

Quality Control: neurology training in 2009



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The structure of medical training is undergoing major changes, from the advent of Modernising Medical Careers (MMC) to the proposed implementation of the European Working Time Directive and the drive to expand acute neurological services. There has also been a significant expansion in the number of neurology trainees in the last two years. What impact have these changes had on the quality of neurology training?

To address this question, the Association of British Neurologists Trainees committee (ABNT) decided to repeat its national survey of training posts. The questionnaire previously used in our 2007 survey was updated to incorporate these new issues. As before, the survey was distributed by ABNT regional representatives to trainees in all hospitals in their region.

Replies were received from 74 trainees (40 SpRs, 34 STs), representing 48 hospitals and covering most deaneries. It is encouraging to see that educational content of posts remains high, with all departments delivering a regular academic meeting, the majority of which are weekly. Trainees on average had 3 hours per week for private study, although this was variable. Most trainees had no problems obtaining time or funding for study leave. Whilst it may have been anticipated that with greater numbers of trainees appraisal may have suffered, in fact most trainees knew who their educational supervisor was and had an appraisal at the start and end of the post. However a proportion of trainees had difficulty obtaining the required number of formal assessments for their Record of In-Training Assessment/Annual Review of Competence Progression, often due to time constraints.

A major problem highlighted by the survey was lack of junior support. There was a strong feeling that insufficient numbers of experienced junior staff has resulted in trainees having to do additional ward-based duties and inappropriate tasks. Registrars described staying behind late to do jobs normally done by juniors. In some cases this has also led to cancellation of trainees' clinics. These problems seem to stem from poor rota planning and unfilled posts following MMC. Some trainees voiced concern that morale is low because of chronic understaffing and lack of continuity of care. Stretched junior staff may be less likely to consider pursuing a career in neurology. It is concerning that some trusts are failing in

their duty to protect registrars' training by not recruiting sufficient junior staff to run the rotas.

As noted in the 2007 trainees survey, provision of office facilities remains poor. Currently there are on average 5 trainees per office and 5 trainees per desk, with a small number of trainees having no office facilities at all or sharing with their consultant or other specialities.

The survey also revealed that many trainees were expected to do clinics without supervision when their consultant was away. We suggest this may become more problematic, both for training and for patient care, as less experienced trainees begin to take up registrar posts.

With regards to on-call duties, many trainees now participate in a stroke thrombolysis rota. Although this can provide a useful training opportunity, increasing volumes of calls present challenges to rota design. Some trainees described the difficulties in providing a thrombolysis service when on a nominally non-resident rota, often with no access to an on-call room. However, a move towards full shift rotas could have significant detrimental effects on training.

Since the Postgraduate Medical Education and Training Board (PMETB) assumed its responsibilities for regulating specialty training, there have been important changes to the way in which the quality of training programmes is monitored. Although PMETB visits deaneries to assess their "quality management" there are no longer specialty-specific visits to individual training schemes. The evaluation of neurology training therefore relies on an annual report from the SAC (which is national, rather than deanery specific) and PMETBs national trainees survey. Importantly, a number of the key issues identified by our study (including junior support and office facilities) are not covered at all in the national survey. In addition, the PMETB survey provides very limited opportunities for free text comments. The ABNT will argue for improvements to next year's national survey.

Despite some difficulties, most neurology registrar posts continue to offer excellent training opportunities. However, registrars with any concerns about their training programme should certainly raise these with their Programme Director and, failing that, with the ABNT. Only with active trainee involvement will the high standard of neurology training be maintained in the face of the pressures of service delivery. ♦

Key points identified in the 2008/9 ABNT trainees survey

- 100% of departments have a regular academic meeting, 94% of which are weekly
- 66% of trainees have problems with junior support
- 89% of trainees feel they have ample opportunity for careers advice
- 51% of trainees are expected to do clinics without supervision when their consultant is away
- 77% of trainees have no problems obtaining study leave or funding
- 45% of trainees are not always able to attend regional training days
- 52% of posts participate in thrombolysis, half of which provide a 24-hour service
- 37% of trainees have problems obtaining the required number of formal assessments