The Non Specialist Paediatric Training Registrar in the Healthcare system

Abstract:

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Abstract
This study evaluated the experiences of non Specialist Paediatric Training Registrars (nonSPTR) in the Irish Healthcare system. The survey explored their adaptation to the healthcare system, skill development, perceptions of training and career development inclusive of working conditions. Thirty nine (53%) doctors responded. The time spent in Paediatrics ranged from 3 to19 years with a mean of 8.9 years. Nineteen (49%) had only worked in non regional hospitals and for 20 (51%) the mean time spent in regional hospitals was 2.6 years. The very positives experiences (likert scores 5/6) included journal appraisal for 19 (49%), clinical skill development for 17 (44%) and consultant feedback for 11(28%).The very negative experiences were difficulty obtaining desired clinical posts for 16 (43%) doctors and only 5(13%) were happy with their career progression. Thirty one (79.5%) cited specific barriers to career progression, with only 10 (25%) making an application to the Specialist Paediatrics Registrar (SPR) training programme. Solutions for the non SPTR difficulties include the expansion of the SPR programme and the utilization of a criterion based portfolio system to integrate the nonSPTR into formal training.

Introduction
In Irish paediatric units middle grade cover is provided by registrars who are either Specialist Paediatric Registrars (SPRs) or Non Specialist Paediatric Training Registrars (non SPTRs). The former , after a competitive interview enter a formal training programme where they have designated trainers, choice of paediatric posts, training days, paid half day per week for study or research, and formal end of year assessments. On satisfactory completion of the programme a certificate of satisfactory completion of specialist training (CSCST) is acquired and participants are entered onto the Specialist register which is a requirement to apply for a consultant paediatric post. The program enjoys a satisfaction rating of 76% [1]. Little data are available on the non SPTRs, and consequently this study was undertaken to explore their experience in the Irish healthcare system.

Methods
One of the authors AK contacted each paediatric facility and arranged with a designated non SPTR to distribute the questionnaire. A two week interval was allowed for data collection. Doctors on holidays were excluded. Data obtained included sex, country of origin and duration in paediatrics .The questionnaire explored the non SPTRs adaptation to the Irish hospital system, while evaluating exposure to hospital orientation programmes and their perceptions of communication difficulties. The survey explored the skills developed which included both clinical and interview, journal appraisal, clinical audit, research methods and conflict management. Their training processes inclusive of clinical teaching, consultant supervision and feedback, career guidance and progression was explored. Their views on the Hospital environment inclusive of stress experienced and compliance with the European working time directive were sought. Hospitals were classified as either non Regional or Regional. Responses were scored utilizing a Likert scoring System, cuing at 1, not at all and at 6, a lot.

Results
Thirty nine (53%) doctors responded. The male: female ratio was 6.8:1.Twenty three doctors were Asian, 14 African and 2 were Irish. The duration of time in Paediatrics was as follows, <4 years 4(10%), 5-9 years 21(54%), 10-14 years 9 (23%) and 15-19 years 5 (13%). Nineteen (49%) respondents had only ever worked in non Regional Hospital settings. Twenty (51%) had worked in Regional hospitals; for 4 it was less than 1year ,for 4 it was 1 to 2 year, for 6 it was 2 to 3 years, for 4 it was 3 to 4 years and for 2 it was more than 4 years. Thirty two doctors attended a hospital orientation programme. Eleven doctors were compliant with the EWTD. The mean Likert and positively skewed scores (Likert 5-6), for Communication difficulties, Skill development and Training are shown in Table 1.

Thirty one (79.5%) doctors identified barriers to their career development, 15(48%) cited examination difficulties, 6(19%) the lack of an accessible structured training program, 5 (16%) the lack of research, 4 (13%) being non Irish and 1 (3%) cited age. Specific solutions to some of these problems were identified which included regional study days, mentoring programmes and specific courses that replicated the examination process. An application to the SPR programme had been made by 10 (25%), 22 (56%) had elected not to apply and 7 (18%) felt it was irrelevant to them. Regarding career goals 19(49%) wished to become consultants in General Paediatrics, 15(38%) in Subspecialties of Paediatrics and 5(13%) were undecided. Nineteen (49%) wished to return home on completion of their training, 10(25%) wished to remain in Ireland and the remainder were unsure.

Discussion

Overseas doctors are necessary to sustain the Irish healthcare system. In America and Canada they are successfully integrated into structured training programmes, but require more remediation than there American and Canadian graduates [2]. This positive findings in this study include the lack of concern regarding communication skills at registrar level; previously identified by junior paediatrics trainees [3] as an issue, the presence of orientation programme in hospitals for 82% of respondents, the strong focus on clinical skill development and journal appraisal in paediatrics units, the occurrence of effective supervision and feedback by consultants and the reduction in stress levels [4]. The major negative experiences of respondents include the duration and location of training; nearly half of respondents have never worked in Regional Hospitals despite many years of Paediatrics, the presence of disenfranchised attitudes towards the SPR programme, the absence of recognized career guidance and disappointment with career progress. These negative experiences may reflect a disenfranchised community, contributing to the low response rate.

Most non SPTRs come to Ireland to progress their careers. How can this be facilitated? General measures can include actively aiding adaptation to the Irish healthcare system while acknowledging the need for transcultural adadptation [5] and developing a mentoring program to focus on training and career development. Formal mentoring processes address the ethical question of ensuring that doctors, working in the healthcare services, are trained. The difficulties experienced by the non SPTRs could be addressed through the expansion of the SPR programme and the development of criterion based portfolios.

An expanded SPR programme would allow registrars, who meet the minimum criteria; to enter formal training but their other educational needs would have to be addressed. A similar proposal has been evaluated in British Columbia in the context of Family Practice training programmes [6], with international medical graduates, who had satisfactory in training evaluations (ITERS) compared to Canadian medical school graduates, an important measure of success. Some trainees however had difficulty in passing the Family Practice certification examinations on the first attempt. No explanation of the latter was offered. Trainees who successfully exit the SPR program would obtain their CCST and specialist registration.

Difficulties with this proposal include the reduction or removal of competition for the SPR programme, the increased cost to the Health Service Executive related to the salary differential between SPR and non SPTR and the validation of the programmeâ s quality, especially in addressing the needs of the underperforming trainee. This solution would improve the lot of those non SPTRs who have passed the membership as the SPR programme could accommodate them but may not address the needs of those who are several yearsâ post membership or those who have spent many years in non Regional hospitals.

Elements of the criterion based portfolio could include case based reflection with reflective action, audit, evidence of Implemented outcomes from courses attended, and critical appraisal of journal articles. Incorporating the evaluation of service provision inclusive of supervised registrar lead rounds, continuity clinics and observation of teaching skills would be required. Administrative skill development could be evaluated through hospital committee participation .These achievements can be documented in the portfolio [7] to allow an evaluation of training progress and assess suitability for clinical posts. The advantages of criterion based portfolio include the provision of an objective performance assessment method of trainees while overcoming subjective bias [8] and the recognition of underperforming trainee because the usual difficulties related to lack of documentation, lack of knowledge of what to document and lack of remediation options [9] are overcome. The trainee, is provided with a training road map as the criterion characteristics are specific, measurable achievable, relevant and time-bound [10].

Resolving the non SPTR issue is complex but data from the US suggests patient care outcomes [11] are dependant on doctors completing formal training programs rather than where they attended medical school. This should be borne in mind when seeking a solution to this challenge of integrating foreign medical graduates into the Irish healthcare system. With the establishment of higher training in Paediatrics success in the membership examinations is no longer an indicator of adequate training rather it is specialist registration. Unless the current process is modified to allow doctors, from abroad, to achieve this goal, without lowering standards, they will not view Ireland as an attractive place to train. This is likely to precipitate further crisis in Healthcare delivery forcing an unplanned radical overhaul of the current hospital system, with the attendant consequences.

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