

2012 Fellowship Program Evaluation

Executive Summary

October 2018

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with the
community**

Introduction

The purpose of the 2012 Fellowship program survey was to evaluate the training program and to inform the College about any teaching or learning issues that trainees may have encountered. The survey forms part of the overall evaluation of the 2012 Fellowship program and helps the College to gain an insight into the training program and identify areas for improvement. The collection of data in 2017 allowed trainees to provide feedback on Stage 1, 2 and 3.

Objectives

- Evaluate the experiences of trainees and supervisors regarding Stages 1, 2 and 3 of the 2012 Fellowship program.
- Provide key information on areas for improvement for Stages 1, 2 and 3
- Provide detailed information on perceptions and experiences of the training program.

Methods

All trainees in Stage 1, 2 and 3 enrolled in the 2012 Fellowship program across Australia and New Zealand were surveyed. The survey was sent out online and was anonymous and confidential. Trainees answered statements relating to aspects of the 2012 Fellowship program. Reminder emails were sent two weeks and four weeks after the initial email to increase the response rate. The trainee survey was first sent out on 17 November 2017

Summary Results

Trainees

A total of 1517 surveys were sent out to trainees with a response rate of 24%. A number of trainees commencing the survey did not answer all the questions.

Trainees responded that:

- they were satisfied with the communication from the college (56%)
- they were satisfied with the resources for the 2012 Fellowship program provided by the College (47%)
- they had adequate opportunity to work alongside with their supervisor in clinical practice (84%)
- their overall satisfaction with the 2012 Fellowship program remained constant for Stage 1 (63%) and increased for Stage 2 (43%), while Stage 3 (51%) were surveyed for the first time
- the supervision received in Stage 1 was appropriate for their training needs (75%)
- the supervision received in Stage 2 and 3 was appropriate for their training needs (77%)
- 87% of trainees agreed they had adequate access to FEC, 75% of trainees agreed that they would like access to more teaching and learning resources to support their training and only 46% of trainees are satisfied with the quality of FEC
- on being able to achieve a balance between training and service delivery in Stage 3 45% agreed and 39% disagreed. Trainees were divided about the ease of completing paperwork in Stage 3 with 39% agreeing and 39% disagreeing
- major challenges included maintaining the balance between training requirements, workload and personal life (54%), volume of paperwork and number of EPAs (42%), and assessments standards and managing assessment burden (39%)

Trainee Highlights:

The insistence of regular supervision and regular assessments. This is valuable and gives the trainee a lot of feedback and gives the big picture of things to come in terms of becoming a psychiatrist. Training trajectory pathway

The most valuable aspects have been the exposure to a diverse range of clinical settings and quality supervision with feedback processes being formalised through assessment opportunities

The program appears fairly structured. The idea of having close supervision and providing support to trainees is good. The assessments being summative is a good move as it helps with the learning

Good supervisors. Almost always found my supervisors keen to teach and supportive

Had some very good consultants. Very good training program support staff

Good clinical experience through rotations and good supervisors

Good assessment system, psychotherapy case has been a very valuable experience, good education programme

Overall I have learnt a lot and have developed both professionally and personally. The experience of doing psychotherapies has been really valuable, and I may not have undertaken those experiences if it weren't for the Psychotherapy Long Case and the Psychotherapy EPAs

Scholarly project as I discovered I like doing research. As time has gone on I have come to realise the WPAs/ OCA etc are actually really useful especially if they are viewed as learning opportunities which they are. It's been great to receive feedback and also learn alongside supervisors. I had good supervision in Stage 2 and stage 3 so I think that's helped a lot

Trainee Challenges

ESSAY STYLE EXAM - I sincerely request RANZCP to review the standard / marking schemes / low pass rates of this exam. All other summative assessments have pass rates of over 65%. Why on earth essay style exam has a pass rate of less than 50%? If written sub-committee expects a high standard from trainees then CFE should make all assessments tough say with pass rates of 50% on all exams rather than targeting a cohort of trainees with 'not so good' essay writing skills.

Burden of assessments in Stage 3 (trainees able to leave multiple assessments until final year of training)

Balancing training requirements with service requirements. Very busy and understaffed out of hours roster in XXX which put pressure on the staff that are available

The biggest challenge is the excess of training requirements that seem to bottleneck at the end of Stage 2 and extend into Stage 3. This impacts of advanced training and limits the opportunity to really optimise the experience of subspecialty advanced training. Furthermore, the college has consistently changed their assessment processes and forms. For registrars starting the 2012 Fellowship in 2013, there was a significant delay in providing information about the scholarly project and examinations could not be commenced earlier as had been offered in the 2003 Fellowship program. These have since been rectified but this delay was a hindrance to registrars starting in 2013

Achieving the supposed 'work-life balance' while simultaneously being expected to complete onerous and overwhelming Fellowship requirements outside of work

High workload with frequent call-backs due to staffing issues, which then impact on ability to balance service delivery with training requirements

Lack of informal supervision, and balancing greater training requirements with workforce requirements

Too much paperwork in stage 2 - far too many EPAs to do

Transitioning from the 2003 to the 2012 program has led to a marked increase in paperwork and a much more superficial approach to the practice of psychiatry. Rather than spending time with my supervisor discussing nuanced issues and complicated cases, it has meant spending most of the sessions filling out forms. Particularly in stage three, I have found this a real challenge, and feel I have wasted the year of supervision, which otherwise could have been filled with much richer discussions (which ultimately would have led to becoming a much better psychiatrist)

The sheer amount of paperwork and requirements for WBA's, EPA's taking up all of the supervision time I have available

What can be done to improve the 2012 Fellowship program?

Fewer WBAs/EPAs. Formal education course - lessen the financial burden, quality assurance, make it relevant to exams and assessments. The burden of hurdles is constant - 3 exams, psychotherapy case, scholarly project, in addition to all the forms. Streamlining hurdles/forms would be helpful. Clear expectation from the college on what is expected of trainees in exams (e.g. the release of past papers/questions would be a helpful indicator of expectations).

Decreasing the onus of paperwork for WBAs/EPA. Meeting the amount of assessment required really does need an exceptional amount of organisation and obsessionality, which fortunately I have. However, others have been caught out. Perhaps decreasing the amount of paperwork. In regards to the scholarly project - whilst I see the importance of this perhaps forcing all individuals to be active participants in research is unreasonable. Understanding research is

important to being a good clinician, however understanding could be obtained by requiring people to take part in a university course. I believe the college of emergency medicine has this option.

More training modules about attaining EPA's and WBA

More succinct training modules specifically for each exam especially essay exam

Online quizzes

More guidance to trainees on how to prepare for and pass the essay exam (in view of its current low pass rates). Alternatively, replace the essay exam with a different form of assessment.

Supervisors

All supervisors (over 1500) were given the opportunity to complete the survey. A total of 190 surveys were completed giving a response rate of 12%.

Themes reported by supervisors in response to an invitation to provide free text commentary on the training program included:

- 22% indicated they liked the continuous assessment
- 22% thought the structure of the training program was better
- 20% liked the clear description of training objectives

In response to direct questions, supervisors responded that:

- 98% have completed a supervisor training workshop
- time constraints (47%) was the most frequently mentioned challenge followed by the volume of paperwork and workload (43%)
- supervision (38%) and the assessment burden (32%) are substantial challenges
- suggestions for improvement included a review of the assessment requirements (20%), reduce paperwork/workload (17%) and reinstate the OCI examination (12%)
- 49% agreed that they receive feedback from their trainees on the quality of supervision they provide
- more time is required with the introduction of the 2012 Fellowship Program (76%)
- 29% aren't satisfied with the 2012 Fellowship Program – Stage 1
- 32% aren't satisfied with the 2012 Fellowship Program – Stage 2
- 34% aren't satisfied with the 2012 Fellowship Program – Stage 3

Supervisor highlights

Provides more structured, in-vivo assessment structure - eg. ensuring regular face-face observed clinical assessments are taking place which is an invaluable training experience

Formalising assessments through WBA face-to-face encounters improves the contact clinical supervisors have with their trainees to ensure they are progressing with their professional development appropriately

The supervised OCA is a great training experience.

Providing greater structure to the supervision process; EPA's which give trainees a more clear indication of the core skills and competencies; introduction of the scholarly project

Structured supervision sessions with adult learning model requiring more responsibility on trainee to complete training goals. These regulations provide more onus on learning in the workplace and assist in facilitating conversations about the work of a psychiatrist

Trainees take ownership for their forms & WBAs etc. More observations occurring of both supervisor & trainees

Supervisor challenges

We have some incredibly stressed trainees at times who are very anxious about the assessment process in general and about the exams. Often trainees take a lot of study leave to prepare for MCQs and the essay exam, which seems to make them more anxious. Paradoxically I think clinical exams can be containing, but perhaps not for all trainees.

On balance I think the college of physicians have a better system. I think our current system probably does not decrease stress for many registrars and does not discriminate adequately in terms of assessing their progress / standard achieved

It seems to me here in NZ that this is essentially an Australian run college

Profoundly alters supervisor-trainee relationship as you are now their examiner rather than mentor 2. Potentially sets up highly inconsistent measures of progress through training depending on supervisors 3. Is excessively complex with so many EPAs and WBAs- supervision has been taken over by completing forms 4. The removal of a clinical viva erodes an essential component of assessment- OCA's are not a valid substitute for this

Finding time to complete EPAs, WBAs, OCAs etc Finding time to discuss/deal with issues not covered in the formal fellowship program

Having enough time to ensure that training requirements are met - while it is good that this is all (and should be) trainee driven, it is harder when trainees are less organised with getting their requirements done

Burden of assessments creating high ongoing anxiety for registrars - WBAs/EPAs on balance interfere with good supervision rather than help - removal of summative OCI significant negative impact on trainees ability to learn how to interview/formulate and present comprehensive action plans

In the absence of OCI in the exams the motivation for teaching interviewing patients is entirely on the supervisors. There is a possibility that this may be lost due to time constraints etc.

Loss of flexibility with respect to supervision time, - unreasonable administrative burden, assessment forms (especially mid and end-of rotation) require far too much unhelpful box-ticking - this does not generally constitute useful feedback.- Scholarly Project proposal process is unreasonably arduous. Trainees are no longer learning to interview, succinctly formulate and develop an immediate action plan (as observed interviews have been devalued).

What can be done to improve the 2012 Fellowship program?

Less and more simple paper work (especially for items that are not used for the registrar's assessment)

Supervision sessions are now dominated by paperwork and rating assessments. This does nothing for the qualitative process of supervision and reduces time for more wide ranging discussion. There simply isn't the time to do justice to this level of supervision, which also depends on the voluntary availability of consultants

Clearer guidelines on how to assess and support trainees who have been borderline and struggling in performance so that we do not inadvertently allow sub-standard trainees move on to next stage prematurely. A more robust training requirement in developing and demonstrating ability in collecting and utilising medical evidence.

Individual supervisors or trainers need to be empowered, encouraged and supported more at individual level by more engagements and support. More engagement with managers, planners, policy makers and those who run departments.

Recommendations from Stage 1, 2 and 3 survey (2017/18)

The following recommendations are based on discussions at the CFE, CFT and DOT meetings and written feedback received from BTCs, DOTs and CFE.

1. EPAs

As there remain concerns about the EPA burden in Stage 2, the EC forms a working party to review the EPA requirement, especially in Stage 2.

2. Reporting of OCAs

Reporting of OCA data (geographically and by stage) should recommence with the implementation of InTrain and this data should be monitored to highlight variances and patterns in OCA implementation.

3. Examinations

Additional examination resources be made available, particularly for the essay exam in the form of previously used questions and scoring keys.

The CFE/EC review the requirement for the CEQ to be passed in order to pass the essay exam.

4. Supervisor Training and Support

More training resources – on-line modules, centrally run workshops, webinars, be made available to assist supervisors to better understand the training program and their changing role within it and to support them to provide constructive feedback to trainees and to effectively support trainees who are underperforming or who are in difficulty.

5. FEC variability, workload and cost

Given that this is still an area of concern for trainees and also the AMC, consideration be given to a review of the VIC and NSW FECs with a view to establishing a lower cost, locally delivered FEC utilising local expertise and College on-line resources.

Many of these themes are similar or the same as those identified in the 2016 report. The CEEMR has proposed a revised series of recommendations based on the feedback from the 2016 and 2017/18 surveys that also reflects the work done by the RANZCP to address these. The following table identifies these recommendations and suggests an appropriate responsibility for action.

Recommendation	Comment	Actions	Responsibility
1. Revise EPA requirements and workload for Stage 2	The timing of the elements of Stage 2 should be revisited. With the establishment of the Member Welfare Committee and the Member Welfare phone line there are increased welfare supports for trainees and Fellows. However, the impact of workload on the welfare of trainees should continue to be considered.	EC should form a working group to review the Stage 2 workload and EPA requirements, and consideration could be given to setting a cap on the number of EPAs required.	EC
2. Examination and assessment standard and availability of additional examination resources	Increased resources and support are available, and the Exam Support Measures Working Group should be able to resume its review of these and other supports put in place previously. .	Exam Support Measures Working Group to reconvene and complete its review of the measures previously put in place by the EC. CFE should review the examination standards, the requirement for the CEQ to be passed and additional examination resources.	ESMWG CFE
3. Increase support, training and resources for supervisors	A business case has been submitted by the Education Department for a project officer and operational funds in 2019 to develop resources for supervisors	Progress the business case. CFT to provide a working group and oversight of the development of supervisor resources and supports.	CFT
4. Utilise InTrain to monitor completion of program requirements	The implementation of In Train will enable monitoring of the time taken for the completion of in training assessments and ongoing analysis of activities such as OCAs.	These should be included in the monitoring and evaluation framework.	CEEMR
5. Review FEC variability, workload and cost	A review was conducted in 2016, however it keeps coming up. Particularly Vic and NSW FECs. There is a difference in the training received by trainees depending on FEC, yet everyone is awarded the same standard of FRANZCP.	Review the purpose of the FEC and the requirement for it to be compulsory.	EC

Appendices

- I Supervisor Evaluation Report
- II Trainee Evaluation Report
- III CFE Feedback
- IV CFT Feedback
- V Recommendations from Stage 1 and 2 survey (Board approved July 2016)