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Learning objectives of Belgian general practitioner trainees regarding their hospital training: A qualitative study

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KEY MESSAGES

- GP trainees have clear expectations of their hospital training: performing both consultations and following the hospital trajectories of patients.
- GP trainees consider regular meetings with hospital trainers essential to support their learning process.
- GP trainees consider maintaining a balance between helping the department's continuity and managing their learning objectives important.

ABSTRACT

Background: In Europe, hospital training is integrated in the postgraduate curriculum of General Practitioners (GPs) according to the European Directives. However, little is known about the specific learning objectives of GP trainees during this training.

Objectives: This exploratory study investigated GP trainees' expected learning objectives for their hospital training and the factors influencing the learning process.

Methods: Semi-structured interviews were conducted in three focus groups consisting of first-year GP trainees before their hospital training. Data were coded thematically and analysed in NVivo.

Results: A total of 22 Belgian GP trainees (55% females, average age of 26.2 years) were interviewed. Three major themes emerged: learning objectives, factors influencing learning and organisational aspects. GP trainees mainly wanted to improve their knowledge of common conditions by conducting consultations and follow certain patients' hospitalisation trajectory. Emergency medicine or internal medicine was the preferred specialty. Other GP trainees wanted to learn more about some specific conditions. Conversely, an overloaded work schedule was dreaded to hinder effective learning. Regular meetings and supervision from their hospital trainer were deemed crucial to strengthen GP trainees' learning trajectory.

Conclusion: GP trainees wanted to learn more about both common conditions and some specific conditions. Their previous year in a GP setting strengthened their confidence and facilitated purposeful learning. Relieving GP trainees from administrative tasks when working as supplementary doctors could strike a better balance between the continuity of the clinical department and their personal learning objectives.

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Introduction

The training for General Practitioners (GPs) in Belgium has changed from a two to a three years postgraduate programme since the academic year 2018–2019 [1,2]. An overview of the GP training in Flanders (Belgium) is shown in Table 1 [3]. A hospital training of at least six months is required by the Directives of the

European Council for the General Practice training [1,2] and has therefore been incorporated into the Belgian curriculum [1,2].

In Europe, the duration of hospital training in GP postgraduate programmes varies between six months and four years [4,5]. It is generally accepted that the GP hospital training should include 'aspects of clinical

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Table 1. Overview of the GP training in Flanders (Belgium).

First year		Second year		Third year
Scheme 12 m-6m-18m	GP practice	Hospital	GP practice	
Scheme 18 m-6m-12m	GP practice		Hospital	GP practice
Evaluation per year	OSCE exam MCQ exam	Video evaluation		Thesis defence Oral jury exam
Evaluation throughout the training	Workplace evaluation by the GP- or hospital trainer Portfolio evaluation by the GP coach Master's thesis progress evaluation by the thesis promotor(s)			
Education throughout the GP training	Regular patient case discussions and evaluation of the GP trainees' personal learning progress with their GP- or hospital trainer Peer groups with GP trainees and a GP coach reflect twice a month on their evolution and discuss complex cases or situations Academic courses about specific GP topics Time for self-directed learning and portfolio assignments Conduct a master's thesis research			
Coordination	The Interuniversity Centre for the Education of General Practitioners (ICHO) organises the GP training in collaboration with the four Flemish academic GP centres (Ghent University, KU Leuven, University of Antwerp, Vrije Universiteit Brussel). Working terms (working hours, on-call shifts and study time) are also regulated by the ICHO			

The GP training in Flanders (Belgium) lasts three years, either in the 12 m-6m-18m or 18 m-6m-12m scheme. GP trainees are evaluated per year and throughout the training. The education of GP trainees consists of different methods. The ICHO coordinates the GP training. GP: general practice; m: months; OSCE: objective structured clinical examination; MCQ: multiple-choice question.

work relevant to GP' and should be 'in conjunction with other health establishments or structures concerned with general medicine' [1,2,6]. However, the European Directives do not mention in which specific hospital specialities this training should be organised and which content is clinically relevant to GPs [2]. Little is known about the specific learning objectives of GP trainees for the hospital training, certainly from the point of view of GP trainees themselves.

The CanMEDS Roles Framework (Canadian Medical Education Directives for Specialists) and the EURACT (European Academy of Teachers In General Practice/Family Medicine) refer to the physician's role as a collaborator and principal manager of primary care [6]. Working together between different professions, called 'intraprofessional' collaboration, is an important task for future practitioners [7,8], which is already well-established in the academic medical literature [9–11]. Hospital training provides an ideal setting to develop further 'intraprofessional' collaboration between medical professionals (doctors) from different specialities [8,12]. GP trainees acquire medical knowledge by interacting with specialist trainees, whereas the latter call upon the biopsychosocial perspective typically associated with GP [12]. Both are incentivised to work together to provide the best care for their patients, get acquainted, obtain reciprocal respect and reduce unnecessary referrals [12–15]. Previous studies showed that intraprofessional collaboration is often lacking, although it is crucial to improve the continuity of care between primary and secondary care [14,16].

This exploratory study aimed to investigate the perception of GP trainees' learning objectives in pursuit of their hospital training. In addition, we explored the

factors influencing the learning process. Areas for improvement were also identified to enhance GP-oriented training in hospitals further.

Methods

Study design

We set up a qualitative study using a phenomenological approach [17], to broaden our knowledge and understanding of the perspectives of GP trainees about the hospital training. Focus group interviews help to understand the perspectives, feelings and attitudes of participants in an interactive manner [18,19]; therefore, this data collection method was chosen.

Ethics

The Ethics Committee of the University of Antwerp approved this study (19/20/255) on 27 May 2019.

Selection of participants

First-year GP trainees in Flanders prior to their hospital training were eligible for participation. We aimed to gather a homogenous group of only GP trainees as participants to concentrate on their similarities and facilitate discussion [18–21].

The peer groups were used to conduct the focus group interviews, offering an ideal group size (6–12 participants) to encourage interaction and gather a wide spectrum of perspectives [18,19,22]. Six GP coaches across Flanders were asked by e-mail to organise a focus group interview during their peer

group session. Four groups opted to participate and due to organisational reasons the two other groups decided not to participate. GP trainees within a peer group could opt not to participate.

Qualitative methods

One of the researchers (KDV) moderated the focus group interviews (Flemish). A senior researcher (KV) or the GP coach was taking field notes. The interviews were held face-to-face and were videotaped to reflect afterwards on the main findings, ambience and non-verbal communication [19,22]. Focus group interviews were organised until data saturation was reached.

The focus groups were conducted using a pre-planned set of questions (Table 2) and a flexible approach was used where in-depth exploration was considered appropriate. After the pilot interview, minor adaptations were needed.

Participants received an information form and were asked to sign a consent form. There were no risks

associated with participating and the data were anonymised. Approval for recording was requested at the beginning of the interview and afterwards, the audio/video material was destroyed. None of the participants opted to withdraw at any point during this study.

Analysis

The data were coded through thematic content-analysis. First, the interviews were transcribed verbatim and field notes were added. Next, quotes from the interviews were coded and grouped in subthemes. Finally, the subthemes were sorted into major themes to answer the research question [19,22]. Through regular discussions within the research team and a reflexive attitude, credibility was ensured.

Results

A total of 22 GP trainees (12 females, 10 males) were interviewed in three focus groups. The average age of the participants was 26.2 years. The participants' characteristics are described in Table 3. As regards age and gender, the participants correctly represent the GP trainee population, except for the linked university with a predominance for the University of Antwerp in this study. The focus group interviews were conducted in June and July 2019. Each interview lasted between 50 and 75 min. After the third focus group interview, data saturation was reached. Therefore, the fourth group was not included.

Table 2. Summary of the interview script.

1. A small questionnaire was given to gather some demographic information
2. The participants' preferred and designated specialties were assessed
3. The learning objectives for the hospital training in general and specifically for their future hospital training specialties were discussed
4. Questions on how they were going to achieve those learning objectives and address them during the first meeting with their hospital trainer were asked
5. Influencing factors that would facilitate or hinder learning were discussed

A semi-structured interview script was used during the focus group interviews.

Table 3. Participants' characteristics.

	Number	Gender	Age	Year of graduation (undergraduate)	University	Programme	Region	Prior education
Group 1	1.1	F	25	2018	University of Antwerp	12,6,18	Antwerp	/
	1.2	M	32	2013	University of Antwerp	18,6,12	Antwerp	Thoracic surgery residency
	1.3	F	25	2018	KU Leuven	12,6,18	Sint-Niklaas, Dendermonde	/
	1.4	F	26	2018	University of Antwerp	18,6,12	Antwerp	/
	1.5	F	26	2018	University of Antwerp	12,6,18	Antwerp	/
	1.6	F	26	2018	Ghent University	12,6,18	Sint-Niklaas, Dendermonde	/
	1.7	F	25	2018	University of Antwerp	12,6,18	Antwerp	/
Group 2	2.1	M	24	2018	KU Leuven	12,6,18	Antwerp	/
	2.2	F	24	2018	KU Leuven	18,6,12	Antwerp	/
	2.3	M	25	2018	University of Antwerp	12,6,18	Antwerp	/
	2.4	M	25	2018	University of Antwerp	18,6,12	Antwerp	/
	2.5	M	25	2018	University of Antwerp	12,6,18	Antwerp	/
	2.6	F	37	2018	Ghent University	18,6,12	Antwerp	GP abroad
Group 3	3.1	F	27	2016	KU Leuven	12,6,18	Genk	Gynaecology residency
	3.2	F	27	2018	KU Leuven	12,6,18	Genk	Biomedical sciences
	3.3	F	25	2018	University of Antwerp	12,6,18	Genk	/
	3.4	M	27	2018	Vrije Universiteit Brussel	12,6,18	Genk	/
	3.5	M	25	2018	KU Leuven	18,6,12	Kempen	/
	3.6	F	24	2018	University of Antwerp	12,6,18	Kempen	/
	3.7	M	24	2018	University of Antwerp	18,6,12	Genk	/
	3.8	M	26	2016	KU Leuven	18,6,12	Genk	/
	3.9	M	26	2018	KU Leuven	18,6,12	Kempen	/

The participants' characteristics of gender, age, graduation year, university, programme, region and optional prior education are described. F: female; M: male.

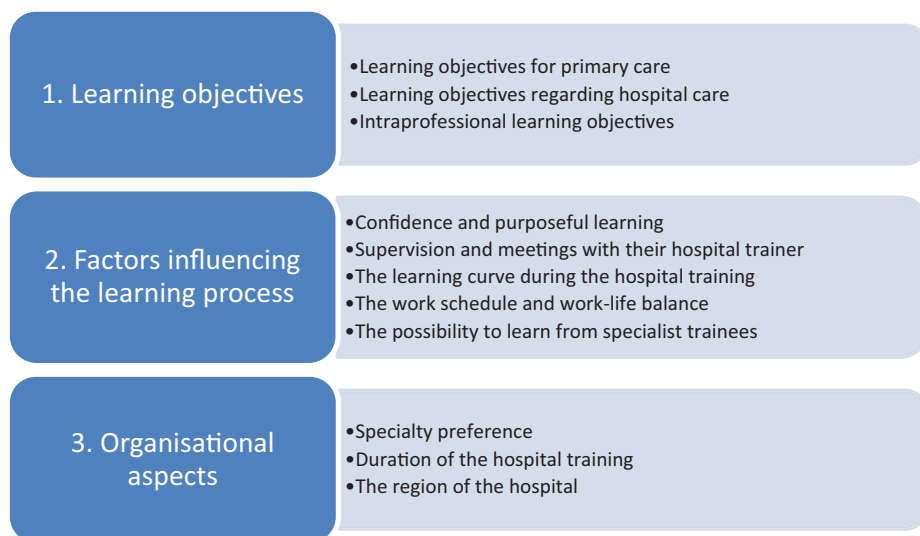


Figure 1. Overview of the main themes and subthemes.

Table 4. Overview of the learning objectives identified by GP trainees for their hospital training.

Primary care	Hospital care	Intraprofessional collaboration
Getting acquainted with frequent conditions, procedures and skills, commonly observed in a GP practice	Learning in-depth about uncommon conditions	Observing the interaction between primary and hospital care
Assessing the need for additional test(s)	Getting experiences with a wide variety of conditions	Fine-tuning the threshold for referral to the hospital
Improving triage skills	Gathering practical tips and tricks about treatments	Informing patients about the expected hospital trajectory
Managing ambulant and hospitalised patients	Practicing procedures	

The interviews identified many learning objectives related to (1) general practice or primary care, (2) hospital care and (3) intraprofessional collaboration.

Three major themes emerged: learning objectives, factors influencing learning and organisational aspects (Figure 1).

Theme 1: Learning objectives

The interviews identified many learning objectives related to (1) general practice or primary care, (2) hospital care and (3) intraprofessional collaboration. These objectives are visually summarised in Table 4.

Learning objectives for primary care. GP trainees wanted to learn more about conditions, procedures and skills commonly seen in primary care. Furthermore, they also wanted to discuss which additional (technical) test or imaging type is necessary for the diagnostic process. Another goal was learning how to treat conditions in primary care optimally. Additionally, participants wanted to train themselves in asking the right clinical questions to improve patient triage.

Internal medicine, (...) seems very interesting to gain more diagnostic experience, like which additional examination is needed and when? Whereas now, I often wonder if a certain examination was appropriate and necessary? (2.2)

By the end of their hospital training, all GP trainees strived to autonomously perform consultations, including the anamnesis, the physical examination and diagnostic process. GP trainees assigned to the emergency department expected to achieve this independence earlier since they are already familiar with a wide range of ailments from previous experience in primary care.

Learning objectives regarding hospital care. First, several participants wanted to learn more about conditions they felt they knew less well.

Second, other participants feared that narrowing their focus on specific conditions might limit them to cases rarely seen in general practice. The latter preferred to work at the emergency department to encounter various conditions.

[I want to learn] the things from a speciality that you as GP trainee are still unfamiliar with, (...) but focused on what a GP can do with it. It does not make much sense to experience the whole specialist range because, as a GP, we will never put that into practice. (1.2)

The third goal for participants was gathering practical tips and tricks about treatments. They wanted to learn how to navigate the wide range of available

drugs and familiarise themselves with medication commonly used in the hospitals.

For me, mainly tips and tricks from a specialist doctor about medication [are interesting], to get familiar with it and learn to choose the best treatment as a general practitioner. (1.2)

Fourth, performing procedures often encountered in primary care was another frequently mentioned learning goal. GP trainees hoped that practising these procedures would lower the barrier to proposing and performing them later in their own practice.

Intraprofessional learning objectives. Participants aspired to observe the interaction between primary and hospital care, mainly focussing on the communication before and after hospitalisation. The difficult balance between referring or not, and the content of a referral letter were mentioned. GP trainees wanted to understand the specialists' specific tasks and expertise to ensure they make correct referrals in the future. Additionally, they wanted to explore the overlap between primary and hospital care to maximise their action range as a GP.

I mainly expect to get acquainted with the hospital, their way of working and the interaction with primary care. Furthermore, the communication about patients' admission or release from the hospital seems interesting. (2.1)

Some participants were interested in following patients along their entire hospitalisation trajectory. In doing so, GP trainees expected to understand what a patient can expect when being hospitalised, enabling them to accurately inform future patients.

The best thing is the overall picture, I think. As a GP, you refer for admissions and consultations, to learn from both. (2.1)

I also think it's useful, (...) to follow the trajectory of some patients in the hospital, so I know how this works. So, if patients ask me what to expect in the hospital, I can inform them. (3.5)

Theme 2: Factors influencing the learning process

Confidence and purposeful learning. In their first training year, GP trainees learn to adopt a patient-centred attitude that enables them to approach the patient in a holistic manner and maintain a personal connection. Additionally, they learned to detect gaps in their knowledge. All this made some participants feel more confident and led them to believe that hospital colleagues could also learn from their experience in primary care.

We have more of a patient-oriented vision: what does a patient really want, which examinations does he want,

does he actually agree with being referred from one specialist to another? We try to see the overall picture. (1.4)

In contrast, other participants felt insecure because they did not have enough prior training and experience in their assigned hospital speciality. Especially being 'on call' terrified them because supervision is potentially not approachable.

Supervision and meetings with their hospital trainer. A starting meeting is an excellent moment to discuss expectations concerning learning objectives and work schedules. Besides, other learning opportunities (at other wards) could be addressed as well. Especially at the beginning, GP trainees expected some (personal) coaching from their hospital trainer. However, this initial time investment might discourage supervisors or cause conflicts with specialist trainees, especially when the latter have never received the same attention from their supervisor.

I certainly think because we're going to be the first generation [GP trainees with a hospital training], we should communicate a lot. The hospital trainers indicated they really appreciated this because they are open to everything. (3.3)

Also indicating what we want: I prefer not to, I have seen that, I want to focus more on that. (3.6)

GP trainees stressed the importance of regular meetings and interactions to assess personal learning objectives and evolution.

It's very important to have regular meetings to indicate 'I want to grow towards this' and monitor your evolution in those six months. (1.5)

The learning curve during the hospital training. Many participants saw this hospital training as an extension of the undergraduate hospital internship, although they hoped to evolve towards the same level as a specialist trainee. In contrast to their internship, they felt more responsible for their patients after they graduated.

The aspect of responsibility is different, as a medical student you want to discover everything and see cool diagnoses, but you were seconded to someone. Now it's going to be similar, but you're going to feel more responsible and prepare yourself better. (1.1)

To fully utilise their hospital training, GP trainees emphasised the importance of explaining their personal learning objectives, being proactive and of offering their assistance. Moreover, they wanted challenges not to get stuck in a fixed routine.

Participants said they would have to balance standard tasks for departmental continuity and their learning objectives.

You have to be proactive and ask to do things. It's the same at our GP practice now, where you must indicate what you want to learn. You have to be motivated to put your energy into this and then, I think, those learning objectives will be achieved. (2.4)

The work schedule and work-life balance. There was a fear of being overloaded with administrative work, being put in charge of an entire ward or changing specialities daily without having sufficient in-depth learning opportunities. Furthermore, participants said they would miss having patients on their own and building a relationship of trust.

My biggest fear is to be used as an 'extra worker' without considering that I'm still learning. (3.6)

I do think I'm going to miss having patients of my own, whose history I already know. It'll feel like having to start all over every time, whereas now [in the GP practice] it's a developing process. (1.3)

In addition, some GP trainees assumed that working days will be heavier and that scheduled time for self-study, for example, might be easily neglected. Working terms for GP and specialist trainees are currently regulated differently (the ICHO versus each university), which might cause friction.

I'm preparing myself for workweeks of at least 50-hours due to the little respect or understanding for the work-life balance of specialist trainees. (1.4)

The possibility to learn from specialist trainees. In the second year of their GP training, the participants saw themselves as equals with second year specialist trainees, who used to be their classmates. Hence, the threshold to ask a peer for information seemed to be lower than asking a supervisor. Subsequently, the interviewees believe they could learn a lot from their peers.

From a specialist trainee, we might learn a lot, maybe even more than from a hospital trainer, since they are much closer to our position. (2.4)

However, some GP trainees were apprehensive about competition with specialist trainees for learning opportunities, ranging from basic skills to challenging procedures.

I think the presence of one or two specialist trainees is no problem, (...), but if they are with too many, you'll be last in line to do something. (3.5)

Theme 3: Organisational aspects

Speciality preference. Overall, GP trainees preferred rotations in general internal medicine (including cardiology, endocrinology, gastroenterology, pneumology and nephrology) and emergency medicine. Furthermore, dermatology, geriatrics, physical therapy and rehabilitation were also desired specialties. GP trainees specifically mentioned their dislike for gynaecology and surgery.

Duration of the hospital training. Several GP trainees thought a training of two or three months would be ideal for most specialties. Thereafter, they consider it likely to have encountered the most common conditions of interest to a future GP. However, for specialties like emergency and internal medicine, GP trainees agreed with the defined six months due to the huge overlap with GP.

Six months at internal medicine is different than six at ENT (otorhinolaryngology). I think that after three months at ENT, you'll know what you need for GP, whereas it's different at other specialties. (2.1)

The region of the hospital. Participants found it advantageous to have their hospital training near their GP training practices, often in the region where they want to settle in the future.

I suppose this may lower the threshold to contact a specialist because you may know them personally. (3.2)

Allowing future GPs to gather experience in primary and hospital care in the same region might create better transmural alignment and opportunities for specific regional collaboration.

Perhaps by indicating the gaps in our knowledge, the hospital could organise appropriate future training. Let's say I always managed low back pain improperly as a GP; then it might be useful to refresh that knowledge in our region. (1.3)

Discussion

Main findings

This exploratory study aimed to investigate the learning objectives that GP trainees pursue for their hospital training. Factors influencing the learning process were also investigated. Three major themes emerged: (1) learning objectives, (2) factors influencing learning and (3) organisational aspects.

Comparison with existing literature

First of all, for their learning objectives, GP trainees preferred general internal medicine and emergency medicine for their hospital rotations. This preference is related to a desire to improve their theoretical and practical knowledge about common conditions. This contrasts with previous, rather local, studies that show that otorhinolaryngology, ophthalmology and paediatrics, amongst others, were preferred by GP trainees [23–25]. Furthermore, hospital training in a surgical department was considered less beneficial [24]; this is consistent with our study. As preferences can vary by GP trainee, often based on past education and personal learning objectives, a guide per specialty with relevant learning opportunities for a future GP could help the GP trainee and the hospital trainer choose a discipline. Such a guide would support the identification of learning objectives but would also facilitate monitoring their evolution [5,26].

Second, our research shows that confidence and insecurity influence learning. As suggested in previous literature, a perceived difference in status between GPs and specialists could adversely affect self-confidence [12,13]. In addition, the hospital training was sometimes seen as an extension of the hospital internship in the undergraduate program, even though the GP trainees were already accustomed to taking responsibility for their patients and aspired the level of a specialist trainee. Therefore, a proactive attitude to seize opportunities was thought to be crucial experiencing the full potential of the hospital training. Careful attention should be given to maintaining the balance between standard tasks for departmental continuity and GP trainees' learning objectives; otherwise the latter might become a secondary objective [25–27].

Third, GP trainees are stimulated to learn through meetings with their hospital trainers [28]. Our participants considered such meetings essential to assess their personal learning objectives and evolution. However, hospital trainers did not always prioritise such feedback sessions [28].

Fourth, specialist trainees at the department are perceived as beneficial and threatening. On the one hand, their presence could be beneficial when the threshold for GP trainees to talk to their hospital trainers is high. Instead, they may prefer to talk to and learn from specialist trainees as GP trainees consider them peers. Prior studies suggest that GP and specialist trainees can indeed learn from each other, especially when they are acquainted [12,13]. On the other hand, some of our results suggest that GP trainees also believe they may have to compete with specialist trainees as learning opportunities are thought to be scarce. Finally, GP trainees

fear that the differences between their program arrangements and those of specialist trainees could cause friction.

Fifth, our participants commented on the organisational aspects of the hospital training. Our participants preferred to work with ambulatory and hospitalised patients. In general, encounters with patients triggered GP trainees to further research and memorise the clinical picture [27,28]. GPs regard communication, the continuity of care and the doctor-patient relationship as core values [5,29,30]. Particularly, managing ambulatory patients is perceived to align with competencies that GPs need to develop, as is also recommended by the EURACT guidelines [5,25,29].

Sixth, our interviews suggest that GP trainees can better maintain their patient-centred approach when they can follow their patients along their entire hospital trajectory. This could also help them to inform patients in the future when working as a GP. In a GP-setting, trainees develop a holistic and patient-centred approach [29]. Therefore, GP trainees felt disconnected during their hospital training from the values of general medicine [27,29] and lacked a sense of belonging in the hospital because they felt isolated [29,30]. Regular meetings with a GP and on-site supervision by a GP could be critical to upholding this biopsychosocial approach [27]. Another option to maintain a GP perspective is a 'release day,' where GP trainees work one day each week or month in a general practice [25,30].

Finally, hospital rotations were said to cause a temporary disruption in the work-life balance [29]. GP trainees in our study also feared this. Sometimes during the hospital training, GP trainees felt like they ought to fill staff shortages [25,29]. Additionally, time pressure, multitasking, denial of study leave and difficulties in scheduling learning moments are considered barriers to learning [4,12,28].

Implications for education

Supported by the existing literature, our study revealed eight suggestions to improve the hospital training, which will be considered by the Flemish organisation ICHO and might be useful in other contexts as well:

1. Ideally, let GP trainees perform consultations, while also following the hospitalisation of specific patients. Careful attention should be given to possibilities which enable them to follow a patient's trajectory and build a relationship of trust.
2. Provide supervision during working and on-call hours. Over time, direct supervision might be gradually reduced to allow for growing autonomy.

3. Relieve GP trainees from administrative tasks when working as supplementary doctors to allow them to follow different doctors (even at other wards). The goal should be to strike a balance between the continuity of the department and the GP trainee's personal learning objectives.
4. Inform GP trainees to address the following topics in the starting meeting with the hospital trainer: their personal learning objectives, the mentor's expectations, the work schedule with an assigned supervisor, the possibility of switching to other specialties and the scheduled time for their GP education.
5. Regular meetings with their hospital trainer are crucial for following the trainees' learning curve and actively searching for challenging learning opportunities.
6. Allow GP trainees to give feedback during staff meetings, so a stage is set for intraprofessional discussion.
7. Openly discuss the work-life balance at the beginning of the training. The training institute could regularly gauge the actual working schedule of GP trainees to allow for quick adjustments and, if necessary, low-threshold mediation.
8. Clarify the new position of GP trainees, not only to the (para)medics in the hospital, but also to patients.

Strengths and limitations

Our research was performed prior to hospital training; therefore, it could focus on GP trainees' learning objectives and concerns. At the focus group interviews, the participants had at least nine months of experience in a GP, so they had a clear insight into the gaps in their knowledge and learning objectives.

In total, 12 women and 10 men participated; hence a fair distribution of gender among the participants was achieved. Although distribution in Flanders and among universities was not completely reached, due to data saturation, we assumed that the training situation was similar across Flanders.

On the level of trustworthiness, the researchers tried to apply several strategies during the research. First, the interview moderator was a GP trainee, this might have lowered the threshold for participants to share their genuine thoughts. Second, investigator triangulation was applied during analysis [31]. Third, the leading researchers held regular meetings during the study to obtain credibility. A potential lack in this study is the absence of a member check with the participants [31]. Lastly, by describing the context of the hospital training and the origin of the participants in-

depth, the research tried to provide a thick description to make this research transferrable [31].

Implications for future research

In continuation of our research, it would be interesting to explore the experiences of GP trainees during and after the hospital training. Furthermore, quantitative research could provide insights into the postulated learning objectives and the extent of their achievement. Besides, the preferences for specific specialties could be quantitatively investigated.

The viewpoint of hospital trainers and specialist trainees should be further investigated to achieve a more comprehensive picture of the newly introduced hospital training of GP trainees.

Conclusion

This qualitative research explored GP trainees' learning objectives for their hospital training and factors influencing learning. GP trainees wanted to learn more about common conditions and some specific conditions by conducting consultations, while also following the hospitalisation trajectory of certain patients. Their previous year in a GP-setting strengthened their confidence and facilitated purposeful learning. Regular meetings and supervision from their hospital trainer were deemed crucial to monitor the evolution of their learning objectives. Scheduling the GP trainee as a supplementary doctor, exempt from administrative tasks, could allow them to balance the continuity of the department and their personal learning objectives. The achievement of the postulated learning objectives after the hospital training, along with insights from hospital trainers and specialist trainees, requires further research.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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