient care (Francis 2013; Keogh 2013). The financial pressures, NHS changes and impact of shift work have all had an effect on quality of training so feedback from trainees is even more important. This article focuses on the feedback methods used by Directors of Medical Education (DME) when assessing the quality of education and training provided within their Hospitals.

The national General Medical Council (GMC) annual trainee survey provides external comparative feedback. However, this system has its limitation because it excludes of placements with less than three trainees to protect confidentiality and there is a lag time to the published results. It is a screening tool which signposts the need for further investigation. Good quality local feedback systems for quality control at Hospital level remain an essential adjuvant component.

The Wessex Deanery is responsible for postgraduate medical education and training within Health Education Wessex. The Wessex Deanery has had a post grading and scoring system in place since 2009, which is aimed at co-ordination, monitoring and encouraging improvement in the quality of education and training, provided in all specialities and placements (Wessex Deanery 2011). This co-ordinates reports from the placement provider in Hospital and community settings with reports from the commissioner of education and training along with feedback from visits. Significant and major concerns are collated and an overview grading for each local programme of education in each speciality in each Trust if provided.

DMEs formally report on the quality of training and education to the Deanery and to their Hospital or community Trust.

This study set out to identify which methods and approaches senior educators applied to assess the quality of medical education and training.

Methodology

This is a qualitative study with an interpretive methodological approach, seeking to understand and describe opinions and actions of DMEs that could influence future quality improvements. The qualitative approach allows for the complex bases of the opinions and actions to be explored and understood.

Methods

All twelve DMEs in Health Education Wessex were contacted and eleven took part in a recorded telephone interview. They were asked to describe how they assess the quality of education and training provided by individual departments within their Hospital/community setting and what specific tools/approaches they use for that purpose.

The participants’ informed consent was sought from the outset and the purpose of the enquiry and intended use of the data were explained to the participants as part of the request for the consent. The interviews took 10-40 minutes each and were recorded and transcribed. We used Kvale and Brinkman (2009) stages for undertaking interview based research were for each stage of this research enquiry. The seven stages are: thematising, designing, interviewing, transcribing, analysing, verifying and reporting.

Data analysis was carried out using two methods: a standard thematic content analysis approach as described by Gibson and Brown (2009) as well as a standard visual word cloud analysis based on word frequencies. This was after categorising the responses under separate headings based on the research questions. Sub categorisation was carried out within each question until themes were identified.
The two authors independently assessed the themes and very similar themes were identified, providing validation through triangulation. The word clouds were used for visual analysis as well as to identify any missed themes, therefore, providing further triangulation and validation of the findings. A third validation approach was through a review of published literature. Formal ethical approval was not required as this was part of the process of enhancing quality improvement and the day-to-day function of the Wessex Deanery and was an educational activity for the researchers.

Results

The DMEs interviewed fully engaged with the interview process and analysis of their approaches to assessment of the quality of education and training provided by individual departments within their Hospital/community settings revealed four major themes:

- **Reliance on informal communications**
- **Reactivity to issues and concerns**
- **Multi-tool/source approach**
- **Focus on foundation doctors (first two years of training)**

**Informal Communication and relationships:** This was the strongest theme and was perceived by DMEs we interviewed to work well. Examples from the data that showed reliance on informal tools include: “I tend to hear down the grapevine if things are not quite right”, “Informal feedback from the departmental leads”, “All about building a relationship with the department, with the Trainers and getting feedback from them and “getting direct feedback from the trainees themselves”, “Having a lot of those informal links, I think it’s more than useful, I think you get a real idea of what is going on educationally in the Hospitals”, “All a bit informal but works in a small Hospital with few trainees”, “I bump into most of my trainees when I walk through the Hospital”, “It would come from the trainees themselves talking … very informal, not documented”.

**Reactivity to issues and concerns:** Most of the DMEs we interviewed perceived their role as reacting to problems, concerns and focused issues and when they were not alerted to these they assumed that their interventions were not needed. They reported that time pressures and the need for prioritisation also influence this. Examples from the data that highlight this perception include: “Usually we’re focusing on issues, the Trust the size of mine, we have so many issues that I find it very hard to track a lot of the good things”, “the DME really, is a reactive system to problems”, “I get to see trainees who are struggling”, “in the modern world we always seem to concentrate on things that we’re not doing well. We expect good quality and anything less is a problem”, “if there is a serious untoward incident, then that would be investigated by the Trust, someone will do the root cause analysis, and I get notified of those straight away and will talk to those involved”.

**Focus on foundation trainees:** The foundation doctors were seen by the DMEs as useful when it comes to gauging the quality of education and training within departments because they tend to be placed in different and multiple departments during their two years of training and these tend to be relatively large and core specialties departments. Therefore, each trainee could feedback on at least three departments per year of training. Examples from the data include “most of the departments in our Trust have Foundation doctors so I often try and ask them … are there any specific issues about the education training that they’re getting within their posts”. “We have a lot of foundation trainees, so it’s quite a good way of getting fairly informal but hopefully quite accurate feedback”.

**The sources of information identified by the DMEs:**

**These** were mainly local and mainly from:

- **Trainees**
- **Trainers and managers**
- **Deanery**

The tools DMEs used to source information on the quality of education and training from **trainees** were:

- **Informal communication**
Adopting an open access policy
Monitoring success rate of trainees
Semi structured focus group meetings
Monitoring teaching sessions evaluations
Appointed trainee advocates
Electronic and paper questionnaires/surveys
Annual Deanery conference presentations by trainees and notable practice awards
Investigative conversations of reported issues and concerns
Meeting with struggling trainees
Formal individual interviews at end of placements

They also relied on information from Trainers and managers and tools used to source information included:

- Informal communications
- Adopting open access policy
- Faculty Tutors meetings
- Monthly education group meetings
- Formal reports from risk managers
- Serious untoward incident reports when trainees are involved
- Annual Departmental lead Educators reports
- Investigative conversations in response to concerns
- Formal Education committee meetings

The DMEs reported working very closely with the Deanery and using its processes as much as possible. The main tools used in relation to interaction with the Deanery were:

- The annual DME report to the Postgraduate Dean
- Annual reviews of progress of trainees’ (ARCP) reports to the DME
- A cumulative issue and action log kept by the Deanery and updated annually by lead Educators
- Notable Practice awards and presentations at the annual Deanery conference
- Deanery visits

Discussion

This study provided an insight into local quality assessment tools used by DMEs in one region of Health Education England, which could be applied elsewhere. This is relevant to other Educators who all have a duty to ensure good quality education and training is provided so that high quality and safe patient care is achieved. In this study we adopted a qualitative methodology in order to focus on individual responses and themes and meanings within the replies and between respondents. However, eleven out of twelve DMEs took part representing different hospital and community settings and providing a comprehensive overview of the DME role in action within one region. One of the key findings is the effectiveness of informal approaches reported by DMEs who contributed to this study. There is a tendency in medical practice, including medical education and training, to disregard the tacit and/or difficult to measure aspects of a role. Formal, quantitative and evidence-based systems tend to carry more weight than qualitative, informal and personal ones. If highly skilled, motivated and experienced lead educators like the DMEs we interviewed are reporting that their informal local systems work well, then there is a need to note this and develop systems that are flexible enough to value and capture such approaches.

This paper provides lists of tools used by DMEs ranging from surveys, meetings, interviews, focus groups, reports and investigations of issues. It highlights reliance on multiple local tools to gather and triangulate information. The DMEs did not indicate a clear reference point for options for monitoring quality or a single solution for advice on methods of quality reviews. On the whole, most DMEs were comfortable with a local informal approach being backed up by formal external ones. A resource on the options for feedback on quality of education would be of benefit.
Developing methods of recording, further investigation and collation in formats that provide clearer evidence could strengthen the informal systems used by DMEs further.

DMEs see their role as primarily reactive to issues and concerns. Further work could identify ways of incorporating more proactive interactions with a focus on reporting and sharing notable good practice at local level.

The adoption of informal feedback alongside more formal processes appears practical and provides a wider range and depth of information.

Conclusions

There are different processes in place for the local assessment of Postgraduate medical education and training in Wessex with reliance on informal human interactions and personal relationships as well as formal external and independent systems.

The use of a combination of methods to suit local circumstances is practical and it may be preferable to ensure adoption of informal feedback alongside more formal processes. A principle could be to triangulate both informal and formal feedback then investigate and act if needed.

Informal feedback is a qualitative approach, which can provide an insight into the rich day to day medical education practices. This could be enhanced further with guidance on practical approaches on application and collation of informal feedback.

Notes on Contributors

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References


London, Sage.

Postgraduate Medical Education and Training Board (2006), Generic standards for Training London, PMETB


Siedman, I. E. (1991) Interviewing as Qualitative Research New York: Teachers College
