Training challenges are associated with reconfiguration of acute services

Authors: Christopher Wilkinson,[1] Jane Stewart,[1,2] Michael Chapman[3] and Honey Thomas[2]

Aims

To investigate the impact of service reconfiguration to achieve centralisation of acute services and a consultant-led service on core medical trainees' satisfaction with their training.

Methods

In June 2015, the trust reconfigured services to achieve 7-day specialist consultant-led care by opening a new emergency care hospital, and converting the existing sites into non-acute hospitals. Core medical trainees were predominantly placed on the non-acute sites.

The internationally validated Postgraduate Hospital Educational Environment Measure (PHEEM) questionnaire was distributed to all core medical trainees within the trust for each rotation in the year leading up to the reconfiguration (21 trainees), and for 1 year following (22 trainees). This encompassed six cohorts of trainees over the 2 years (129 possible responses).

Free-text comments were sought.

Results

42 responses were received from the six cohorts. Free-text comments from the year preceding the service change revealed trainee concerns that the new emergency hospital could decrease learning opportunities at the non-acute sites, and that consultant presence would decrease junior doctor levels of responsibility. There was a feeling that communication with junior doctors in the year leading up to the change could have been improved. Following the service reorganisation, there was a decrease in trainees reporting that they are 'ready to move to the next grade' from 52% to 11%, a decrease in reported 'acquisition of practical procedural skills' from 76% to 17%, and a decrease in trainees reporting that they have 'sufficient clinical learning opportunities' from 56% to 22%.

Conclusions

Seven-day consultant-led care has demonstrable advantages for clinical care, but poses challenges for maintaining high-quality training for physicians. This study was small, with methodological limitations, but there is a clear trend identified that there was dissatisfaction with the trainee experience associated with this service reorganisation. In part, this is related to the placement of trainees in non-acute hospitals. The trust is committed to improving this and continues to monitor against the new changes. Core medical trainees are now placed on the acute site for one full rotation, and in addition for 1 week per month when rotas allow. Simulation facilities will be provided in future, and non-acute-based trainees will be facilitated to attend clinics and procedural lists.

Keogh recommendations for increased centralisation of care, alongside a drive for increased consultant-led care, mean that similar reorganisation is likely nationwide. We suggest that the training of junior physicians is considered as a key part of any future service reconfiguration and that the training experience is actively monitored. ■

Conflict of interest statement

Authors 1 and 2 were previously trainees, and author 3 is a consultant at the trust involved. Author 4 is an academic educationalist, seconded to the trust involved.

Authors: [1]Newcastle University, Newcastle upon Tyne, UK; [2]Northumbria NHS Foundation Trust, Northumbria, UK; [3]James Cook University Hospital, Middlesbrough, UK