Hospital Visiting: contributing to professional competence

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Abstract

EBCOG's ambition is not only to improve structure and process of training, but also to harmonise/standardise specialist training across the EU.
The EBCOG Hospital Visiting programme has so far been based on voluntary applications. More than 140 Hospital Visits for basic and subspecialty training have been conducted in 19 EU countries to date. Moreover, it has resulted in a number of EU countries setting up their own Auditing and Accreditation (A & A) authority. However, to accelerate this development, a more structured approach is required. EBCOG would like to see national Ob/Gyn societies becoming more closely involved in the EBCOG Hospital Visiting programme. EBCOG and national societies may jointly pave the way towards the introduction of more nationally-based A & A programmes in the near future. It should be emphasised that the possibility of voluntary applications for EBCOG auditing and accreditation of local training programmes will remain to exist.

Key words: **EBCOG, Hospital Visiting, Audit, Accreditation, general Ob/Gyn training; subspecialty Ob/Gyn training.**

Introduction

The provision of high quality specialist training in Obstetrics & Gynaecology has been one of EBCOG's main ambitions from the very beginning of its existence. Both content of training and auditing of local training programmes have been a focus of attention resulting in a blueprint for a specialist curriculum and Hospital Visiting (Auditing) system for the assessment of quality of specialist training.

The principle of EBCOG Hospital Visiting has been the subject of a number of publications (Creatsas & Vrachnis, 2006); Wladimiroff, 2003,2005; Wladimiroff & Hornnes, 2010) The actual EBCOG Visiting process has been presented in an earlier issue of this Journal (Wladimiroff & Hornnes, 2010). In this paper, a more in-depth description of underlying thoughts, ideas and future plans with respect to Hospital Visiting, will be given.

1) *Why Hospital Visiting?*

Training solely based on the "master-apprentice" principle is considered outdated. Health care provision has become more demanding due to both professional advancement and social changes. Nowadays, a specialist training curriculum is expected to be competence-based. This does not only constitute the teaching of clinical/operative skills, but also includes effective team work, safe medical practice and ultimately patient satisfaction.

Therefore, there has to be a form of structured assessment of educational progression.

Countries such as The United Kingdom, Ireland, The Netherlands, Denmark and Sweden have a long history of auditing quality of local specialist training programmes and have developed feasible assessment methodologies. These are all nationally-based.

EBCOG operates at European level with its cultural differences in medical practice, differences

in organisational structures and resources, and in perceptions of quality of training.

EBCOG's ambition, therefore, is not only to improve structure and process of training, but also to harmonise/standardise specialist training across the EU. The latter will be one of the aims of the EBCOG Standards Committee chaired by the EBCOG President Elect Dr Tahir Mahmood.

EBCOG Hospital Visiting/Auditing has lead to some countries adopting their own Hospital Auditing & Accreditation system following a series of EBCOG Visits (Norway, Finland, Portugal and France).

2) *What are the principal aspects of the Hospital Visit?*

The EBCOG Visiting team consists of two senior Gynaecologists appointed by the Chair of the Committee and one trainee appointed by the European Network of Trainees in Obstetrics & Gynaecology (ENTOG). The main focus of the one day visit to a training centre is its training programme ensuring the presence of a dedicated teaching staff, a competence-based curriculum, adequate clinical experience and a robust system for assessing a trainee's progress.

Tutoring has become more complex. EBCOG has successfully addressed this by running "Training the Trainers" courses to provide specialists with skills to train, supervise and support trainees. Those involved in tutoring should have an acceptable level of competence regarding appraisal, supervision and assessment.

Patient referral patterns should ensure adequate training opportunities covering every aspect of the profession. There is an increasing role for simulators where the number of invasive procedures needed for reaching proficiency is high. Pelvitrainers providing learning curves for stitching, knot-tying, cutting and dissection are increasingly being used. Skills labs such as for laparoscopy have shown their impact on teaching invasive procedures in a non-patient environment. The Laparoscopic Skills Testing and Training method (LASTT) developed by the European Academy (Campo, Leuven) may serve as an example.

Theoretical training activities will complement the development of clinical skills. These may include case presentations, presentations on specific diseases by the trainee, and attendance of dedicated courses (ultrasound, fetal monitoring, etc).

Specialists responsible for training need to be able to develop a reliable view of a trainee's aptitude, competence and performance based on valid assessment tools. Signing off numbers after each rotation does not suffice. Only a form of continual assessment of the trainee's progress will allow timely identification of the stronger and weaker points with the possibility of remedying the latter. Here, the trainee's logbook becomes a pivotal part of the assessment process. It allows the trainee not only to reflect on their clinical practice, but also on attitudes towards colleagues, auxillary staff and patients.

EBCOG considers research involvement a valuable adjunct to the overall performance of a doctor when having completed specialist training. This should include the teaching of research methodology and basic statistics, the critical appraisal of published material in the setting of a Journal Club and involvement in some clinical research resulting in the publication of a paper in a peer-reviewed journal.

Much has been written about the impact of the European Working Time Directive (EWTD) on specialist training. Can adequate training be provided in a 48-hour working week setting? This topic is discussed elsewhere in this monograph. There is diversity in the adherence to the EWTD and what is considered sufficient training opportunities across the EU.

The above aspects of training are evaluated by the Visitors in separate meetings with teaching staff and trainees. The training curriculum includes clinical activities jointly with Neonatology and Anaesthesiology. The Visitors, therefore, hold a separate meeting with representatives from these specialties with focus on attendance of lectures and courses which should benefit Ob/Gyn trainees.

This touches upon the issue of out-of-specialty training. Examples are: rotations in abdominal surgery, urology, pathology and clinical genetics. EBCOG considers the provision of out-of-training opportunities to Ob/Gyn trainees a logical consequence of the wide range of clinical activities covered by our profession.

3) *Should training-related auditing include practice-related auditing?*

Organisational aspects of specialist training will have considerable implications for the work force and planning of clinical services. The way senior staff functions as a group in the daily provision of care, the assurance of appropriate patient referral patterns and adequate medical equipment all play a role in creating optimal training conditions. Departments providing specialist training need to have a structure in place which allows those staff members involved in training, to have this activity written into their employment contract.

4) *The Visiting Report: a balanced judgement of quality of training*

The Visiting Report starts off with a short description of the local organisation, in particular whether it fulfils general and special requirements for training. This includes appropriate facilities, volume of clinical workload, quality and volume of scientific activities and audit. This is followed by the assessment of the training programme and tutorship.

A central aspect of the Audit is the feedback from the trainees and this should come out in the Report.

A short description of a meeting with the Dean of the Medical Faculty, Medical Chamber or Hospital Director and representatives of Neonatology and Anaesthesiology will conclude the information gathering part of the Report.

Conclusions and recommendations need to be well-balanced. The Report should cover areas of training which require improvement as well as areas of training in which the centre shows a strong performance. It needs to be a fair reflection of how local training is organised and administered. The Report is checked for possible inaccuracies by the Head of Department. The Chair of the EBCOG Standing Committee for Training Recognition (SCTR) subsequently presents the Report to the EBCOG Executive Board which decides on whether accreditation should be granted, and if so, whether this will be for one, two or five years depending on the extent of the recommendations. There is a need for a more transparent accreditation system. Those responsible for training should be able to understand how a set of recommendations is translated into a certain accreditation period.

Occasionally local centres will not be in a position to deal with certain recommendations. Instead, it may require action at regional or even national level. An example is when parts of the training curriculum cannot be guaranteed any more due to workforce constraints.

5) *How to move forward in the EBCOG Hospital Visiting Programme?*

Up until now, Hospital Visiting is based on voluntary applications. This has worked well, as it has allowed Ob/Gyn training centres to familiarise themselves with the EBCOG Auditing System.

Whereas this has resulted in over 100 Hospital Visits for general Ob/gyn training programmes in 19 countries to date, it has only lead to the adoption of a national A&A Authority in Norway, Finland, Portugal and France. Flemish Belgium is about to join. Together with the UK, Ireland, Denmark, Sweden and The Netherlands, approximately a third of the EU now has a national A&A system for quality assessment of Ob/Gyn training through Hospital Visiting in place.

There is concern about the sustainability of the EBCOG Hospital Visiting system programme in its present form. It is based on voluntary applications from individual training centres across the EU. EBCOG believes a more structured approach is required to convince remaining European countries of the essence of Hospital Visiting as a tool of assessing quality of their Ob/Gyn training programmes.

A way forward would be for the national Ob/Gyn society in these countries to become a more active partner in the execution of Hospital Visiting. EBCOG and National Societies should share responsibility allowing a more concerted approach, for instance jointly roll out a Hospital Visiting programme which would lead to all Ob/Gyn training centres in a particular country or region to be audited and accredited. Obviously, this will be a step by step process. Ultimately, the aim is for national bodies responsible for specialist training to establish their own obligatory A&A system with EBCOG taking up an advisory role, if required.

It should be emphasized that the current system of voluntary applications for EBCOG auditing and accreditation of local Ob/Gyn training programme will remain to exist.

6) *How to train the Visitors?*

If this effort is to succeed, there has to be an adequate pool of Visitors to fall back upon. It is, therefore, that EBCOG will run a "Training the Visitors" course at the next European Congress in Tallinn, 9th May 2012. During this course the focus will be on the principle and methodology of EBCOG Hospital Visiting; gaining skills to conduct hospital visits by collecting relevant information to support doctors in training; learning skills to interview senior and junior colleagues and providing feedback; and learning how to write focused hospital visiting reports. This course welcomes senior doctors, programme directors, head of departments and clinical teachers in post graduate training, but also experienced hospital visitors as well as doctors in training who are the future of our specialty. If successful this course will be repeated.

7) *EBCOG Hospital Visiting and subspecialty Ob/Gyn training*

For the practical aspects of quality assessment of subspecialty training programmes, the reader is again referred to an earlier publication in this Journal (Wladimiroff & Hornnes, 2010). Subspecialty auditing and accreditation is a joint activity between

EBCOG and the four European scientific Ob/Gyn subspecialty organisations (ESGO, ESHRE, EAPM and EUGA).

Each audit is conducted by one EBCOG and one subspecialty representative. However, with increasing experience, subspeciality audits may be conducted by two representatives from the relevant subspecialty organisation without participation from EBCOG. This is the case for ESGO which by now has carried-out more than 25 hospital visits. Accreditation is granted by the EBCOG Executive Board having heard the opinion of the subspeciality representative on the Board and the Chair of the SCTR based on the Visiting report.

It should be emphasized that application for a subspecialty audit can only be made following accreditation of the general Ob/Gyn training programme either by EBCOG or the national A&A

authority within the last five years. However, subspecialty training provided in so-called Stand Alone centres like gynaecological oncology training in Cancer centres, can request subspeciality accreditation. This has happened for a number of Stand Alone Cancer centres across the EU.

The same applies to independent units which participate in subspecialty training as an integrated part of a subspecialty training programme run by a training centre accredited for their general Ob/Gyn training programme either by EBCOG or the national A&A authority. Subspecialty accreditation will then include both the independent unit and the centre responsible for the subspecialty training programme.

Several countries have developed their own national Auditing and Accreditation (A&A) system for one or more of their Ob/Gyn subspecialty training programmes. Training centres in these countries may apply for additional EBCOG accreditation of their subspecialty training programme providing the national A&A authority is in agreement.

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Conclusions

Quality assessment of specialist training programmes through Hospital Visiting is a valuable tool for improving the structure and process of training. Moreover, it may contribute to harmonisation/standardization of patient care across the EU.

The EBCOG Hospital Visiting programme has so far been based on voluntary applications. This has resulted in a number of EU countries initiating their own Auditing & Accreditation (A&A) system. However, to accelerate this development, a more focused approach is required. EBCOG would like to see national Ob/Gyn societies becoming more closely involved in the EBCOG Hospital Visiting programme. EBCOG and national societies may jointly pave the way towards the introduction of more nationally-based A& A authorities in the near future. EBCOG may subsequently adopt a more advisory role, if required. It should be emphasized that the current system of voluntary applying for EBCOG auditing and accreditation of local Ob/Gyn training programmes will remain to exist.

EBCOG will start "Training the Visitors" courses to meet the increasing demand for hospital visitors.

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