The IM&T Training Needs of Doctors in an Acute UK NHS Trust

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Abstract

Advanced information systems are seen as a key factor in plans to modernise the delivery of healthcare. In the UK, the General Medical Council and the Information Authority have stressed the need for doctors to possess not just IT skills, but more generic Health Informatics competencies. Trust hospitals have a responsibility to ensure that clinicians in their employ have the requisite skills, knowledge and competencies to use the systems which will soon be implemented (e.g. electronic patient record systems, booking systems, prescribing systems). There is concern that the lack of formal IM&T training in senior clinicians will threaten the implementation of electronic patient record systems in the UK [1,2]. This poster reports on a training needs analysis of 116 doctors working in a UK acute hospital. Three key sets of findings emerged from the questionnaire study. Firstly, contrary to expectations, the IT skills and perceived training needs of the Senior and Junior Staff were not significantly different. Secondly, Senior doctors were better informed than the juniors about health informatics topics. Finally, all doctors defined their own training needs not in relation to Health Informatics but in terms of acquiring IT skills. Education programmes must take into account the current skills of the workforce and their perceptions of their training needs.

Introduction

The National Health Informatics Competency Annual Survey 2001 suggests that UK doctors' IT and informatics skills are inadequate, particularly those of senior doctors. We report a survey designed to discover what training all grades of doctor in one NHS Trust had received, and to assess doctors' use of computers for clinical tasks. The survey also scored doctors' knowledge and skills in health information management and technology, in order to specify their training requirements.

Methods

A questionnaire was developed which drew on previous work in this field. The form was handed out to all 116 doctors in the trust in March 2002. The data was analysed using SPSS. The main outcome measures were (1) how often doctors used computer-based systems for clinical tasks; (2) doctors' knowledge of eight Health Informatics topics; (3) skill levels with respect to hardware and software; and (4) self-assessed training needs of the population. The respondents were divided into two groups - Career Grades (i.e. senior doctors) and Training Grades (i.e. junior doctors). The two groups were compared in terms of their skills and knowledge scores using the Mann Whitney U test.

Results

There was a very high response rate (83%). 45% of the juniors had received formal IT training at medical school, compared with none of the seniors. The median time spent per week using a computer was 5 hours, for both junior and senior doctors. Juniors and seniors alike had high median scores for how often they would use a computer for particular tasks, including obtaining pathology results, writing clinical reports, preparing slides for case presentation and searching the literature. Self-assessed median scores for basic IT skills (i.e. ability to use keyboard, mouse, work in Windows environment, word-process) were also high, with no differences between the grades, but the juniors scored significantly higher for use of spreadsheet and presentation software. However, senior staff had a greater awareness of Health Informatics topics (e.g. national plans for electronic patient records, data protection law) than junior staff. When it came to identifying their own training needs, very few respondents reported a need to learn about broader health informatics issues. Their perceived needs were for training in specific software applications, mainly database and spreadsheet software.

Discussion/Conclusions

Contrary to common belief, this study suggests that the IT skills training needs of junior and senior staff are not dissimilar and hence they do not require separate provision. Clinicians' IT skills are a necessary but not sufficient condition to assure success of EPR systems. The challenge, however, is

to find ways of engaging both groups in wider Health Informatics issues.

Acknowledgements

This work was done as part of an MSc by ND, in Health Informatics at the Centre for Health Informatics and Multiprofessional Education (CHIME), London, UK. I also gratefully acknowledge the advice of Dr. C. Dayan, Weston Area Health Trust, UK and Dr Petra Boynton, Primary Care and Population Science, UCL.

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