



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation Submission to the Medical
Council Consultation on

Improving Intern Training in Ireland

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What aspects of intern training do you think are working well at the moment?

The intern teaching aspect of intern training largely works effectively, and is valued protected teaching time. Additionally, most sites now have structured annual programmes for interns, which is welcome.

What aspects of intern training do you think could be improved?

One of the most significant sources of data on intern perceptions of their internship are contained within the Medical Council's *Your Training Counts* trainee survey. Significant challenges exist as part of the medical internship programme in Ireland. Only 53% of interns feel previous medical education and training prepared them well for their intern year,¹ although this is somewhat improved from the 38% who expressed similar sentiments in figures reported in 2009.² The majority of interns cited clinical procedures; physical, emotional and mental demands of the role; and administrative tasks as issues for which they felt they were not well prepared.³

Medical interns rate "the quality of learning environments significantly lower than all other trainees", and clearly a perceived disparity between the standards of learning environments experience by various types of trainee need to be assessed and addressed. Of particular concern is the fact that interns regarded the learning environments in medicine and surgery specialities as being significantly inferior to other specialities, and the causes of this must be urgently rectified.⁴ Overall interns regarded their core competency skills as merely adequate, while their communication and emergency skills as poor.⁵ These interns also rated "the available opportunities and teaching environment allowing adequate clinical exposure whilst learning practical applications of previously taught medicine" as poor.⁶ In addition, the majority of interns (52%) feel that they did not get all the information they needed about their workplace when starting in their posts.⁷ While 29% of interns stated that they were frequently bullied, nearly double that rate extant for any other type of trainee.

As a result of heavy clinical workloads, many senior staff do not have spare time to provide additional training or teaching. It is a challenge for all hospital based doctors to deliver on the training needs of colleagues whilst also delivering safe patient care. This is especially so in the face of the 300 vacant consultant posts, and a large number of posts being occupied by locum doctors. Irish healthcare is currently experiencing a chronic deficiency in resourcing, one aspect of which is inadequate staffing, and the heaping of additional workloads, and administrative responsibilities, on physicians without a significant increase in resourcing will render any systemic changes infeasible.

¹ Medical Council of Ireland, *Your Training Counts: Trainee Experiences of Clinical Learning Environments in Ireland 2015*, Dublin, 2013, p. 10.

² H. Abuhusain, S.H. Chotirmall, N. Hamid, and S.J. O'Neill, 'Prepared for Internship?', *Irish Medical Journal*, Vol. 102, No. 3, March 2009, pp. 82-84.

³ Medical Council of Ireland, *Your Training Counts: Trainee Experiences of Clinical Learning Environments in Ireland 2015*, Dublin, 2013, p. 24.

⁴ Medical Council of Ireland, *Your Training Counts: Trainee Experiences of Clinical Learning Environments in Ireland 2015*, Dublin, 2013, p. 18.

⁵ H. Abuhusain, S.H. Chotirmall, N. Hamid, and S.J. O'Neill, 'Prepared for Internship?', *Irish Medical Journal*, Vol. 102, No. 3, March 2009, pp. 82-84.

⁶ H. Abuhusain, S.H. Chotirmall, N. Hamid, and S.J. O'Neill, 'Prepared for Internship?', *Irish Medical Journal*, Vol. 102, No. 3, March 2009, pp. 82-84.

⁷ Medical Council of Ireland, *Your Training Counts: Trainee Experiences of Clinical Learning Environments in Ireland 2015*, Dublin, 2013, p. 23.

Do you agree that defined learning outcomes should be established for successful completion of intern training and award of a certificate of experience?

It is widely acknowledged that the utilisation of defined learning outcomes, which are competency-based, can have a positive impact on medical education.⁸ Their effective use is, however, dependent on their implementation, including the quality of teaching and feedback,⁹ and considerations in this respect are outlined below. If poorly formed, such training can lead to a “focus on minimum acceptable standards, increased administrative burden, and a reduction in the educational content”.¹⁰

Do you agree with an EPA approach being used to describe what doctors are expected to achieve at the end of intern training?

The use of entrustable professional activities (EPAs) has been described in academic literature as a useful tool in aiding medical training in developing competencies in those receiving training.¹¹ It may also be helpful in allowing supervisors to better judge the competency of interns in the performance of certain tasks.¹² Overall, it has also been found that greater intern responsibility for patient care can prove a powerful motivational tool for learning amongst interns, which can improve learning outcomes, provided this is coupled with an accessible and effective supervisory structure, suggesting an EPA-based approach to training has the potential to raise trainee motivation.¹³

Despite this, concerns have been raised over the feasibility of its successful implementation.¹⁴ Benefits, such as those aforementioned, are predicated on effective implementation. The means by which such a system is implemented must, however, be fully costed and must not lead to resources being diverted from other areas of existing healthcare funding.

The process of assessing EPAs would also appear to be highly time-consuming. Consultant doctors and senior NCHDs, already carrying heavy clinical workloads, will not be in a position to complete such assessments. If the task were to fall to other bodies, then significant numbers of additional staff would have to be recruited to provide the support required. This suggests additional funding

⁸ E.S. Holmboe, ‘Faculty Development in Assessment: The Missing Link in Competency-Based Medical Education’, *Academic Medicine*, Vol. 86, No. 4, April 2011, pp. 460-467.

⁹ W.F. Iobst, ‘Competency-based medical education in postgraduate medical education’, *Medical Teacher*, Vol. 32, No. 8, July 2010, pp. 651-656.

¹⁰ W. Leung, ‘Competency based medical training: review’, *BMJ* 2002;325:693

¹¹ H. Mulder, O. ten Cate, R. Daalder, and J. Berkvens, ‘Building a competency-based workplace curriculum around entrustable professional activities: The case of physician assistant training’, *Medical Teacher*, Vol. 32, Issue 10, September 2010, e453-e459; M.D. Jones Jr., A.A. Rosenberg, J.T. Gilhooly, and C.L. Carraccio, ‘Perspective: Competencies, Outcomes, and Controversy—Linking Professional Activities to Competencies to Improve Resident Education and Practice’, *Academic Medicine*, Vol. 86, No. 2, February 2011, pp. 161-165; K. Schultz, J. Griffiths, and M. Lacasse, ‘The Application of Entrustable Professional Activities to Inform Competency Decisions in a Family Medicine Residency Program’, *Academic Medicine*, Vol. 90, No. 7, pp. 888-897; K.J. Caverzagie, T.G. Cooney, P.A. Hemmer, and L. Berkowitz, ‘The Development of Entrustable Professional Activities for Internal Medicine Residency Training: A Report From the Education Redesign Committee of the Alliance for Academic Internal Medicine’, *Academic Medicine*, Vol. 90, No. 4, April 2015, pp. 479-484.

¹² O. ten Cate, ‘Entrustability of professional activities and competency-based training’, *Medical Education*, Vol. 39, pp. 1176-1177.

¹³ P. Cantillon and M. McDermott, ‘Does responsibility drive learning? Lessons from intern rotations in general practice’, *Medical Teacher*, Vol. 30, No. 3, 2008, pp. 254-259.

¹⁴ C. El-Haddad, A. Damodaran, H.P. McNeill, and W. Hu, ‘The ABCs of EPAs – an overview of ‘Entrustable Professional Activities’ in medical education’, *Internal Medicine Journal*, 2015, doi: 10.1111/imj.12914.

requirements to support the scheme, however no indication is provided that supplementary monies, of the kind necessary, will be made available.

Do you agree with each EPA proposed?

The EPAs submitted here appear long, detailed, and overly complicated. Their value, and feasibility of implementation, would be improved by making these activities more concise and targeted. Furthermore, EPAs should avoid placing undue burdens on interns, where successful assessment against these standards may reward or encourage greater degrees of mere rote learning.

Additionally, numerous EPAs are unclear and would need to be placed in the context of the intern and team providing these services. An intern is unlikely to lead a "family meeting", "lead a resuscitation", or indeed design a treatment plan, and as such would require additional work on this point.

What considerations do you think arise for implementation of EPAs in the intern year in Ireland?

No firm details are provided on how EPA-structured training will be assessed, and the *Draft Framework of Outcomes for Intern Training in Ireland* refers only to the use of feedback mechanisms such as the 'traffic light' system as examples of how intern progression might be indicated.¹⁵ In practice, detailed and structured feedback systems that provide interns with complete assessments of where shortfalls in the demonstration of their competencies lie, and the consistent and full support of a supervisory structure that plans effectively for their improvement in these regards is needed. There are a wide variety of methods of implementing EPA-structured training while ensuring patient safety, promoting a greater structure to interns' learning, as well as outlined methods of assessment that facilitate "formative feedback to the learner and programmatic decisions about entrustment" discussed in academic literature, and all such research must be thoroughly examined before determining how an EPA-structured system could be implemented in Ireland.¹⁶

The ability of EPAs to serve a function in the development of competencies can be affected by the tiredness, confidence, and supervisory structures that are in place for those entrusted with such professional activities.¹⁷ It is thereafter crucial that existing systemic barriers to effective learning through this method be removed to ensure that interns are given adequate preparation and training for the performance of EPAs. In individual studies it has been demonstrated that interns in Ireland believe their training in certain areas to be wholly lacking. An examination of interns who performed male urethral catheterization observed that "76% of interns felt that their practical training was none or inadequate; 52% (26/50) did not receive any supervision during their first [urethral catheterization]".¹⁸ Additionally, *Medical Education, Training and Practice in Ireland 2008-2013* reported variability in the level of supervision during training, focus on teaching, and expectations of

¹⁵ J. Boland, P. O'Connor, G. Offiah, and D. Byrne, *Draft Framework of Outcomes for Intern Training in Ireland*, DocDaingean Teoranta, Galway, October 2015, p. 17.

¹⁶ M. Aylward, J. Nixon, and S. Gladding, 'An Entrustable Professional Activity (EPA) for Handoffs as a Model for EPA Assessment Development', *Academic Medicine*, Vol. 89, No. 10, October 2014, pp. 1335-1340; R. Englander and C. Carraccio, 'From Theory to Practice: Making Entrustable Professional Activities Come to Life in the Context of Milestones', *Academic Medicine*, Vol. 89, No. 10, October 2014, pp. 1321-1323.

¹⁷ O. ten Cate, 'Nuts and Bolts of Entrustable Professional Activities', *Journal of Graduate Medical Education*, Vol. 5, No. 1, March 2013, pp. 157-158.

¹⁸ A.Z. Thomas, S.K. Giri, D. Meaghar, T. Creagh, 'Avoidable iatrogenic complications of urethral catheterization and inadequate intern training in a tertiary-care teaching hospital', *British Journal of Urology International*, Vol. 104, No. 8, October 2009, pp. 1109-1112.

clinical participation experienced by interns during training.¹⁹ Findings such as these underscore the importance of ensuring high quality teaching accompanies the entrustment of interns to perform EPAs safely, confidently, consistently, in a supported manner, and in a way that will benefit their medical education.

It should also be remarked that, while competency-based training is often cited as eschewing requirements for fixed time to be established for the completion of particular training,²⁰ it is vital that the introduction of a new structure in this regard does not lead to an artificial elongation of intern training. Furthermore, the introduction of EPAs would require an additional workload and administrative burden within the healthcare system and, without significant additional resourcing, it is difficult to envisage how new structures such as these could be feasibly implemented.

¹⁹ Medical Council of Ireland,

²⁰ D.M. Long, 'Competency-based Residency Training: The Next Advance in Graduate Medical Education', *Academic Medicine*, Vol. 75, No. 12, December 2000, pp. 1178-1183.