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Evaluation of effect on skills of GP trainees taking time out of programme (OOP) in developing countries

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WHAT IS ALREADY KNOWN IN THIS AREA

- The literature around benefits to the NHS of staff involvement in international health and development is currently limited but recognises that skills gained are beneficial and transferable to the NHS.

WHAT THIS WORK ADDS

- To our knowledge this is the first study that has specifically investigated the outcome of overseas work on the skills and competencies of GP trainees using a structured interview schedule and mapped against the trainee e-portfolio.

SUGGESTIONS FOR FUTURE RESEARCH

- Areas for further research include the development of a standardised questionnaire to complete before trainee placement and after their return, exploring those dimensions that are considered important for the trainees' development as well as a more in-depth study of the e-portfolio learning logs and competency areas.

Keywords: competence areas, developing country, e-portfolio, general practice, time out of programme

SUMMARY

Background

The London School of General Practice Time Out of Programme (OOP) provides general practice (GP) trainees with an opportunity to enhance clinical experience and develop a range of skills and competencies, which are often not achievable in a three-year training programme, that are relevant and transferable to their practice in the UK. The programme offers *one-year* posts in the developing world to trainees between years ST2/3.

Aim

This study builds on the work of the International Health Links Centre and London Deanery report (2011) and is designed to assess the skills and competencies of GP trainees on an OOP scheme.

Design

The study evaluated the impact of the OOP scheme on:

- GP trainees' clinical skills

- GP trainees' decision making, management and leadership skills
- Any other competencies.

Setting

London GP trainees and trainers.

Method

Data was gathered using structured interview schedules developed for GP trainees and GP trainers and mapped against the RCGP Trainee e-portfolio Competence Areas.

Results

Our findings show that trainees and trainers reported an increase in skill levels in the more generic competencies.

Conclusion

The study shows that the OOP scheme provides GP trainees with an excellent opportunity to develop clinical skills and more generic skills such as leadership, management and decision making, as well as effective use of resources. However, not all clinical skill improvements were directly transferable to trainees clinical work on return to the UK.

INTRODUCTION

The general practitioner (GP) *Time Out of Programme (OOP) Scheme* has been developed by the London School of General Practice for GP trainees and has been available since 2009. The OOP is designed to provide an opportunity for GP trainees to enhance clinical experience and to provide exposure to different working practices in developing country settings. It aims to provide GPs with an opportunity to enhance a number of competencies, which are often not achievable in a three-year training programme. These include building confidence as well as developing and consolidating clinical, managerial, leadership, cultural and educational skills that are beneficial and transferable to the NHS.

The London School has developed overseas posts in South Africa, Zambia and Rajasthan in collaboration with in-country partner agencies as well as supporting GP trainees constructing their own posts, e.g. Sierra Leone. Working through an in-country partner agency helps with organisational issues including arranging placements and assisting with practical issues such as visa applications, medical council registration and assisting with practical information and support once in-country.

Posts are quality assured and are facilitated in accordance with the Gold Guide Reference for Postgraduate Specialty Training in the UK.[1] Excellence and quality control are key to the design of the programme. Sustainability is also crucial to the model. The OOP posts offered meet an expressed need of the partner country; it is part of integral care not charitable giving. In South Africa, for example, the government tries to fill all clinical posts with local doctors. Only when a post has not been filled by a local doctor does the government seek external applications for which UK GP trainees can apply. The hospital in the host country is responsible for paying the salary of the GP trainee whilst in country and there are job descriptions and contractual terms and conditions to each placement.

Evidence of learning during the one year placement is recorded by the trainee through the RCGP e-portfolio as per the requirements of the ST2 year, and monitored by the London OOP Programme Director (PD) who acts as their educational supervisor. On-going evidence of case-based and structured learning and teaching is provided through the Trainee Learning Log. Each trainee has a named in-post clinical supervisor, providing on-site mentorship, who is normally the hospital clinical manager. Case-based discussions, mini-Cexs and the six-monthly supervisor's report are completed with the clinical supervisor. The educational supervisor is able to triangulate with the clinical supervisor and the trainee to resolve any service or training problems. Educational supervisor reviews take place with the trainee over the telephone and on-line at six-monthly intervals. The e-portfolios provide formal evidence of what the trainee is doing during the placement.

The study was designed to evaluate the impact of the OOP scheme on GP trainees' clinical skill, as well as decision making, management and leadership skills and other competencies (personal or professional).

METHOD

Data were gathered using structured interview schedules developed by the consultants and reviewed by the other three authors. Two separate interview schedules were designed for GP trainees and GP trainers.[2] All ten GP trainees who had participated in the OOP since it was launched in 2009 were approached to participate in the study. Permission was sought from the GP trainees who participated to interview their GP trainer. A total of 15 individuals, consisting of eight GP trainees and their seven trainers, were interviewed between February and March 2011.

The majority of interviews with GP trainees were conducted face-to-face.[3] Where this was not possible to arrange, the interview was conducted

by telephone.[4] Interviews ranged between 45 minutes and 1.5 hours. Two of the GP trainees did not respond to email requests for interview so the trainers for these trainees were not contacted. One GP trainee interviewed was a qualified GP and therefore did not have a current trainer. Interviews with GP trainers were all conducted in individual telephone interviews[5] except with the educational supervisor who had supervised trainees whilst they had been on their placements, this interview was conducted in an face-to-face interview.[1] The face-to-face interview took approx 1.5 hours and telephone interviews varied in length from 20 to 50 minutes.

Once the interviews were complete all interview responses and comments were reviewed and analysed. Themes from GP trainees responses were collated and where possible the skills and competencies developed were matched against the RCGP Competence Areas of the e portfolio.[4]

These interviews were used in combination with a literature review to assess what is currently known about the impact of these types of overseas initiatives for GP trainees. The literature uses the term health links for this type of initiative and is focused on NHS staff more generally not just GP trainees.

RESULTS

Findings are presented from interviews with trainees and trainers. At the time of interview, eight GP trainees (all female) had returned and been working in the UK from between three weeks to two years, the majority for at least six months. The trainees had undertaken largely clinical placements with some teaching practice. Seven of these had undertaken OOP placements in South Africa and one in Sierra Leone. Responses from both the GP trainees and trainers were recorded and each skill was rated against the RCGP Trainee e-portfolio Competence Areas.

Effect on clinical skills (Table 1)

The trainees commented that there was a chance to see and treat patients who would normally come under a specialist in the UK. Also a few respondents reported that simply by seeing so many patients in their hospitals and outreach clinics, they gained a lot more clinical experience than they would in the UK. Trainees on the whole had been exposed to dealing with far more complex situations and procedures than they would in the UK. This meant they became more aware of their own skills and limitations

Trainers observed that not all the clinical skills gained were thought to be relevant or transferable to working in the UK as a GP. Trainers also believed that trainees could more easily cope with acute situations. However, one trainer mentioned that the trainee 'misses simple things'.

The trainers believed that because trainees had dealt with so much overseas they might get over confident although they reiterated that none of their trainees had taken any risks.

Table 1 Effect on clinical skills

Responses	RCGP competence areas
GP trainees' responses: clinical	
• All respondents thought that their clinical skills had improved as a result of their placement. • The skills mentioned most often were in relation to children and women's health, paediatrics, obstetrics and gynaecology, HIV/AIDS, TB and minor operations.	4, 5, 6
't was like going back to what medicine would have been 30–40 years ago in the UK, more hands on, less paperwork. There was lots of hands-on experience and opportunities to improve clinical skills.'	
Trainers' responses: clinical	
• Some trainers reported that the clinical skills were no different from other trainees, others that the clinical skills were better and that the trainee had a broader range of skills.	4, 5, 6
'… good mix of clinical skills because the doctor got to do far more than any of their peers at that stage of training. Learnt a lot about acute medical skills which may have taken a couple of years of general medicine in the UK.' Another said '*you can't beat this type of hands on experience.'*	

Effect on generic skills (Table 2)

All trainee respondents thought that they had become a better doctor as a result of the OOP experience because they had gained much more confidence in themselves and in their GP role.

Some trainers mentioned an increase in skill levels in management and leadership but made the point that trainees don't really get an opportunity to use these in ST3 and ST4. The majority of trainers reported that trainees were on the whole more mature and confident and better able to make decisions and take action. While most believed their communications skills were more developed than those of other trainees, one believed that communicating through an interpreter whilst overseas had led to poorer communication skills in the consultation with the use of closed, rather than open questioning.

Table 2 Effect on generic skills

Responses	RCGP competence areas
GP trainees' responses: generic skills	
The most commonly mentioned generic skills/competencies mentioned were:	
• Confidence	
'the confidence gained is the biggest one. It has helped me to go on and do things I might not have done'	
• Dealing with cultural diversity	9, 11
'very different health beliefs and systems (overseas) and you have to learn how to get things done'	
• Teamwork/partnership skills	8, 9
'by really working in a multi-disciplinary team you learn a lot'	
• Problem solving	4
• Prioritisation especially around limited resources	4
• Having a bigger/broader perspective	11
• Leadership skills	8, 10
'leadership skills improved because it is easier to get involved in management and leadership' (whilst overseas)	
• Taking initiative/proactive	10
Trainers' responses: generic skills	
• Decision making	4
• Dealing with uncertainty	6
• Autonomy/independence	12
• Leadership and management	8, 10
• Adaptability	2, 6
• Knows when to ask for help	4, 12
• Good awareness of their own skills and limitations	4, 11, 12
• Communication skills	1

Potential skills limitations from the programme (Table 3)

Generally it was thought by both GP returnees and trainers that it was not difficult to re-learn or catch up on certain specific skills required for working in the UK. Two trainers mentioned that there could be problems with returned trainees being less likely to refer on, e.g. to social services. However, through the e-portfolio trainees and trainers could work together in identifying and targeting these learning needs at an early stage following their return.

Main benefits to UK NHS work as a result of OOP experience (Table 4)

Besides the increase in competencies listed in the Table 4 respondents mentioned that they learnt a great deal about different healthcare systems, not just in the partner country, but from other foreign doctors in the hospitals/clinics in which they worked.

Table 3 Potential skill limitations as a result of the programme

Responses	RCGP competence areas
GP trainees' responses	
• Guidelines/best practice, around UK chronic disease management	3, 4, 5
'formal training is difficult while you're away, you get behind on guidelines but it's not too bad to catch-up on' (when you return to UK)	
• Communication skills, as a result of trying to keep things simple because working through interpreters	1
'communicating with patients is difficult because (whilst overseas) worked with an interpreter and used closed and very focussed and direct questions … now (in UK) … have to practice asking open questions'	
Trainers' responses	
• Keeping up to date with NHS changes	3, 4, 5
• Chronic disease work and managing this over a period of time	5
• Not dealing with some health conditions	4, 5
• Referral experience more limited	8, 9
'there needed to be an awareness that this may be an area where returnees need training in the readjustment period back in the UK'	

Table 4 Main benefits to UK NHS work as a result of programme

Responses	RCGP competence areas
GP trainees' responses	
• Confidence/independence	10, 12, 6
• Use of resources	9
• Better at teamwork/partnership/ community resources/multidisciplinary team	8, 9 9 2
• Understanding of different healthcare systems	
• More of an understanding/appreciation of health promotion	
Trainers' responses	
• More mature approach to practice	2
• Holistic exposure whilst working in different country allows holistic practice back in the UK	
'Doctors can tap into a wider range of possible diagnosis'	

DISCUSSION

As far as we are aware, this is the first study that has specifically assessed the outcome of overseas work on the development of skills and competencies of GP trainees and has shown that skills acquired can be mapped against the RCGP Trainee e-portfolio Competence Areas.

The study has a number of constraints. The study sample is small because this is an evaluation of the first cohort of GP trainees who have been engaged in the London Deanery OOP. However, it has allowed in-depth data to be gathered on the impact which the OOP had on GP trainees' skills and indicated how this was already influencing their practice in the UK. There was a short timeframe given to respondents to respond and take part in an interview due to the short timeframe for the study overall. However, follow-up emails, coupled with enthusiasm for the programme from interviewees along with a flexibility in carrying out the interviews ensured a very good response rate. It is possible that trainers' responses could be biased by the length of time the trainee has been in the training practice since returning from overseas.

Most literature uses the term health links for similar types of initiatives and is focused on NHS staff more generally, rather than GP trainees. The literature generally describes NHS involvement with staff who are already qualified health professionals and does not usually focus on training schemes as in the OOP. Though health links are not the same as the OOP scheme they have certain common features.

Our study shows that the OOP scheme provides GP trainees with an excellent opportunity to develop their clinical skills and more generic skills such as leadership, management and decision making, as well as effective use of resources. Other studies have reported similar findings including a survey of UK GPs participating in overseas work reporting improvements in all core NHS Leadership Framework areas.[4] Several studies have highlighted the benefits which working overseas can provide for NHS staff and for overseas partners.[3,5,7–10] According to Banatvala and Macklow-Smith[11] there are at least five areas where overseas work enhances professional development: empathy, accelerated clinical learning, a cost-conscious approach to healthcare, taking responsibility for developing quality of care, and flexibility. Other skills include global awareness and grassroots involvement of staff in international development issues.[8] Wright, Silverman, and Sloan believe that as developed countries struggle with limited finances, they can learn from less developed countries 'about providing effective health care for a fraction of the cost'.[8] The GP trainees in this study certainly showed increased confidence in dealing with clinical situations, developed heightened cultural awareness and were more aware of their skills and limitations.

The findings show that there is an increase in skill levels, reported by both trainees and trainers, in the more generic competencies of the RCGP Competence Areas. A study on international health links between Wales and Africa[12] found that the majority of respondents agreed or strongly agreed that their problem solving, leadership/management and educational skills had improved. In particular, 89% of Welsh respondents agreed that their problem-solving skills had improved and 74% reported they had found resource-saving ideas which were likely to directly benefit their employers and hence the people of Wales. The findings from the Wales for Africa study are similar to the findings in this study. GP trainees found that their decision making and leadership skills were often called upon during the time they were on the OOP.

Though it might be argued that the profile of diseases in developing countries is different from the UK, the fact that GP trainees had been exposed to a greater volume and breadth of hands-on experience than their peers, seemed to have an overall positive impact on their confidence to make effective decisions in their clinical practice in the UK. Baguely, Killen and Wright[13] found that NHS staff involved in health links, among other things, develop clinical skills, experience unfamiliar pathologies and have improvement in motivation and morale. The clinical skills and personal development that the GP trainees acquired through the OOP are therefore directly relevant to their work in the UK.

The fact that the OOP scheme develops skills and competencies required of GP trainees for the MRCGP and that it is a well structured programme which is linked to continued learning through the e-portfolio means that it is a de facto fourth year of training and as such could be used as a model to form part of accredited GP training in the future. Furthermore, as the RCGP e-portfolio and annual appraisal/revalidation toolkits are similar in structure the latter could be used as a mechanism for evaluating skills of qualified GPs who work overseas.

Further work is needed to clarify the benefits of further expansion of this OOP model. Areas for further research include the development of a standardised questionnaire to complete before trainee placement and at specific intervals up to a year after their return, exploring those dimensions that are considered important for the trainees' development as well as a more in-depth study of the e-portfolio learning logs and competency areas. Further evaluation of participants at five and ten years following their OOP would be expected to yield evidence as to whether the programme has a sustained impact on their professional development. This information could be sourced for example through their annual appraisals.

The study builds on the work of the International Health Links Centre and London Deanery report (2011)[2] and provides evidence that the overall skills gained are beneficial and transferable to the NHS. By providing GP trainees with the opportunity to work in complicated, poorly resourced and challenging environments, there is the opportunity for them to build confidence and take initiatives, enhance their ability to problem solve and develop effective

solutions despite resource constraints, engage in team working, health promotion and education and prepare them for future leadership roles within their profession.

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Ethical approval

The authors confirm that ethical approval was considered and deemed unnecessary as the study was part of an evaluation report.

Conflicts of interest

Patrick Kiernan is the OOP Programme Director for the London School of GP.

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