



TCD/HSE Higher Specialist Training Scheme in General Practice
Department of Public Health & Primary Care, Trinity College, Dublin



A National Survey of GP Trainees 2012

Mark O'Kelly – Fergus O'Kelly – Darach Ó Ciardha



Irish College of General Practitioners

Acknowledgements

The authors wish to acknowledge the following people and institutions for their contributions to this report:

The Irish College of General Practitioners, for their ongoing interest and encouragement and for providing the funding for the production of this report.

The Irish Medical Organisation for providing access to the questionnaire used in their benchmark survey of NCHDs from 2011.

The directing team and trainees of the TCD/HSE Specialist Training Programme in General Practice and Prof Tom O'Dowd of the Department of Public Health and Primary Care, TCD, for their input and feedback.

Senator Colm Burke for his assistance in providing the results of his survey of final year medical students (2012).

The directing teams of all the training programmes, for their assistance in encouraging the trainees to complete the questionnaire.

Thanks to all general practice trainees who generously responded to the questionnaire.

TCD/HSE Specialist Training Programme in General Practice
Trinity College Centre for Health Sciences
AMiNCH
Tallaght
Dublin 24

December 2012

Sub-editing: Deirdre Handy
Design: Janine Handy
Photography: Fionn McCann



A National Survey of GP Trainees 2012

Mark O'Kelly – Fergus O'Kelly – Darach Ó Ciardha

Contents

List of Tables and Figures	6
Summary	8
Research Considerations	10
Section 1 Introduction	11
1.1 Introduction	
Section 2 Aims, Objectives And Method	12
Aim of research	
Objectives	
Method	
Section 3 Results	14
3.1 Demographics	
3.1.1 Distribution and response rate	
3.1.2 Characteristics of respondents	
3.2 Hospital training	
3.2.1 Introduction	
3.2.2 Satisfaction with hospital posts	
3.2.3 Hospital posts completed by year 4 of training	
3.2.4 Areas of desired hospital experience	
3.2.5 Hours worked in hospital posts	
3.2.6 General working conditions in hospital posts	
3.3 GP trainers and GP practices	
3.3.1 Introduction	
3.3.2 Teaching	
3.3.3 Research	
3.3.4 Support and supervision	
3.3.5 Overall levels of satisfaction with current GP trainer	
3.3.6 Feedback	
3.3.7 Training practice facilities	
3.3.8 Working week and Out of Hours commitments	

3.4 GP training programmes nationally	
3.4.1 Overall levels of satisfaction with training programmes	
3.4.2 Supports from training programmes	
3.4.3 Opportunity for feedback to training programmes	
3.4.4 Approachability of directing teams	
3.4.5 Day release content	
3.4.6 Core competencies in GP training	
3.5 Training body – ICGP	
3.5.1 Introduction	
3.5.2 ICGP journal (Forum) and ICGP website	
3.5.3 MICGP examination	
3.5.4 Role for clinical component in the MICGP examination	
3.5.5 Cost of MICGP examination	
3.6 Selection process and further expansion of training	
3.6.1 Introduction	
3.6.2 Selection process	
3.6.3 Further expansion of GP training	
3.6.4 Time length for GP training	
3.6.5 Shortened length of training for applicants with suitable prior experience	
3.7 Stress and morale	
3.7.1 Introduction	
3.7.2 Morale	
3.7.3 Anticipated future impacts on morale	
3.7.4 Impact of work on quality of life	
3.7.5 Stress levels	
3.7.6 Stress levels compared to one year ago	
3.7.7 Regrets about training as a GP	
3.8 Career aspirations	
3.8.1 Introduction	
3.8.2 Future career aspirations	

Section 4 Discussion	32
References	36

List of Tables and Figures

Tables:

Table 1:	Age distribution
Table 2:	Gender, year of training and number of applications before acceptance on programme
Table 3:	Average hours worked per week in hospital post.
Table 4:	General working conditions
Table 5:	Access to educational provision
Table 6:	Average hours worked per week inclusive of day release (n=136)
Table 7:	Out of hours (OOH) work by practice based GP registrars.
Table 8:	Future Career

Figures:

- Figure 1: Level of satisfaction with hospital experience (n=307)
- Figure 2: Hospital posts experience by final year of training (n=304)
- Figure 3: Areas of further hospital experience required (n=304)
- Figure 4: Teaching hours per week (n=139)
- Figure 5: Trainer participation in research projects (n=135)
- Figure 6: Support and supervision (n=139)
- Figure 7: Satisfaction with GP trainers (n=137)
- Figure 8: Regular formal feedback (n=138)
- Figure 9: Level of satisfaction with facilities (n=139)
- Figure 10: Overall satisfaction with GP training programmes (n=298)
- Figure 11: Supports from training programme (n=298)
- Figure 12: Adequate opportunity to give formal feedback (n=296)
- Figure 13: Approachability of directing teams (n=297)
- Figure 14: Satisfaction with day release content (n=299)
- Figure 15: Satisfaction with core competencies (n=299)
- Figure 16: Satisfaction with Forum and ICGP website (n=291)
- Figure 17: Suitability of MICGP examination (n=293)
- Figure 18: Role for clinical component to MICGP examination (n=294)
- Figure 19: Cost of MICGP examination (n=291)
- Figure 20: Selection process for training programmes (n=292)
- Figure 21: Expansion of GP training places (n=293)
- Figure 22: Number of Years for GP Training (n=292)
- Figure 23: Shortened training for prior experience (n=292)
- Figure 24: Morale level (n=291)
- Figure 25: Future improvements in morale (n=292)
- Figure 26: Impact of work on quality of life (n=291)
- Figure 27: Levels of stress (n=291)
- Figure 28: Stress – 1 year previously (n=291)
- Figure 29: Regrets – GP Training (n=292)

Summary

- The study provides a picture of General Practice training and the satisfaction levels of GP trainees with the various aspects of their training in 2012.
- The survey achieved a 55% response rate. The characteristics of the respondents and year of training are reflective of the demographics of GP trainees nationally.
- The core hospital disciplines have a high satisfaction rating, in terms of the experience gained and its relevance to trainees' future careers as general practitioners. However rotations in obstetrics and gynaecology do not rate as highly.
- General practice trainees have highlighted dermatology, ENT, ophthalmology and palliative care as areas in which they would like to receive further hospital training.
- The majority of hospital-based trainees are able to access their day release entitlements without difficulty.
- The majority of hospital-based trainees reported that they do not have regular access to formal teaching sessions and journal clubs in their hospital posts.
- One in three practice based registrars are not receiving the full two hours of face-to-face teaching per week expected from their trainers.
- Practice based registrars are largely satisfied with the infrastructure in their GP training practices.
- All practice based registrars undertake out of hours duties as part of their training, with 86% of them being involved in out of hours GP co ops.
- The majority of trainees are satisfied with their training scheme, feel supported and are provided with adequate opportunity to provide feedback.
- Management, research and clinical skills training are highlighted as areas of perceived weakness in training schemes.
- The majority of respondents (73%) felt that there is a role for a clinical component to the MICGP exam.

- Trainee morale improves, stress levels reduce, and perceived quality of life increases as trainees move between hospitals and general practice.
- A small minority (1%) of respondents indicated that they regret training as general practitioners.
- Most respondents (93%) see themselves as working as general practitioners in Ireland, ten years after completing training.
- This report shows that 74% of male trainees and 33% of female trainees see themselves as working in full-time clinical general practice in the future. This finding has potential work force implications.

Research Considerations

When examining the results of this study, there are three research considerations to be taken into account:

- For the purposes of the report, in some areas trainees have been divided into two separate groups – ‘Hospital Doctors’ (1st and 2nd year trainees rotating through specialist hospital posts) and practice based ‘Registrars’ who are in their 3rd and 4th years of GP training.
- The research was conducted to give a national picture of GP trainees’ satisfaction with their training and is not training programme specific. Respondents are not asked to identify their specific training scheme.
- The response rate of 55%, which could be considered as being marginally sub-optimal, is somewhat negated by the even distribution across all four years of training, and a demographic of trainees which is representative of the national intake into training schemes, thus further reducing potential bias. The anonymous nature of the questionnaire afforded respondents the opportunity to give honest answers without fear of being identified by hospital, training practice, training programme or region.

Section One: Introduction

1.1 Introduction:

Organised, structured vocational training for general practice first started in Galway in 1971. This was quickly followed by a further two schemes, one in Cork and one in Dublin. There are now fifteen distinct training programmes with a national intake of 157 trainees per year. GP training is now mandatory for those seeking a public contract with the Health Service Executive (HSE) to work in general practice. This training is centrally funded by the HSE.

The organisation of vocational training for general practice and its funding by the state has transformed general practice over the last forty years. Irish general practice is now well structured and able to deliver good quality care nationally¹. It is also capable of meeting the challenge of the changes proposed by the government to manage much of chronic disease², to work within the primary care teams³ and to adopt a system of universal health insurance. General Practice is well supported by its own college, the Irish College of General Practitioners, which was founded by the earliest graduates of the training programmes.

In September 2011, the Irish Medical Organisation (IMO) conducted a benchmark study⁴ in which all the non consultant hospital doctors (NCHDs) in the state were surveyed to ascertain their views on their working conditions, supports and the training they received. Some 522 of them replied out of a possible total of about 4,700. The survey was conducted electronically, using Survey Monkey, with questionnaires being directed to the NCHDs' e-mail addresses.

The results of the survey make for stark reading with a large percentage of young doctors being dissatisfied with their working conditions, hospital supports and the levels of training available to them.

It was felt by many of us involved with general practice training, that the experience of GP trainees was lost in and not reflected accurately within the survey, especially the experience of GP registrars working within the general practice setting.

To address this need we sought to survey all current GP trainees using a questionnaire more specific to general practice training.

The IMO was gracious in letting us access their questionnaires in order to include similar questions with regard to trainees' perceptions of their hospital based posts.

This study is the first national study that has sought to establish the perceptions and satisfaction levels of general practice trainees incorporating all the various aspects of their general practice training. It provides an opportunity to examine these perceptions and attitudes in a confidential manner. It gives an overall impression of GP training and provides important information on areas of strength and weakness and points up areas for improvements in training.

Section Two: Aims, Objectives and Method

2.1 Aim of Research:

The aim of this study is to examine the attitudes and perceptions of general practice trainees in regard to current general practice training in Ireland.

2.2 Objectives:

- Identify areas of perceived strength and weakness in general practice training from a trainee perspective.
- Provide feedback and constructive criticism to the various stakeholders and bodies involved in general practice training in Ireland i.e. the individual trainees, their trainers and training programmes, ICGP, National Association of GP Trainers (NAGPT), IMO, HSE, Medical Education and Training (MET) and the University Departments of General Practice.
- Promote reflection and discussion amongst the various stakeholders.
- Help promote constructive change and ongoing improvement in general practice training in Ireland.

2.3 Method:

A database of all general practice trainee email addresses was compiled and a total of 560 trainees identified, in 2012. In March of 2012, a pilot survey was conducted with the graduate class of 2010/2011 from one of the specialist training programmes and minor changes made to the questionnaire. In order to maximise the accuracy of the survey and create a national picture of general practice training all the current trainees in April of 2012 were sent an electronic version of the survey. An electronic questionnaire using Survey Monkey was sent in 3 waves over a three-month period.

The directing teams of all training programmes across the country were contacted and asked to encourage the trainees on their programmes to complete the online questionnaire.

Section Three: Results

3.1 Demographics

3.1.1 Distribution and response rate:

The questionnaire was distributed to all 560 GP Trainees on the database in April 2012. 307 valid questionnaires were returned from the three waves of questionnaires, giving an overall response rate of 55%.

There was an even response rate across all four years of GP Training and the gender distribution was representative of the intake into GP training programmes over the last 4 years.

3.1.2 Characteristics of respondents

This section outlines the characteristics of the respondents. It examines the respondents by age, gender, year of training and the number of applications made before attaining a place on a GP training programme.

This section applies to all respondents.

Table 1: Age distribution

	20 – 24	25 – 29	30 – 34	35 – 39	40 +
Age distribution of respondents (n=292)	2 (1%)	136 (46%)	132 (45%)	22 (7%)	2 (1%)

Most of the respondents (91%) were in the 25 to 34 age range.

Table 2: Gender, year of training and number of applications before acceptance on programme

	Male		Female	
Gender of respondents (n=292)	80 (27%)		213 (73%)	
	Year 1	Year 2	Year 3	Year 4
Respondents by year of training (n=292)	73 (25%)	79 (27%)	70 (24%)	70 (24%)
	1	2	3	4
Number of applications to training programmes (n=292)	200 (69%)	70 (24%)	20 (7%)	2 (1%)

The response rate was evenly spread across all 4 years of training. Almost three quarters

of respondents (73%) were female. This is in line with entry patterns into GP training programmes between 2007 and 2010 and patterns of entry to the undergraduate medical degree programmes in Irish Universities.

The vast majority of respondents (93%) were accepted on a GP training programme with either their first or second application, with 69% getting a place with their first application. There is no gender difference in the number of application attempts necessary to gain a place on a training scheme.

3.2 Hospital Training Posts

3.2.1 Introduction:

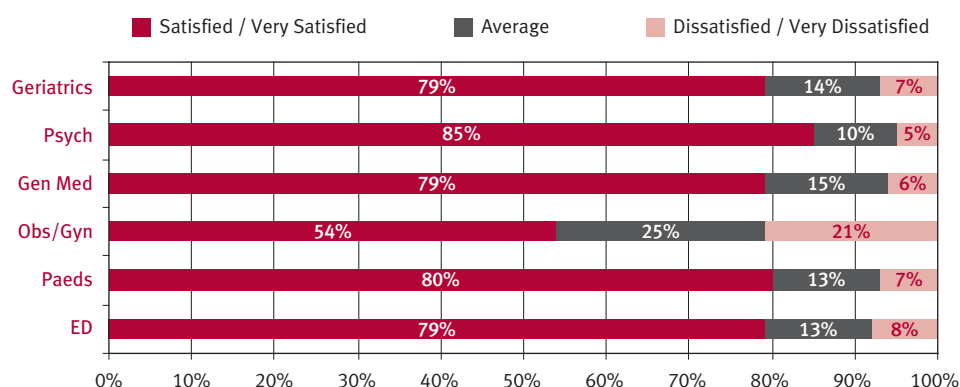
This section outlines the satisfaction levels of trainees with their completed years of hospital training posts; the levels of trainee experience in various hospital rotations by their final year of training; and the areas of further hospital training which trainees highlighted as desirable for their future careers in general practice.

This section also outlines the working conditions of GP trainees within their hospital posts. It examines the level of overtime worked, access to training activities and teaching within the post, ability to meet training requirements, educational leave and access to day release entitlements. The methods of off duty cover arrangements employed are also examined.

3.2.2 Satisfaction with hospital posts:

Respondents were asked to rate their level of satisfaction with the experience gained in their hospital posts, in terms of relevance for their future careers in general practice.

Figure 1: Level of satisfaction with hospital experience (n=307)

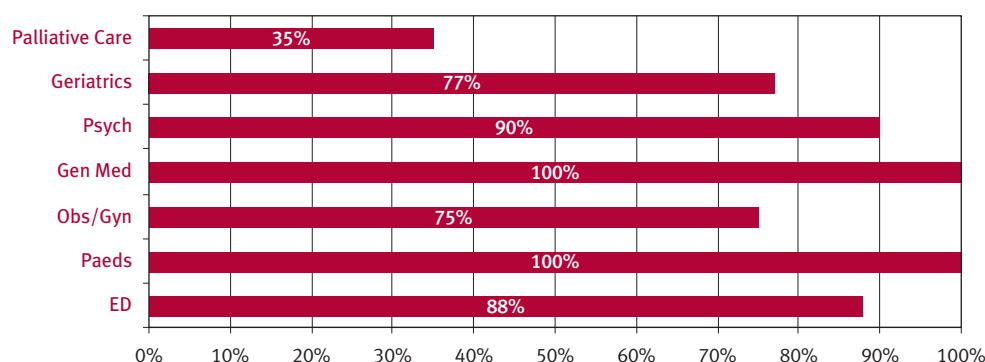


Trainees were either satisfied or very satisfied with their hospital posts in terms of the experience gained and its relevance for their future careers as general practitioners, with 5 of the 6 major specialities achieving either above or just below an 80% satisfaction rating. Obstetrics and Gynaecology rotations were deemed less satisfactory – 54% being either satisfied or very satisfied, 25% reporting their satisfaction as average, and 21% reporting the

posts to be unsatisfactory. All the other specialities had a relatively low dissatisfaction rating of between 5% – 7%.

3.2.3 Hospital posts completed by year 4 of training:

Figure 2: Hospital posts experience by final year of training (n=304)

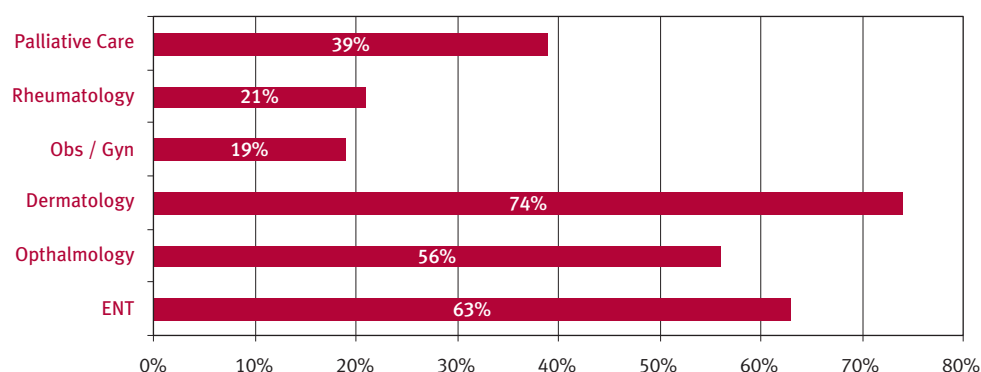


GP trainees have gained experience in most of the major specialities by their final year of training, with 88% trained in Emergency Medicine, 90% in Psychiatry and 100% in both Paediatrics and General Medicine.

3.2.4 Areas of desired hospital experience.

Respondents were asked to highlight areas in which they would like to have had further hospital experience as part of their GP training.

Figure 3: Areas of further hospital experience required (n=304)



Dermatology (74%), ENT (63%) and ophthalmology (56%) were highlighted as areas in which trainees would like to gain hospital experience prior to finishing their GP training. Overall 19% of respondents would like further experience in obstetrics and gynaecology. Of those who do not experience obstetrics and gynaecology as part of their training, 76% indicated that they would like some hospital based experience in this area. 60% of those who do not get experience in palliative care also indicated that they would like some hospital based experience in this area.

3.2.5 Hours worked in hospital posts:

Respondents were asked to indicate how many hours on average they worked in a week.

Table 3: Average hours worked per week in hospital post.

Average hours worked per week (In current posts in 2012)	n=152
Less than 39 hours	0 (0%)
39 - 44 hours	8 (5%)
45 - 59 hours	70 (46%)
60 - 79 hours	64 (43%)
80 + hours	8 (5%)

The vast majority of the respondents (89%) reported working between 45 and 79 hours per week in their hospital training posts. None of the respondents reported a working week of less than 39 hours.

3.2.6 General working conditions in hospital posts:

Respondents were asked to indicate whether they agreed or disagreed with the following statements related to their current hospital posts.

Table 4: General working conditions

General Working Conditions (n=152)	Agree	Disagree
I get paid for all of the hours I work	86 (60%)	60 (40%)
There is sufficient locum cover available	22 (16%)	119 (84%)
I am not required to work more than a 24 hour shift on site	39 (27%)	104 (73%)

73 % of respondents reported that their current hospital post in 2012 was not compliant with the European Working Time Directive as they were required to work shifts of greater than 24 hours on site. 84% of trainees report insufficient locum cover and 40% state that they are not paid for all of the hours that they work.

Table 5: Access to educational provision

Access to Educational Provision (n=152)	Agree	Disagree
I am able to access my day release entitlements	121 (82%)	26 (18%)
I am able to avail of my educational leave entitlements	97 (64%)	50 (36%)
I have regular access to training activities, e.g. journal clubs, and formal teaching sessions in my post	39 (27%)	104 (73%)
I have sufficient contact time with my Consultant	87 (60%)	59 (40%)
Service provision makes it difficult to meet my training needs and requirements.	103 (68%)	48 (32%)

The majority of respondents (82%) report being able to access their GP day release entitlements and 64% report being able to avail of educational leave. However, in their hospital posts 68% feel that service provision makes it difficult to meet their training requirements, and 73% report that they do not have regular access to journal clubs and formal teaching within their hospital posts.

3.3 GP Trainers and GP Practices

3.3.1 Introduction

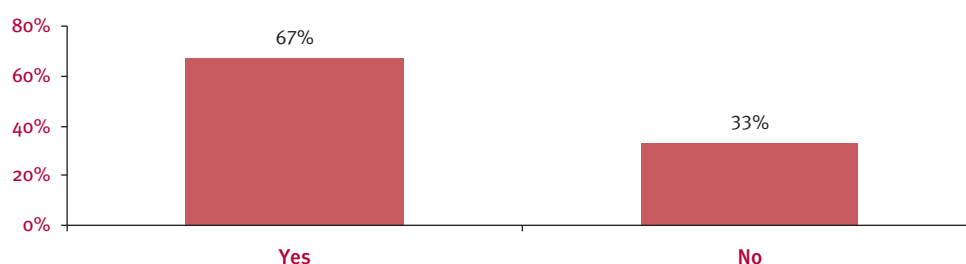
This section outlines the level of satisfaction of registrars with their current GP trainers and GP practices. It examines the perceived levels of supervision and support provided by the trainer as well as satisfaction with practice facilities.

Note: This section was only relevant to trainees with general practice based experience as part of their training programme and was responded to by a total of 140 practice based registrars.

3.3.2 Teaching

The respondents were asked to indicate whether they are receiving a minimum of two hours face-to-face teaching per week from their GP trainer.

Figure 4: Teaching hours per week (n=139)

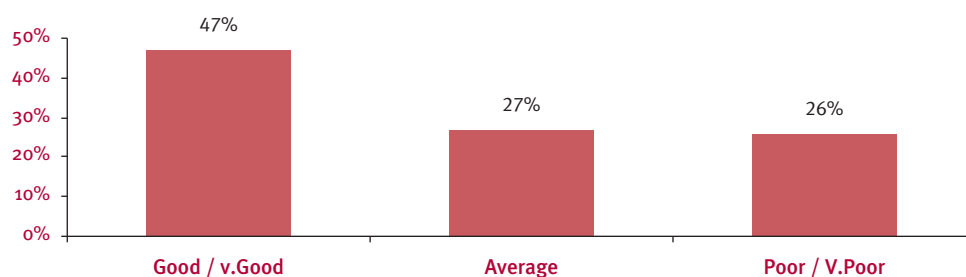


Just over two-thirds (67%) of respondents indicated that they were receiving a minimum of two hours face-to-face teaching per week from their GP trainer.

3.3.3 Research:

The respondents were asked to indicate their perceptions of their trainers' participation in research projects carried out in the practice as part of their training.

Figure 5: Trainer participation in research projects (n=135)

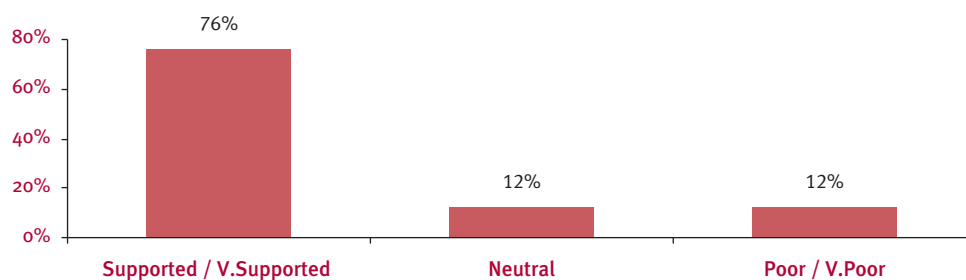


Almost half (47%) of respondents indicated that their trainer's level of participation was either good or very good, while 26% felt it to be poor or very poor.

3.3.4 Support and supervision:

Respondents were asked to indicate their perceptions of the overall levels of support and supervision provided by their trainers.

Figure 6: Support and supervision (n=139)

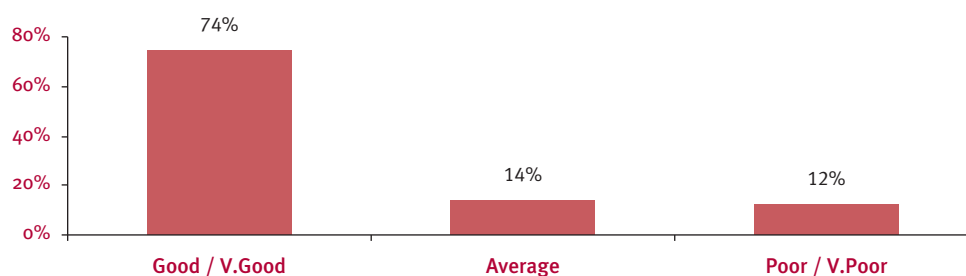


Three quarters (76%) of respondents felt that they were well supported or very well supported by their trainers, with 12% of the respondents indicating a poor or very poor level of support.

3.3.5 Overall levels of satisfaction with current GP trainer:

The respondents were asked to indicate their overall levels of satisfaction with their current GP trainer.

Figure 7: Satisfaction with GP trainers (n=137)

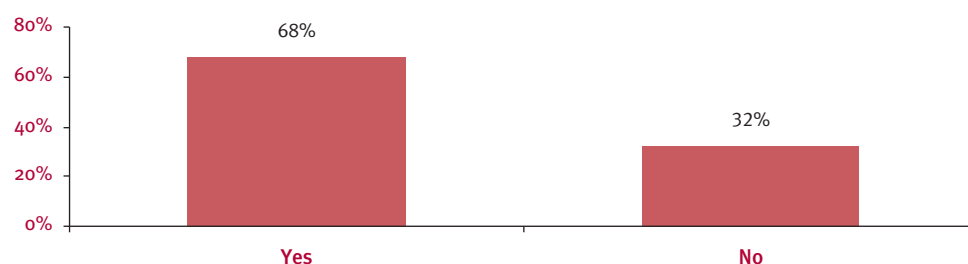


Almost three quarters (73%) of respondents indicated that they were either satisfied or very satisfied with their GP trainer. 12% of respondents indicated that they were dissatisfied, reflecting the 12% who felt that the level of support and supervision they received was poor or very poor (fig 7).

3.3.6 Feedback:

The respondents were asked to indicate whether they were given the opportunity by their trainers to give regular formal feedback on the training they were receiving.

Figure 8: Regular formal feedback (n=138)

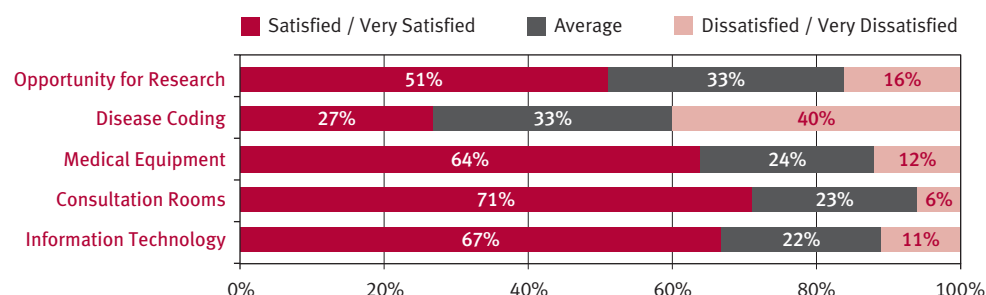


Just over two thirds (68%) of respondents, felt that they were given the opportunity to provide regular formal feedback to their trainers.

3.3.7 Training practice facilities:

Respondents were asked to rate their level of satisfaction with their current training practice facilities.

Figure 9: Level of satisfaction with facilities (n=139)



The majority of respondents were satisfied or very satisfied with facilities provided by their training practices in terms of information technology (67%), consultation rooms (71%) and medical equipment (64%). Half (51%) of respondents were satisfied or very satisfied with the opportunity for research in their training practices. However, 40% were dissatisfied with the level of disease coding.

3.3.8 Working week and Out of Hours commitments:

The respondents were asked to indicate the average number of hours worked per week in their current practice based post and the type and quantity of 'Out of Hours' work they are involved in per week as part of their GP training.

Table 6: Average hours worked per week inclusive of day release (n=136)

Average hours worked per week in current practice based posts (2012)	n=136
Less than 39 hours	0 (0%)
39 - 44 hours	56 (41%)
45 - 59 hours	66 (49%)
60 - 79 hours	12 (9%)
80 + hours	2 (1%)

58% of respondents based in general practice are working between 45 and 79 hours per week, significantly fewer than their hospital based counterparts where 89% reported working these kind of hours.

Table 7: Out of hours (OOH) work by practice based GP registrars.

	0 hours	1 – 5 hours	6 – 10 hours	11 hours +
GP registrars co-operative OOH work per week n=133	19 (14%)	88 (66%)	21 (16%)	6 (4%)
GP registrars OOH 'On-Call' work, not involved with co-op n=19	0 (0%)	7 (36%)	6 (32%)	6 (32%)
Co-op GP registrars additional 'On-Call' commitments per week n=133	40 (30%)	60 (45%)	23 (17%)	11 (8%)

86% of GP practice based registrars are involved in co-operative OOH work outside of their normal working hours. All of the 19 (14%) of GP registrars who do not participate in co-operative OOH work, are involved in OOH 'On-Call' commitments with their practices. Of the GP Registrars who currently work in co-operative OOH services, 70% of them also provide OOH services for their practices outside of their normal working hours.

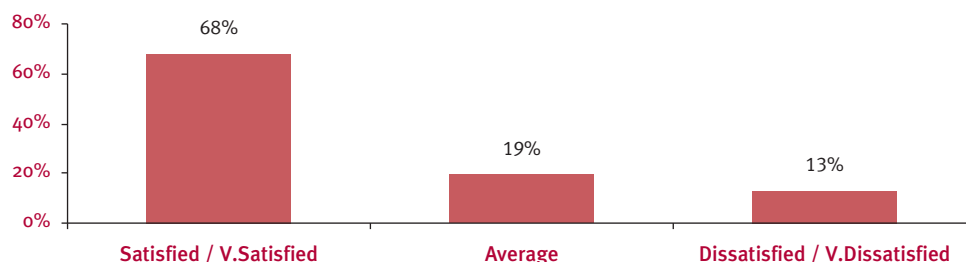
3.4 GP Training Programmes Nationally

This section relates to the trainees' perceptions of the directing staff of the GP training programmes nationally and not with hospital staff or GP practice staff.

3.4.1 Overall levels of satisfaction with training programmes:

The respondents, who were from a variety of training programmes across the country were asked to indicate their overall levels of satisfaction with the GP training programmes as a whole.

Figure 10: Overall satisfaction with GP training programmes (n=298)

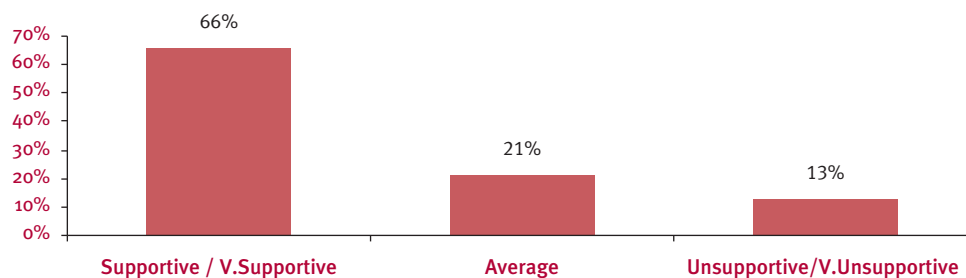


Just over two thirds (68%) of respondents indicated that, overall, they were either satisfied or very satisfied with their GP training programmes, with 13% indicating that they were dissatisfied.

3.4.2 Supports from training programmes:

The respondents were asked to indicate the perceived level of support they received from their training programmes:

Figure 11: Supports from training programme (n=298)

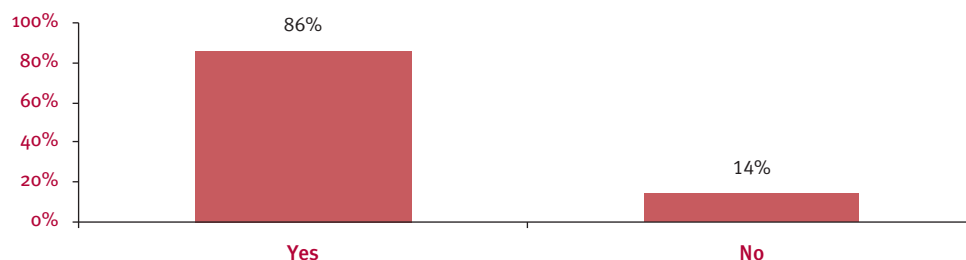


The response to this question was very similar to the question on overall satisfaction, with 66% of respondents indicating that they felt either supported or very supported by their training programmes and 13% indicating that they felt unsupported.

3.4.3 Opportunity for feedback to training programmes:

The respondents were asked to indicate whether they were given adequate opportunity by their training programmes to give regular formal feedback on the training they were receiving.

Figure 12: Adequate opportunity to give formal feedback (n=296)

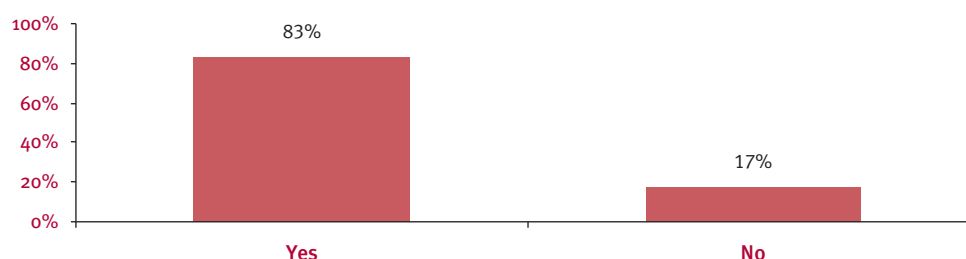


The majority (86%) of respondents felt that they were provided with adequate opportunity to give formal feedback to their training programmes.

3.4.4 Approachability of directing teams:

The respondents were asked to indicate whether they thought the directing teams on their training programmes were approachable and open to receiving feedback.

Figure 13: Approachability of directing teams (n=297)

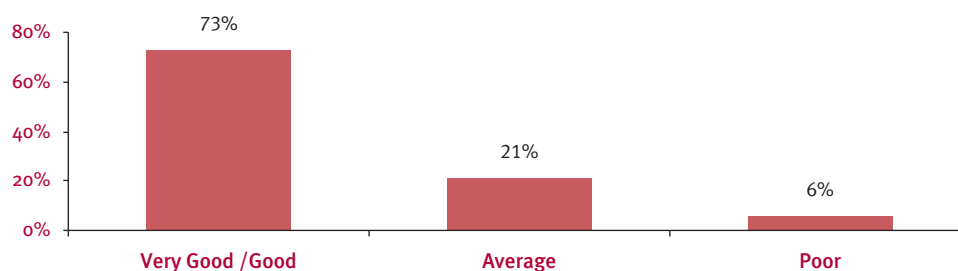


Once again, the majority (83%) of respondents felt that their directing teams were approachable and open to receiving feedback.

3.4.5 Day release content:

The respondents were asked to indicate their satisfaction levels with regard to the day release content in terms of its relevance to their future careers in general practice.

Figure 14: Satisfaction with day release content (n=299)

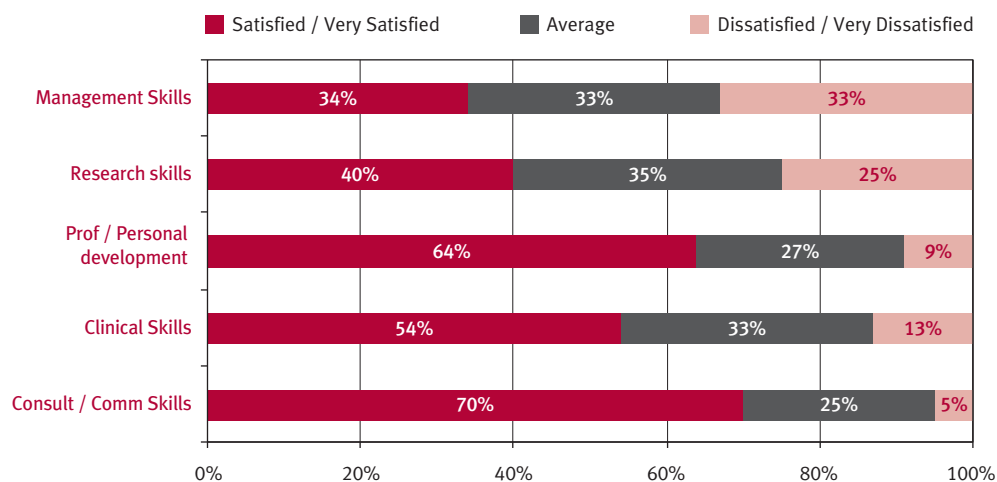


Almost three quarters (73%) of respondents felt the content of their day release training to be good or very good, while 6% of respondents felt that the day release content was poor. There was no difference in satisfaction ratings between the trainees at different stages of training.

3.4.6 Core competencies in GP training:

Respondents were asked to rate their levels of satisfaction with the following core areas of GP Training provided by their programmes: management, research skills, professional and personal development, clinical skills and consultation and communication skills.

Figure 15: Satisfaction with core competencies (n=299)



The majority of respondents were very satisfied or satisfied with consultation and communication skills (70%) and personal and professional development (64%); and 54% were satisfied or very satisfied with clinical skills. Respondents were less satisfied with management skills, with one third (34%) being satisfied or very satisfied, but one third (33%) also highlighting their dissatisfaction with this core area. Research skills were also highlighted as an area of deficit amongst training programmes core skills, with one quarter (25%) indicating dissatisfaction and only 40% indicating satisfaction.

3.5 Training Body – Irish College Of General Practitioners (ICGP)

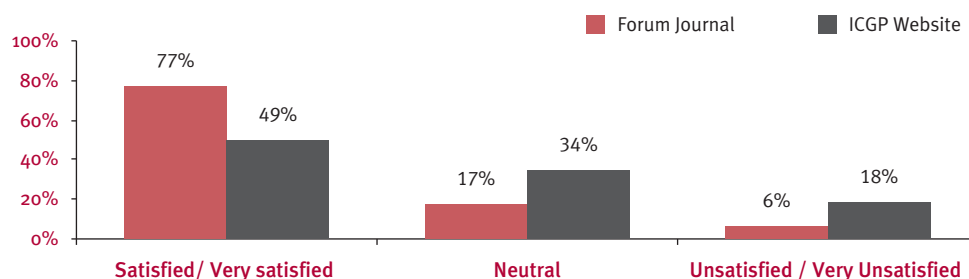
3.5.1 Introduction:

This section outlines the satisfaction/dissatisfaction of GP trainees with the learning material provided via the ICGP journal and website and satisfaction with regard to the membership examinations that are the responsibility of the training body (MICGP).

3.5.2 ICGP journal (Forum) and ICGP website:

The respondents were asked to indicate their satisfaction levels with regard to the Forum journal and the ICGP website as learning tools for their GP training.

Figure 16: Satisfaction with Forum and ICGP website (n=291)

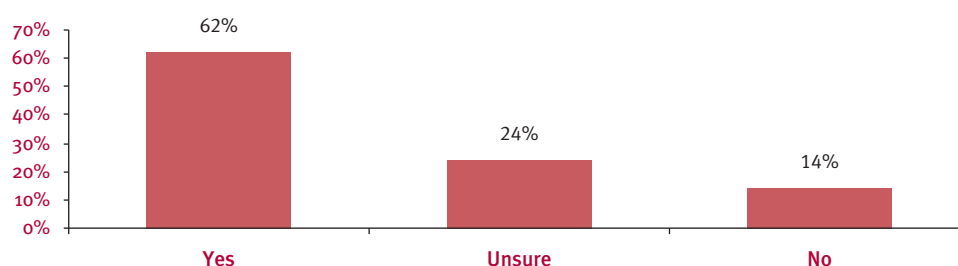


Just over three quarter of respondents (77%) were either very satisfied or satisfied with Forum as a learning tool for their GP training, but slightly less than half (48%) of respondents were satisfied with the ICGP website.

3.5.3 MICGP Examinations:

Respondents were asked to indicate whether they felt that the MICGP exam is a suitable form of final examination for general practice trainees in Ireland.

Figure 17: Suitability of MICGP examination (n=293)

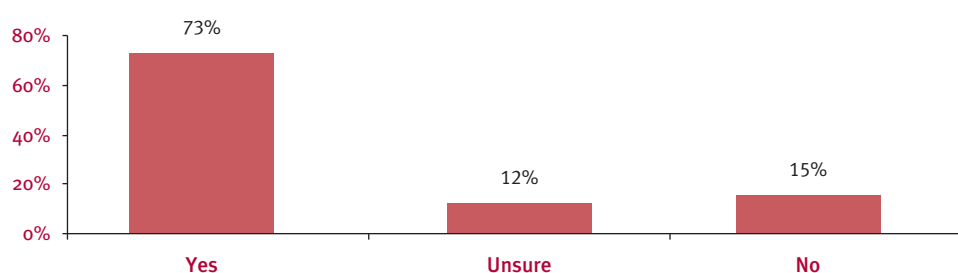


One quarter of respondents were unsure of the suitability of the exam but 62% of respondents felt that it was a suitable examinations for general practice candidates.

3.5.4 Role for clinical component to the MICGP examination:

The respondents were asked to indicate whether they felt there is a role for a clinical component to the MICGP examination.

Figure 18: Role for clinical component to MICGP examination (n=294)

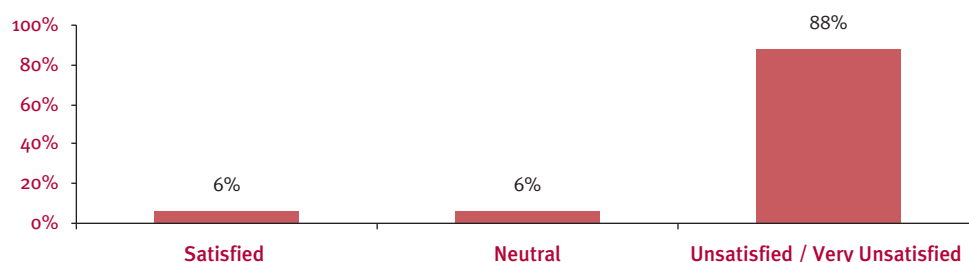


Almost three quarters (73%) of respondents felt that there is a role for a clinical component to the MICGP examination.

3.5.5 Cost of MICGP examination:

The respondents were asked to indicate their satisfaction levels with regard to the cost of sitting the MICGP examination.

Figure 19: Cost of MICGP examination (n=291)



88% of respondents reported being either unsatisfied or very unsatisfied with the current cost of sitting the MICGP examination.

3.6 Selection Process and Further Expansion of Training

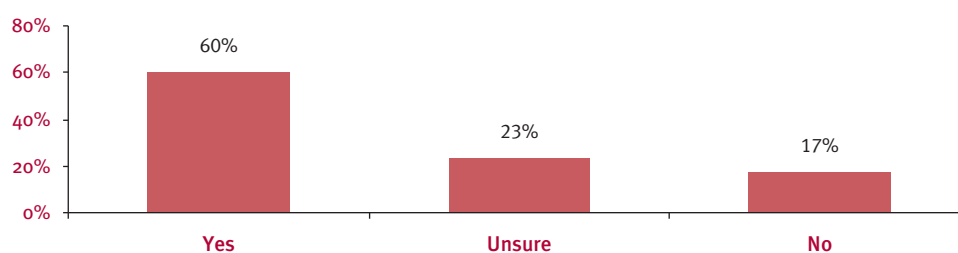
3.6.1 Introduction:

This section outlines the opinions of GP trainees with regard to the trainee selection process, further expansion of GP training posts and the length of GP training.

3.6.2 Selection process:

The respondents were asked to indicate whether they feel the current method of selection for GP training programmes works well.

Figure 20: Selection process for training programmes (n=292)

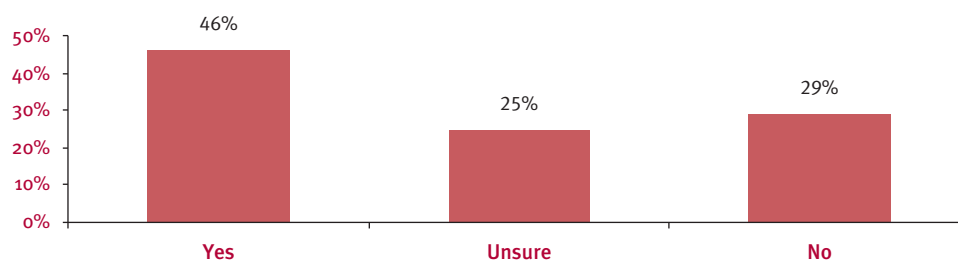


The majority of respondents (60%) indicated that they think the current method of selection for GP training programmes works well, but 23% were unsure and 17% of respondents feel that the current process does not work well. There was no difference in opinion between trainees who were offered a place on their first application versus those who were offered a place after subsequent applications.

3.6.3 Further expansion of GP training:

The respondents were asked their opinion on whether GP training places should be further expanded to meet the demand for these places.

Figure 21: Expansion of GP training places (n=293)

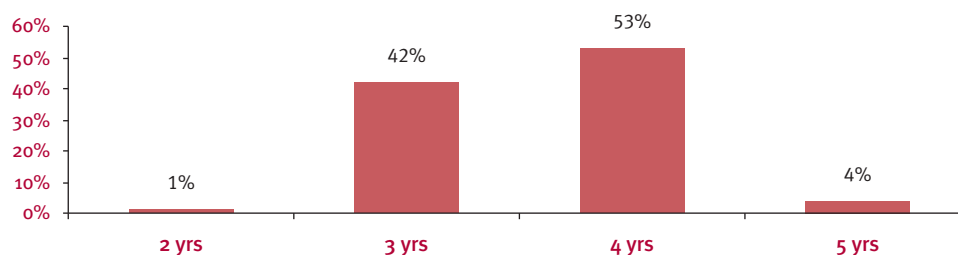


Less than half (46%) of respondents would like to see GP training programmes expand further to meet the demand for places, but 29% indicated that they would not like to see further training places established.

3.6.4 Time length for GP training:

The respondents were asked to give their opinion on an appropriate time length for GP Training.

Figure 22: Number of Years for GP Training (n=292)

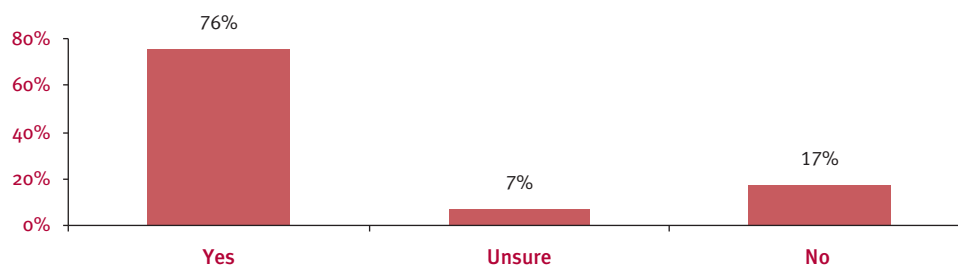


The majority of respondents (53%) were of the opinion that 4 years for GP training was an appropriate time length, but 42% of respondents were of the opinion that 3 years duration was the optimal length of time for GP training programmes.

3.6.5 Shortened length of training for applicants with suitable prior experience:

The respondents were asked whether applicants who had gained suitable prior experience in relevant hospital disciplines should have their training shortened to reflect this.

Figure 23: Shortened training for prior experience (n=292)



The majority of respondents (76%) felt that GP training should be shortened for applicants who have suitable prior experience.

3.7 Stress and Morale

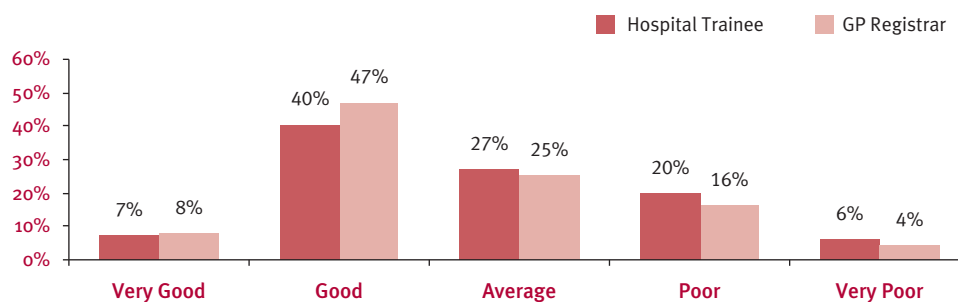
3.7.1 Introduction:

This section examines the perceived morale and stress levels and perceived quality of life amongst general practitioner trainees.

3.7.2 Morale:

The respondents, in both hospital based and practice based training years were asked to indicate from the following five options: very good, good, average, poor, very poor, how they would rate their morale at this point in time.

Figure 24: Morale level (n=291)

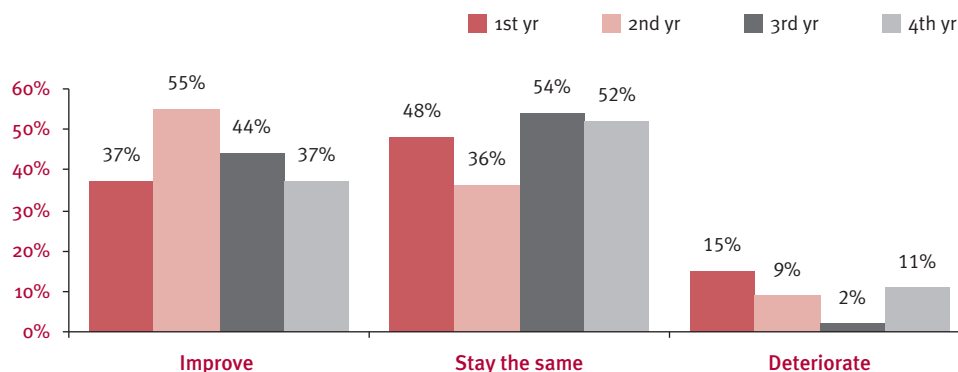


Trainees in hospital posts perceived themselves to have lower morale overall, with 26% of respondents currently in hospital posts reporting their morale to be either poor or very poor, and only 47% perceiving their morale to be good or very good. By contrast, the majority (58%) of practice based registrars reported their morale as being either good or very good, with 20% reporting their morale to be poor/very poor.

3.7.3 Anticipated future improvements in morale:

The respondents were asked to indicate whether they felt their morale would improve, stay the same or deteriorate over the next year.

Figure 25: Future improvements in morale (n=292)

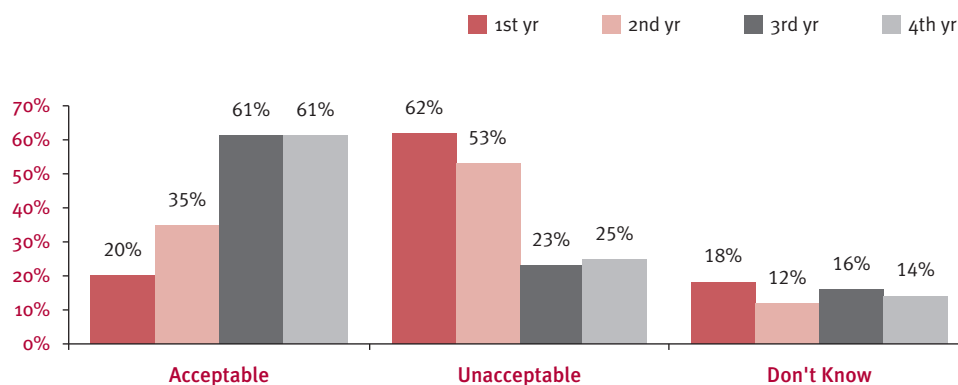


The majority of respondents (55%) in their 2nd year of training felt that their morale would improve as they moved from the hospital to the general practice setting. Those in the 1st and 4th years of training were least likely to see their morale improving (both 37%), whilst the majority of 3rd year trainees (54%) felt that their morale levels would stay the same over the following year.

3.7.4 Impact of work on quality of life:

The respondents were asked to indicate whether they felt the extent to which their current job impacted on their quality of life was acceptable.

Figure 26: Impact of work on quality of life (n=291)

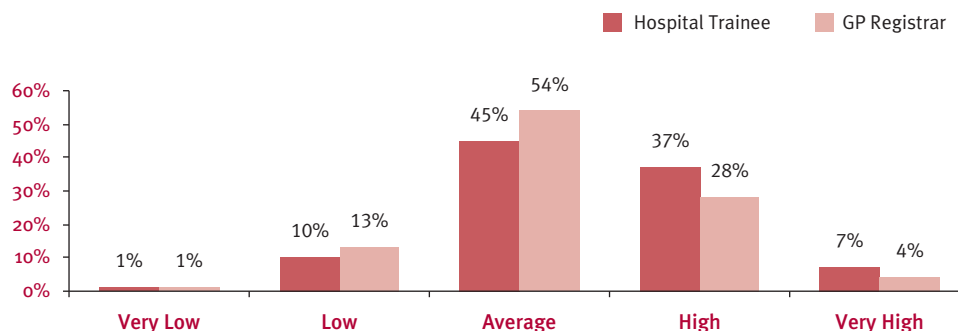


Fewer trainees working in hospitals (20% Year 1 and 35% year 2) felt that the level at which work impinges on their quality of life was acceptable, by contrast with their practice-based counterparts, most of who (61% year 3 and 61% year 4) felt that the impact of work on their quality of life was acceptable. More than half of hospital-based trainees (63% year 1 and 53% year 2) found that the level at which work impinged on their quality of life was unacceptable.

3.7.5 Stress levels:

The respondents were asked to indicate their perceived current levels of stress.

Figure 27: Levels of stress (n=291)

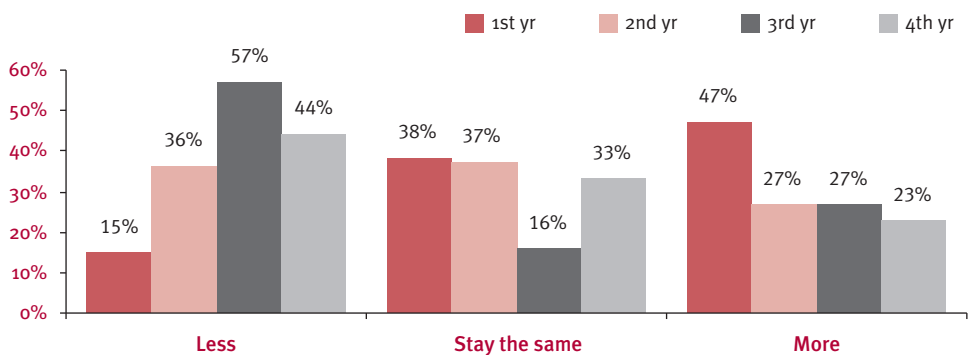


Hospital-based GP trainees rate their stress levels generally higher than those working as practice-based trainees, with 32% of practice-based trainees describing their stress levels as high or very high, compared to 44% of those in hospital posts, who rate themselves as highly or very highly stressed.

3.7.6 Stress levels compared to 1 year ago:

The respondents were asked to indicate whether their stress levels had increased or decreased compared to their work stress levels in the previous year:

Figure 28: Stress – 1 year previously (n=291)

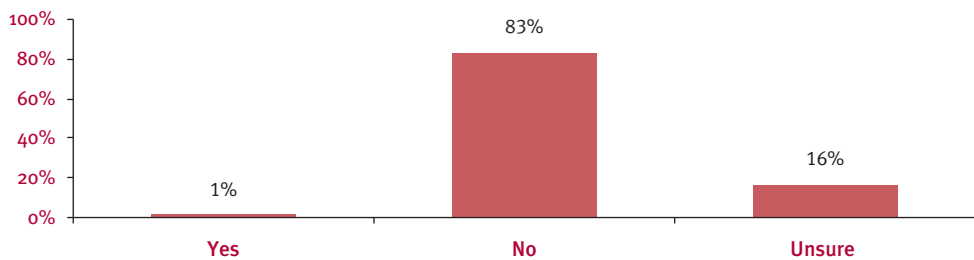


The majority of 3rd year respondents (57%) felt that their stress levels had decreased when they moved from hospital-based posts to general practice registrar posts. Almost half (47%) of 1st year trainees had experienced an increase in stress levels in their first year of GP training compared to 23% of 4th year trainees who reported an increase of stress since their 3rd year of training.

3.7.7 Regrets about training as a GP:

The respondents were asked to indicate whether they had any regrets about training as general practitioners.

Figure 29: Regrets – GP Training (n=292)



The overwhelming majority (83%) of trainees had no regrets about training for general practice, with just 4 respondents (1%) indicating regret that they were training as general practitioners.

3.8 Career Aspirations

3.8.1 Introduction:

This section examines the aspirations of trainees for their future careers.

3.8.2 Future career aspirations:

The respondents were asked to indicate where they see themselves, in terms of career progression, 10 years after completion of their GP training.

Table 8: Future Career

Position	Male	Female	Total
Full-time Principal/Partner in a single handed practice	6%	2%	3%
Part-time Principal/Partner in a single handed practice	1%	1%	1%
Full-time Principal/Partner in a group practice	64%	26%	37%
Part-time Principal/Partner in a group practice	3%	32%	24%
Full-time employee	4%	5%	4%
Part-time employee	1%	11%	9%
Combined clinical/academic general practice	13%	17%	16%
Full-time academic general practice	1%	0%	0.3%
Working in GP outside of Ireland	8%	5%	6%
I don't plan to be working in GP in any capacity	0%	1%	1%

In 2012, 93% of respondents see themselves working in general practice in Ireland in some capacity, ten years after finishing GP training. 1% of respondents felt that they would not work in general practice in any capacity. 74% of male trainees and 33% of female trainees see themselves working in full-time clinical general practice in Ireland. This is in keeping with the 2007 study of GP training programme graduates (1997-2003)² where 67% of graduate males and 29% of females were involved in full-time clinical general practice. A small proportion (5%) of the male respondents see themselves working in part-time general practice, in contrast to 44% of the female respondents. A significant proportion (16%), see themselves working in combined clinical/academic posts.

Section Four: Discussion

It is estimated that there are between 15 and 16 million patient consultations annually in general practice in Ireland³. Given the current pressure for change and the future challenges on the Irish Health Service, General Practice will have an ever-increasing role and scope in the delivery of healthcare, particularly given that it is increasingly understood that health systems with a well developed primary care sector are the most efficient and economical means of healthcare delivery⁵. Therefore, having the ability to appraise critically, the work that is being done in training the future General Practitioners of the country is of vital importance. Stakeholders in this process need to know whether we are producing good quality General Practitioners who are sufficiently well equipped to work in this challenging environment and who are committed to forging careers for themselves in Ireland. Those involved in postgraduate higher specialist training in General Practice need to know that the process of training is satisfactory from a trainee point of view and also be able to identify areas of deficiency.

This study allows important conclusions to be drawn, with a degree of confidence. The study is comprehensive in terms of the breadth of areas covered by the questionnaire, ranging from satisfaction with hospital posts, GP trainers, GP training programmes, and the postgraduate training body all being examined through the eyes of the trainees. The response rate of 55% was somewhat lower than we hoped for, given the response rates in previous similar studies, and may be attributed to the electronic method of questionnaire distribution. However, it is evenly distributed across all four years of training, and the demographic of trainees is representative of the national intake into training schemes, which reduces potential bias. The anonymous nature of the questionnaire afforded respondents the opportunity to give honest answers, without fear of being identified by hospital, training practice, training programme, or region.

Results from the Hospital phase of training highlight a significant deficit within the Irish Hospital system in the way it provides for its NCHDs, including GP trainees. Despite the designation of these posts by the Medical Education and Training (MET) body of the Health Service Executive (HSE) as training posts, service provision appears to take precedence over training to a significant degree, with 68% of respondents stating that service provision makes it difficult for them to meet their training needs with only 27% being able to avail of regular formal teaching or journal clubs. This is of course a concern across all specialties, not just general practice. It echoes the results of the IMO benchmark study⁴, where 50% of respondents currently working full-time in Irish hospitals were dissatisfied with their current post (in terms of the general nature of the job and the quality of training they were receiving). Fortunately the majority of GP Trainees (82%) are able to avail of Day Release without problems, which offers a safety net in terms of their ongoing training needs.

Exposure to various hospital specialties was examined by the survey. Overall satisfaction rates with experience gained in hospital posts in terms of relevance for future careers in General Practice was approximately 80% for most major rotations with the exception of Obstetrics and Gynaecology, which was rated as satisfactory/very satisfactory by 54% of respondents. The reasons for this comparatively reduced satisfaction were not examined in this survey and are likely to have inter-hospital and regional variances but would certainly indicate a need for discussion between the Obstetric and Gynaecology Departments involved, MET, ICGP and the training programmes. However, of the 25% of trainees who will not experience hospital based training in obstetrics/ gynaecology 76% of them expressed a desire to experience training in this area. Trainees also expressed a wish for more exposure to Dermatology, Ophthalmology, ENT, Palliative Care and Rheumatology. While it may be challenging to incorporate these specialties into the current two year Hospital phase of training, given they are important areas within general practice, training programmes will need to look at inventive ways of increasing exposure for their Trainees to these areas, such as on the day release programme, and will need to be accommodated by the hospital sector in this.

The relationship between Trainees and their GP Trainers is also examined; overall 12% of Trainees indicated that they are dissatisfied with their trainers, which correlates with trainee perceptions of the support that they receive from their trainers. It surprised us that 12% had reservations, as these are not usually expressed in routine feedback to the programmes. Trainees spend a year with each of their Trainers, and these practice-based years are formative ones. GP Trainers are well supported and it is important they try to bring the satisfaction levels even higher. An area that may need attention from the GP Trainers is the requirement for 2 hours face-to-face teaching that only 67% of respondents reported receiving on a weekly basis.

A requirement of Satisfactory Completion of Training is for trainees to complete a research project. There has been a growing engagement by GPs in the area of research in recent years. This has come from several sources including from within GP training programmes, through ICGP initiatives, formation of General Practice Research Networks, participation at university level through departments of general practice and greater utilisation of the capabilities of Practice Management Software. Currently 47% of respondents rate their trainer's level of participation with their research project as either good or very good. Of note only 27% of respondents were satisfied with the level of disease coding, which is comparable to the results of the Chronic Disease Survey which showed that while 82% of general practices keep electronic records of patients, only 25% have completed an audit in the last 5 years,

and 53% said that they would find it very difficult to create a list of patients by diagnosis². This is likely to improve significantly as the Medical Council now requires all doctors to audit aspects of their work annually as a requirement for competence assurance. There is also an onus on training programmes to ensure that trainers are resourced as much as possible and that there are adequate processes in place to identify and rectify issues that arise in the trainee/trainer interaction. Many problems can be addressed satisfactorily at an early stage by a robust feedback mechanism. The results however, highlight that 32% of respondents felt that they were not given the opportunity to provide regular formal feedback to their Trainers and perhaps this is an area where Trainers need to engage in more formalised feedback opportunities for the trainees.

During the practice-based years, 100% of trainees participate in Out of Hours Care, be it in the co-ops or with their own training practices. This participation is an obligatory element of the Satisfactory Completion of Training and also serves as a valuable support to GPs and the communities in which the trainees are working. It is of note that stress levels reduce and quality of life improves with the transition from hospital to general practice.

There are lessons in the survey for training programmes and also for the Irish College of General Practitioners. While 68% of respondents indicated they were satisfied or very satisfied with their training programme, 13% indicated they were dissatisfied or very dissatisfied. Similar results were obtained regarding trainee perception of support from the training programmes and this correlation may help to explain the above result. Trainees encounter situations where they require support during both their hospital and general practice rotations and this challenges all those involved in training to be more responsive to trainee concerns. While satisfaction is high with the imparting of certain core competencies, including communication skills and personal and professional development, other areas like practice management, research and clinical skills were rated much less favourably. The attitude towards clinical skills is also reflected in the questions pertaining to the Irish College of General Practitioners where 73% of respondents indicated that there was a role for a clinical component to the MICGP. The feasibility of establishing such a clinical examination component has recently been explored and highlighted on an Irish training programme⁶.

Regarding the length of general practice training, a large majority (76%) felt that the duration of training schemes be shortened for those with suitable prior experience. The experience gained in posts that have been approved by MET for training purposes is not always recognised by the ICGP. Retrospective recognition is not generally given despite a post already experienced by the candidate being potentially identical to one being undertaken by a GP trainee. One argument in favour of this approach is that the doctor under consideration has not attended the half-day release programme concurrently with their hospital post. It would seem reasonable that the lack of exposure to half-day release for such doctors could be compensated for even within a truncated version of their specialist training.

The good news for Irish general practice and the Irish health system as a whole is that 93% of respondents see themselves practicing in Ireland 10 years after finishing GP training. This is in contrast to the NCHD benchmark survey conducted by the Irish Medical Organisation⁴ which found that only 38% of NCHDs surveyed were considering working in Ireland in the next three years and that 70% intended finishing their training abroad. It also contrasts somewhat with a survey of medical undergraduates⁷, which indicated that 63% of final year medical student respondents envisaged working in Ireland in ten years' time.

It is interesting to note, that 74% of male respondents and 33% of female respondents see themselves in fulltime clinical general practice 10 years after completing general practice training. This is in keeping with results from the 2008 Graduate Survey, which showed that there are nearly twice as many males in fulltime clinical practice as females⁸. This study shows that significant numbers of GPs in training, largely female, are making conscious career decisions not to enter into fulltime clinical general practice. This has significant and ongoing workforce implications for Irish general practice.

Conclusion:

This national survey of GP trainees, shows that overall there is a high level of satisfaction with the standard of GP training on offer nationally. However, there are aspects of training, which need to be addressed, and these have been highlighted in this report.

References

1. O'Dowd T, O'Kelly M, O'Kelly F. Structure of General Practice in Ireland 1982 – 2005. Trinity College Dublin, Department of Public Health and Primary Care 2006. 62 pages.
2. Darker C, Martin C, O'Dowd T, O'Kelly F, O'Kelly M, O'Shea B. A national Survey of Chronic Disease Management. Trinity College Dublin Department of Public Health and Primary Care 2011. 71 pages.
3. Primary Care – A new direction. Dept of Health and Children 2001.
4. Bruce-Brand R, Broderick J, Ong J, O'Byrne J. Diagnosing the Doctors' Departure: Survey on Sources of Dissatisfaction Among Irish Junior Doctors. Irish Medical Journal, 2012; 105(1): 15–18
5. Starfield B, Shi L, Macinko, J. Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly. 2005; 83(3): 457–502.
6. Ni Shuilleabhain A, O'Kelly F, O'Shea B. Clinical skills assessment for GP Registrars. Forum, August 2012; Volume (issue): 14–16
7. Burke C. Survey of Final Year Medical Students. Leinster House, Kildare Street, Dublin 2; June 2012
8. O'Kelly F, O'Kelly M, Ni Shuilleabhain A, O'Dowd T. A National Census of Irish General Practice Training Programme Graduates 1997– 2003. Trinity College Dublin, Department of Public Health and Primary Care 2008. 31 pages.

