

Training in a physician-led level 2 care setting in a district general hospital in the UK: benefits for foundation doctors – a 3-year study

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Aims

To demonstrate the benefits of foundation training within a level 2, physician-led medical high dependency unit (MHDU).

Methods

18 doctors who rotated as FY2s through MHDU at Russells Hall Hospital, Dudley, over the last 3 years were identified. 13 responded to the study. Data were collected, using an online questionnaire of satisfaction scales and white space questions, from five key domains: teaching and training; clinical variety and specialty interaction; responsibility, independence and support; and career decisions and progression.

Results

Six (46%) participants were male and seven (54%) were female, with an average age of 27.5 years (range 25–30 years).

The commonest post-foundation specialty entered was anaesthetics with six participants (46%), followed by core medical training (CMT) and general practice.

Responses were extremely positive, with over 92% of participants mentioning copious opportunities to develop new knowledge from enthusiastic, proficient clinical teachers.

Similarly, 92% stated that there is an extended level of responsibility, independence and decision making (especially when assessing patient suitability for level 2 care and resuscitation) delegated to the junior doctors, as part of a well-supported environment.

84% of doctors deemed that the training gave an excellent grounding on which to build future careers (with advice and support from clinical leads), and all participants agreed the workload to be acceptable and the job very enjoyable.

Specific praise was given to the opportunity to learn and practice procedures (arterial lines, central venous access, non-invasive ventilation and haemodialysis) beyond the level of a foundation doctor.

Conclusions

This study has clearly demonstrated that from a foundation trainee's perspective, training in a level 2 setting is beneficial in many aspects.

Nearly half of participants entered anaesthetic specialty training, suggesting that rotating through a level 2 care setting gives beneficial experience for a career in critical care medicine.

Training within this environment offers a high level of clinical, practical and personal development (meeting Royal College of Physicians (RCP) requirements for CMT), with frequent consultant contact. Participants suggested that this increased experience presented an advantage later in careers, regardless of career path.

Given these findings, we would suggest that training in this environment can provide a valuable element to foundation training, in which posts are currently limited nationwide. These positive results should be highlighted to trainees, as well as to foundation programme directors to support increased placement opportunities. We recommend the RCP support the development of such units nationally. ■

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