Differential Attainment case study

How Health Education East Midlands (HEE EM) are using early performance indicators to provide tailored support for GP trainees

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What is the problem?

HEE EM wanted to improve the exam outcomes for GP trainees and reduce the amount of additional training time which is costly to trainees both financially and emotionally, as well as to patients in terms of delays in the number of GPs joining the workforce.

The team, led by Dr Sathya Naidoo (Associate Postgraduate Dean), observed that this problem was disproportionately affecting certain groups of doctors who share protected characteristics, particularly doctors who qualified overseas. They wanted to develop a reliable early indicator for those who may be more likely to require exam re-sits or additional training time so that they could focus resources on individuals who would benefit the most.

What is the solution?

The team commissioned Work Psychology Group to test the predictive validity of early performance measures with the likelihood of an exam fail or extended training time. A strong correlation was found between several indicators, the most reliable being Multi-Source Feedback (MSF).

The ‘In-Training Assessment Profiler’ (i-TAP) tool was developed using seven different performance measures including selection scores, Patient satisfaction surveys, MSF and Educational Supervisor feedback. It is a simple spreadsheet, using measures which are readily accessible to HEE local teams and deaneries.

Each individual has a ‘risk rating’ based on the seven measures. Those trainees who fall below a designated risk threshold are invited to attend two half day workshops offering a
range of support touching on consultation skills and planning techniques as well as building self-belief and confidence.

**What were the challenges?**

The i-TAP is a screening tool. Some doctors flagged by the tool will progress through training without any additional time required without any additional support. The threshold for offering support can easily be adapted to reduce the chance of incorrectly identifying some doctors. However, this may also increase the chance of some not receiving support which would benefit them.

HEE EM agreed a threshold which means that around 20% of doctors within each cohort are invited to the training. Their evidence suggests that at this level very few trainees who would benefit from support will miss out. Around 50% of those identified by the system would have got through training without additional training time or exam re-sits without any additional support.

**What were the results?**

I-TAP was first introduced for the 2015 GP intake. Dr Scarborough said, that since its introduction, “Over the past couple of years our MRCGP exam results (both CSA and AKT) for East Midlands international medical graduate trainees have improved such that they are above average for all IMGs sitting the exams in the UK and were the best in England in 2019 (source GMC progression reports). Our extensions to training for IMGs in GP training are also below average”.

Qualitative feedback has been gathered from all trainees invited to attend the workshops. The feedback acknowledges that it is difficult for trainees identified as being ‘at risk’ early in their training and how this is communicated is extremely important. The Deanery try to ensure the support offered is seen as supportive rather than punitive. Positive feedback from trainees who have attended the workshops has highlighted that most doctors have appreciated the opportunity to receive feedback to develop their consultation style and planning techniques.

It is anticipated that the cost of providing the workshops will be offset by a reduction in overall costs associated with additional training time.

**Next steps?**

HEE EM are interested in considering how the tool developed for General Practice might be applied to specialty training. In addition, they aim to develop more tailored support programmes for individuals identified through the screening tool.

HEE EM have shared the i-TAP tool with others and it is being used by a number of HEE Local Offices.
Want to know more? If you are interested in more detail about the tool, or would like
to use it in your deanery / HEE local office please contact Nigel.Scarborough@hee.nhs.uk