General Medical Council

Regulating doctors
Ensuring good medical practice

National training survey 2012: key findings

For the past six years, we have surveyed doctors in postgraduate training across the UK to find out what they think about the quality of their training.

The survey gives a snapshot of the quality of medical education and training at a national level and is an important part of how we make sure medical education and training is meeting the standards we set. The survey gives us an indication of where we need to concentrate our work to bring about improvements to the quality of training. The survey also gives information to postgraduate deaneries and local education providers to help them improve the quality of training in their own area.

Overall, despite the current financial pressures, the 2012 survey paints a generally positive picture of trainee doctors' perceptions of the quality of training, although there remain significant concerns in some key areas, including the quality of induction, handover, feedback, assessment and the quality of the experience some trainees are receiving in their posts.

The survey data must be treated with caution and they should be seen alongside other data. Where necessary, information provided by the survey should be followed up with detailed investigation.

This is a summary report only. The detailed survey results are available at **www.gmc-uk.org/nts**.

What is different about the national training survey in 2012?

In 2012, doctors in training completed the survey in GMC Online, a secure area of our website for doctors.

The survey was open for a shorter period than last year (seven weeks from 30 April to 15 June 2012 as opposed to 12 weeks in 2011). Trainees were asked about the post they were in on 30 April 2012.

As a result of a major review, this year's survey was shorter, more relevant and more statistically reliable because we:

- reviewed the questions with experts from NHS Education for Scotland to make sure we could compare responses from the 2011 survey
- halved the number of questions for most trainees
- improved the relevance of the questions to the standards in *The Trainee Doctor*
- incorporated the survey into our IT system, enabling faster reporting of the results
- improved the quality and reliability of the data
- introduced a reporting tool that enables postgraduate deaneries, local education providers and trainees to create their own reports.

This year, for the first time, we specifically asked trainees if they had any concerns about patient safety at the site where they train.

The survey allowed trainees to provide free text comments. We read every comment and have followed up individually any serious issues such as about bullying or patient safety.

We alerted deaneries to these concerns as they came through, asking them to investigate and to report back to us as soon as possible after the survey closing date.

Deaneries are also looking at whether there is other information to reinforce individual reports from trainees and at what action is needed in response.

It is too early to draw any firm conclusions from the patient safety concerns raised by trainees, but the fact that around 5% did raise a concern of one kind or another does suggest that there may be some significant issues across the UK. In collaboration with the deaneries, we need to respond to every concern raised, alert the service where there does appear to be a substantial issue and learn any lessons. Early analysis suggests that the major issues reported by trainees are in the acute specialties, reflecting the pace and intensity of those specialties.

In the autumn, once the deaneries have reported back to us, we will publish a summary of the themes raised by trainees.

Who we surveyed

The doctors in training we surveyed were:

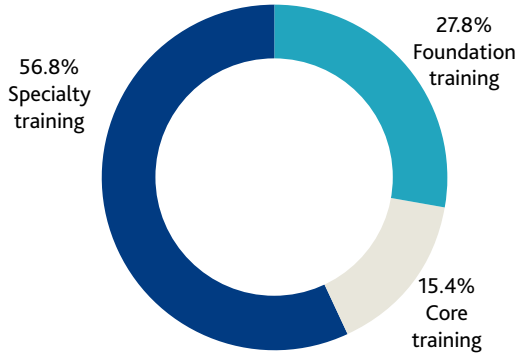
- trainees in the first (F1) and second (F2) year of the Foundation Programme
- core trainees
- higher specialty trainees, including Specialist Registrar (SpR) and General Practitioner (GP) trainees
- fixed term specialty training appointment (FTSTA) trainees
- locum appointment for training (LAT) trainees
- military trainees working within the service on all programmes approved by the GMC
- trainees in clinical lecturer and academic clinical fellowship posts approved by the GMC
- trainees working for non-NHS organisations – for example, trainees in Occupational Medicine and Palliative Medicine.

Who answered the survey?

This year, 51,316 doctors in training completed the survey out of 54,035 who were eligible, giving a response rate of 95.0%.* This compares with 87.0% in 2011, and is the highest response since the survey began.

The response rate by deanery ranged from 99.2% to 87.6%.

Figure 1: Training programme of trainees who responded to the survey (n=51,316)



54.1% of trainees were female and 45.9% were male (n=51,316).

Doctors in training were asked if their day-to-day activities were limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months. 1,019 trainees (2.0%) said their day-to-day activities were limited a little or a lot (n=50,274).

* Not all trainees answered all questions, so we have given the total number of trainees with valid answers in parentheses for each key finding. We excluded answers that were not applicable from the analysis. All percentages and scores have been rounded to one decimal place.

Of those reporting a health problem or a disability that limited their activities, 369 (36.2%) said they needed adjustments to be made in their post so they can carry out their work, and 30 (8.1%) said adjustments they needed had not been made.

8.0% of trainees said they were in less than full-time training (n=51,316).

Overall satisfaction with training

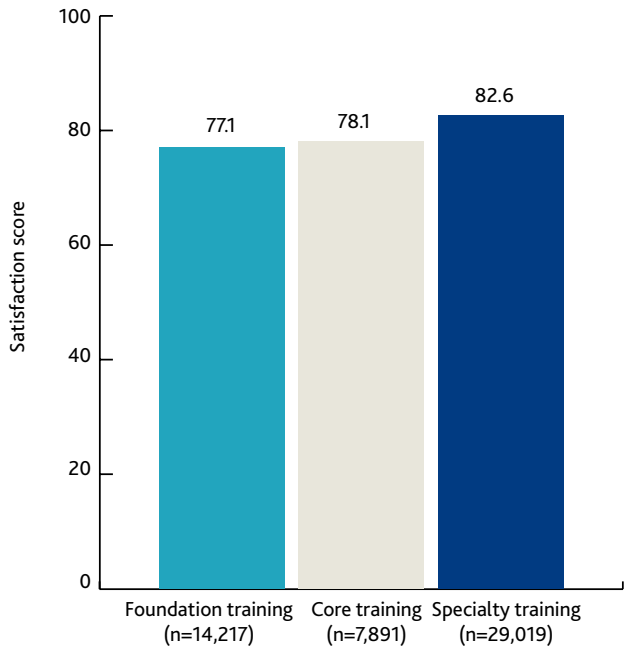
To measure overall satisfaction with training, we asked trainees about aspects of their current post, such as how they rate the quality of teaching, clinical supervision, and experience, whether they would recommend the post to a friend, and how useful the post will be for their future career. These five items make up the overall satisfaction score, which is a proxy measure for the quality of training.

The overall satisfaction with training score was 80.4 out of a possible 100, compared with 78.8 in 2011.

Across all five items, 1.6% or fewer gave these items the poorest rating (very poor), compared with 1.8% in 2011 and 2.3% in 2010.

Figure 2 shows overall trainee satisfaction by stage of training: foundation, core and specialty training. Trainees reported higher satisfaction levels the further into training they are.

Figure 2: Trainee satisfaction by stage of training (n=51,127)



The 2012 survey shows that trainees in general practice posts are the most satisfied, which has been the same since the 2006 survey. Trainees in surgery posts are the least satisfied, but the score for surgery posts has risen from 69 in 2006 to 76.2 in 2012.

Table 1 shows the overall satisfaction score varied by the specialty in which the trainee was working at the time of the survey (post specialty group), irrespective of their programme specialty and eventual career destination.

Table 1: Trainee satisfaction in different specialty posts

	Number of trainees (n=51,127)	Average satisfaction score
General practice	5,592	87.8
Pathology	725	84.9
Anaesthetics	4,441	84.4
Ophthalmology	684	83.7
Radiology	1,501	83.4
Public health	235	83.1
Psychiatry	3,820	82.4
Occupational medicine	71	82.0
Paediatrics and child health	4,298	81.2
Emergency medicine	3,027	80.8
Medicine	14,210	78.0
Obstetrics and gynaecology	3,062	77.5
Surgery	9,461	76.2

Educational supervision

We measured the quality of educational supervision by asking trainees about the support they were getting in their training from their educational supervisor. Some of the questions were reported in previous survey reports under 'trainees' experience of assessment'.

- 98.8% of trainees said they had a designated educational supervisor (the person responsible for reviewing their educational progression) (n=51,127).
- 82.5% said they had training or learning agreements with their educational supervisor, setting out their respective responsibilities (n=50,858).
- 89.5% reported using a learning portfolio (n=50,859).

- 76.6% said they were told who to talk to in confidence if they had concerns, personal or educational (n=50,825).

Clinical supervision

We measured the quality of clinical supervision by asking trainees about their clinical supervisor, whether they felt forced to cope with clinical problems beyond their competence or experience, and if they have been expected to obtain consent for procedures where they felt they did not understand the proposed interventions and its risks.

- 81.3% of trainees said they would rate the quality of clinical supervision in their current post as excellent or good. 3.5% said they would rate it as poor or very poor (n=51,127).
- 85.1% said they always knew who was providing their clinical supervision when they were working and that they were accessible (compared with 84.8% in 2011). 6.9% said they knew, but their clinical supervisor was not easy to access, and 0.3% said there was no one they could contact (n=50,925).
- 94.6% said they were rarely or never clinically supervised by someone who they felt wasn't competent to do so, compared with 93.6% in 2011 (n=51,127).
- 5.4% of trainees reported that they were clinically supervised by someone who they felt was not competent: 0.8% on a daily basis, 1.8% on a weekly basis, and 2.8% on a monthly basis (n=51,127).
- 84.7% said they rarely or never felt forced to cope with clinical problems beyond their competence or experience, compared with 77.1% in 2011. Of the 15.3% who said they felt forced to cope with such problems, 0.9% said this happened on a daily basis, 5.5% on a weekly basis and 9.0% on a monthly basis (n=51,127).
- 95.8% of trainees said they have rarely or never been expected to obtain consent for procedures where they felt they did not understand the proposed interventions and its risks. 0.3% said they were expected to do so daily (n=42,497).

Feedback to trainees on their performance

In this year's survey, we included some questions that were previously grouped under 'assessment' to give an indication of the quality of feedback provided to trainees. To measure the quality of feedback, we asked about informal feedback, formal meetings with educational supervisors, and formal assessment of performance in the workplace.

- 32.7% of trainees reported that they rarely or never had informal feedback from a senior clinician on how they were doing in their post (n=51,127).
- 64.6% had formal meetings with their educational supervisor to talk about their progress in their post and found it useful. 7.3% had a meeting but said it wasn't useful (n=51,127).
- 60.9% had a formal assessment of their performance in the workplace in their post and found it useful (n=51,127).

Undermining

This year we included a new indicator called 'undermining' which asks questions about behaviour (including bullying) that subverts, weakens or wears away the confidence of trainees.

- 96.0% of trainees said they had never been bullied and/or harassed in their post, or if they had, it happened less than once a month. 1.1% said it happened every day or at least once per week (n=48,512).
- 1.6% said they had witnessed someone else being the victim of bullying and/or harassment in their post every day or at least once per week (n=48,464).

- 92.4% said they had never experienced behaviour from a consultant or GP that undermined their professional confidence and/or self-esteem or, if they had, it happened less than once a month. 1.7% said it happened every day or at least once per week (n=48,785).

Adequate experience

We asked trainees about the experience and competences they were getting from their post. These questions were previously reported under 'preparedness'.

- 74.0% of trainees said they rated the practical experience they were receiving in their current post as excellent or good (n=51,127).
- 80.5% said they were very or fairly confident that their post will help them acquire the competences they need at this stage of their training (n=51,127).

Handover

To measure the quality of handover – which is important to ensure continuity of care for patients – we asked about arrangements before night duty and after night duty. About a quarter of trainees said that handover arrangements were informal or not in place (Figure 3).

44.5% said that in this post, the handover arrangements before night duty were best described as an organised meeting of doctors; 24.7% said an organised meeting of doctors and nurses; and 7.6% said a phone or email communication. 21.4% said the handover arrangements were informal and 1.8% said there were none (n=40,178).

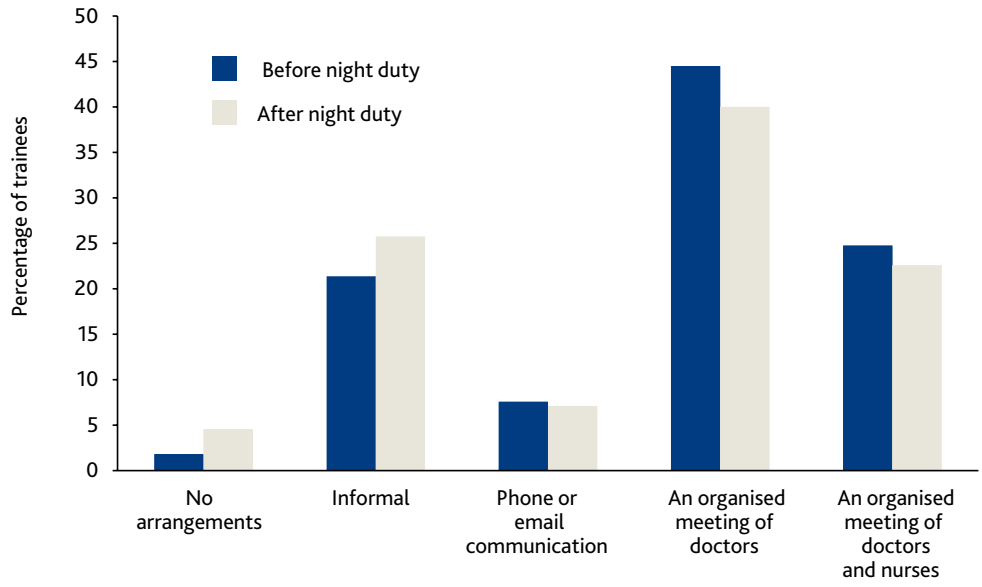
40.0% said that in this post, the handover arrangements after night duty were best described as an organised meeting of doctors; 22.6% said an organised meeting of doctors and nurses; and 7.1% said a phone or email communication. 25.8% said the handover arrangements were informal and 4.5% said there were none (n=40,902).

Induction

We measured the quality of induction, which is a key issue for patient safety, by asking trainees about the information they received about their workplace and their roles, responsibilities and objectives at the start of their post, and we asked trainees to rate the quality of induction to the organisation.

- 80.2% of trainees said they got all the information they needed about their workplace when they started working in their post (n=50,846).
- 86.5% said someone explained their role and responsibilities in their unit or department at the start of their post (n=50,843).

Figure 3: Handover arrangements before night duty (n=40,178) and after night duty (n=40,902)



- 64.7% said they would rate the quality of induction to the organisation in which they worked as excellent or good (n=51,127).
- 91.7% said they sat down with their educational supervisor and discussed their educational objectives for their post (n=50,925).

Our other work to improve the quality of medical education and training

We will be looking at the survey data to identify trends and areas for further analysis. In addition to our work with postgraduate deans to address specific concerns we have identified, we have several programmes to improve the quality of medical education and training.

These include developing a system for the recognition and approval of trainers, reviewing how we quality assure medical education and training, and contributing to the major review of postgraduate medical education and training (the Shape of Training Review). We are also developing the trainee survey and will relaunch the trainer survey in 2013. In the autumn we will publish research into the impact of the Working Time Regulations, including issues related to the design of doctors' rotas and how that can affect trainees' education and well-being.

We are also continuing to talk to doctors in training and trainers, and to other individuals and organisations involved in medical education and training, to gather qualitative feedback to gain a better understanding of issues identified in the survey.

We are grateful to all our partners, including the postgraduate deans and the medical royal colleges and faculties and their staff, for their help with the national training survey, and particularly the trainees who completed the survey.