Training pathways: analysis of the transition from the foundation programme to the next stage of training

Working paper 1 - November 2017
Executive summary

This is the first in a series of reports exploring how doctors progress through training. We are at an early stage with our research in this area and this report uses the national training survey census* (2012-2017) and responses to career intentions questions (2015-2017). A subsequent report will include findings from qualitative research including focus groups and structured interviews with trainees and trainers.

At a high level, the UK medical training population appears to have been stable since 2012. Each year there have been around 60,000 doctors in training programmes, around 7,500 doctors have joined the Foundation Programme† and we have issued around 6,000 certificates of completion of training (which allow doctors who have completed postgraduate training in the UK to apply to join the specialist or GP register).

Taking time out of training is common; around a third of the current training population have taken a break in the past five years and breaks immediately after completing the Foundation Programme are increasing, from 30% after 2012 to 54% after 2016. A small number of doctors complete the Foundation Programme and have not returned to UK training after five years (525 or 7% of the 2012 F2 cohort). However nearly 90% of doctors who complete the Foundation Programme go on to enter specialty or core training in the UK within three years.

The average time taken to move through training doesn’t appear to be changing. It takes an average of 5½ years to complete the five years to the end of ST3 and 9 years to complete the seven years to the end of ST5. However, there are now 30% more doctors who have been in training between five and ten years than there were in 2012.

A four-nation view of this data reveals that Wales and Scotland have a much lower rate of doctors passing from their foundation programmes to their core and specialty training programmes. Data from the 2017 NTS shows that only 29% of F2s completing foundation

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* The national training survey (NTS) goes out to all doctors who are enrolled in a postgraduate training programme. Each year, the deaneries and HEE local teams provide the GMC with the details of all doctors enrolled in one of their training programmes. This includes those who have taken time out of training on an approved Out of Programme (OOP) to undertake wider activities such as academic research. This list is the one used to distribute the national training survey to all doctors in training and is called the national training survey census.

† The Foundation Programme is a two-year training programme for doctors who have just graduated from medical school. It was introduced as part of Modernising Medical Careers (see following footnote) to give doctors in training experience in a range of different areas of medicine. Doctors on the Foundation Programme are responsible for caring for patients under the supervision of more experienced doctors and other healthcare professionals. After finishing the Foundation Programme, doctors choose an area of medicine to focus their training on. This may be a specialty or it may be general practice.
training in Wales in 2016 progressed to core or specialty training in Wales, compared to 46% in England. A contributory factor to this lower rate of throughput could be a ‘domicile’ effect: only 35% of F2s in Wales are Welsh and many of their non-Welsh F2s return to their home country in the UK to continue training. In Scotland only 52% of the F2s in 2016 were Scottish and only 35% of Scotland’s 2016 F2s progressed to core or specialty training in Scotland in the following year.

Responses to our career intentions questions have found that the proportion of F2s aiming to take an immediate break from training in 2017 (17%) was lower than in 2016 (26%), returning to a similar level as 2015. Of those who intend to take a break, the most frequently chosen reasons for doing so are consistently:

- ‘wanting to gain further experience before making a decision’ (60%).
- ‘working in foundation programme placements has led to burnout’ (51%).

Additional research is underway to explore this in greater detail and we hope to publish further in early 2018.

* In this report, ‘home-domiciled’: “English”, “Scottish”, “Northern Irish” or “Welsh”, means that the doctor completed high school in that country. The ‘domicile’ effect refers to differing movement patterns of doctors as a result of where they are from originally and where they go to train.
Context

The GMC has been working with others in undergraduate and postgraduate training to investigate how and why doctors move in and out of training. We hold a unique data set which can help us and others understand better how doctors progress through training.

Over time this may help us to learn more about the quality of training programmes* and environments that we approve. At the same time it may support those who are responsible for funding, commissioning and planning training. The data will also help inform organisations responsible for workforce planning to better anticipate the impact of training patterns on workforce capacity.

This is the first in a series of reports exploring how doctors move in and out of training following graduation from medical school towards completion of training and the next stage of their career. We are at a very early stage with our research in this area and to help give us a sense of scale, this report uses two sources of data:

1. the national training survey census showing whether doctors are in a training programme in a given year (2012-2017)
2. responses to the career intentions questions from the national training survey†, which are based on the reasons doctors give for wanting to take a break from training (2015-2017).

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* A training programme refers to any postgraduate training programme a doctor in training is enrolled in after medical school but prior to receiving their certificate of completion of training (CCT) when they can apply to be on the specialist register. When we refer to training programmes in this report we are including all doctors on a foundation training programme as well as those on a core, specialty or a GP training programme.

† The GMC undertakes an annual survey of two groups of doctors 1) All doctors in postgraduate training 2) Trainers: named clinical and educational supervisors. The survey gives doctors in training and trainers an opportunity to give confidential feedback on their perceptions of their local training posts and programmes. This information provides the evidence needed to identify good practice and quality assure medical education and training. More information about the national training survey can be found on the GMC website: www.gmc-uk.org/nts

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Figure 1: Number of doctors training in the UK

<table>
<thead>
<tr>
<th>Year</th>
<th>Total training population</th>
<th>Number of F1s</th>
<th>No. of CCTs issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>59,819</td>
<td>7,406</td>
<td>7,432</td>
</tr>
<tr>
<td>2013</td>
<td>60,375</td>
<td>5,889</td>
<td>6,279</td>
</tr>
<tr>
<td>2014</td>
<td>59,491</td>
<td>7,774</td>
<td>6,414</td>
</tr>
<tr>
<td>2015</td>
<td>59,954</td>
<td>7,638</td>
<td>6,109</td>
</tr>
<tr>
<td>2016</td>
<td>60,395</td>
<td>7,680</td>
<td>6,145</td>
</tr>
<tr>
<td>2017</td>
<td>60,829</td>
<td>7,492</td>
<td></td>
</tr>
</tbody>
</table>

www.gmc-uk.org
While the training population* and the number of doctors joining the GP and specialist registers have remained constant over the past five years (see chart 1 above), there are changes to the make-up of the trainee population that suggest a closer look at the data will be valuable.

Alongside notable trends in training, initiatives such as the Shape of Training agenda† and proposals in our report, Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training (March 2017) identified barriers preventing more flexible postgraduate training, including legal restrictions, rigid specialty curricula and challenging training environments. The key priorities in the reports set out opportunities to make training more responsive to patients, services and doctors. These will help to improve the training environment by introducing processes to better recognise experiences and learning gained outside of training, facilitate more streamlined movement between specialties and areas of practice and address some of the underlying conditions leading to negative training and working conditions. More than half of doctors who completed the foundation programme in 2017 did not progress directly to specialty or core training in the following year. This is the most common time to take a break in training and as such this report focuses on what we know about the break after F2 and the doctors who have taken it.

Our survey is completed by doctors in approved training programmes or who are formally ‘out of programme’. We still need to establish how many doctors who take a break continue to work in the NHS in non-training posts, and how many work overseas employed in a medical role. But, based on our career intentions questions in the national training survey, we expect there will be a mix of these choices.

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* The training population refers to doctors on a postgraduate training programme. This includes all doctors on a foundation training programme as well as those on a core, higher specialty or GP training programme. The term training population in this report does not refer to undergraduates in medical school.

† Securing the future of excellent patient care: final report of the independent review led by Professor David Greenaway, 2013; The report of the Shape of Training Steering Group on implementing the Shape of Training recommendations, 2017.
Definitions

Here we set out our definitions of terms used frequently in this series of reports to aid understanding and interpretation of the findings.

The training pathway

This describes the journey from medical school to completion of GP or specialist training followed by most doctors. Students in the UK spend between four and six years of study at medical school before applying to enter a two-year foundation programme.

On completion of foundation training doctors can apply to enter a specialty or GP training programme. Speciality or GP training programmes generally take between three and eight years but can be longer or shorter depending on how quickly doctors achieve their competencies, whether they work full time or take some time out. Some specialty training are separated into two stages, core and higher specialty programmes.

Doctors who have qualified overseas may enter the training pathway at different points depending on their eligibility, registration status and experience.

Figure 1 shows the sequence of medical training in the UK. Many doctors move in and out of the training pathway at different stages in their career. This series of reports aims to describe the different pathways doctors take and some of the reasons why.

![UK medical training pathway diagram]

What do we mean by a break in training?

The majority of doctors who take time out of training will be working in some other capacity during this time. This includes working as a doctor in the NHS or working overseas.
There are two situations when a doctor might take approved time out of a training programme. These are listed in The Gold Guide* as:

1. **Deferral**: if a doctor has already applied and been offered a place in a core/specialty training programme, the start of the training can only be deferred on statutory grounds (e.g. maternity / paternity/adoption leave, ill health)†.

2. **Taking time out of programme** (OOP): once in a training programme, doctors must make a request which needs to be agreed by the Postgraduate Dean in advance. Requests will not usually be considered until a trainee has been in a training programme for at least one year. The purpose of granting OOP is to support the trainee in:
   a. undertaking clinical training that is not part of the trainee’s specialty training programme (OOPT)
   b. gaining clinical experience that may benefit the doctor (e.g. working in a different health environment / country) or that may help support the health needs of other countries (e.g. Voluntary Service Overseas, global health partnerships) (OOPE)
   c. undertaking a period of research (OOPR)
   d. taking a planned career break (OOPC).

Doctors taking these types of break, or taking a break (rather than deferring) on statutory grounds, do not need to reapply to start or return to training. They can retain their training number and are expected to maintain contact with their Postgraduate Dean. However those taking a planned career break (OOPC) of more than two years‡ will normally be asked to relinquish their National Training Number (NTN) and reapply in open competition for re-entry to the same / or new specialty.

Doctors may also take a break from training in the following situations:

3. **Deferral of an application to a specialty / core training programme**. This includes F2 doctors who have completed their foundation training but not made an application to a core / specialty programme; F2 doctors who have made an application but have not been successful in gaining a place in a training programme and; doctors who have completed two years of core training but not applied to higher specialty training. Doctors in this category will need to make an application in open competition to continue on their training pathway.

4. **Leaving a training programme they are currently in** and relinquishing their right to return, giving up their NTN. If they decide to return to training, doctors need to apply again in open competition to enter a training programme.

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† Deferral was permitted for non-statutory reasons for GP training programmes in England, Scotland and Wales in 2017.
‡ The normal duration of an approved break is one year though a second year may be granted at the discretion of the postgraduate dean.
There will be many reasons why doctors do this, including working in another role to gain more experience before they apply to the next stage or to change career direction. This type of break may also include time away from training for caring responsibilities, study leave or other types of career break. Doctors taking this type of break must apply to enter or re-enter a training programme.

Some doctors choose not to continue along the training pathway at all, and may take an alternative substantive clinical appointment.

This report focusses on breaks where the doctor has relinquished their training number - categories 3 and 4 above.

The data we have used have been taken from the annual national training survey census, which is collected every March (starting 2012). Where a doctor was previously present in the census, and is then missing from a subsequent census and not in receipt of a CCT, we have considered this a break in training. As such, we have not analysed breaks where doctors have retained their training number (categories 1 and 2 above). An annual snapshot is not suitable for assessing these types of breaks as many of them will typically be shorter than a year.

However across the series of reports we will use other data to explore all of these breaks.

**Doctors taking breaks after the foundation programme**

For this report we have looked at the progress of doctors from foundation year 2 (F2) to specialty or core training.

To do this we have looked at specific cohorts of doctors and followed their progress through the pathway. For ease this report uses shorthand for those cohorts, for example the ‘2012 F2 doctors’ or the ‘2012 F2 cohort’ are all the doctors completing foundation training in the academic year running from August 2011 to July 2012.

Doctors who defer application to enter specialty or GP training programmes for more than three years will usually require a certificate of achievement of foundation competencies to provide eligibility for the next stage of training.
Doctors do not, on average, complete their training pathways in the indicated time

The picture is complex

Training to be a GP or specialist takes many years. After a two year foundation programme for every doctor, there are indicative training pathways described in each curriculum* which vary in length. For example three years for general practitioners, six years for some medical and psychiatric specialties and up to eight years for some surgical specialties, paediatrics and obstetrics and gynaecology.

UK postgraduate medical curricula are competency, rather than time based, giving the possibility of completing training and gaining entry to the specialist or GP register faster or slower depending on how quickly doctors acquire the necessary knowledge and skills. Although in practical terms, very few doctors complete training faster than the indicated timelines as the UK training system is set up for doctors to progress on an annual basis.

As well as the time taken to meet the curricular competencies†, there are many other factors which affect how long a doctor takes to complete training. They may work within the NHS whilst they decide what area of medicine they would like to specialise in. They may take time out of training to work as a doctor overseas, or for development opportunities such as a clinical fellowship or research. Some doctors may take a break if they are unsuccessful in applying to further training or do not get their preferred specialty or location.

There are also reasons unrelated to breaks, that doctors may take longer to complete their training, but not progress at the rate indicated in the curricula. For example, they may fail an exam or fail to meet other curricula requirements, and need extra time in training to achieve them‡.

Some doctors also join training partway through training, either from overseas, or by changing specialties. The picture is complex.

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* Every specialty training programme has a curricula designed by the relevant royal college and approved by us. You can read more about approvals on our website: [www.gmc-uk.org/education/29052](http://www.gmc-uk.org/education/29052)

† Excellence by Design changes to basis of curricula from competency to outcome. However we are only just starting to approve curricula under the new standards. The Foundation Programme has been approved. The competencies and outcomes are the same; the difference is competencies which are the micro statements leading to outcomes that demonstrate competence.

‡ We publish information about exam pass rates and ARCP outcomes in our progression reports which you can explore here: [www.gmc-uk.org/education/14105](http://www.gmc-uk.org/education/14105)
Training takes between one and four years longer than indicated in the curricula

Figure 3 below shows the average time to move through training has not changed between 2012 and 2017.

The dark blue line shows the average training grade against the number of years indicated in the curricula (for example completion of ST3 is indicated after five years of training including the foundation programme). The actual averages are shown by the grey line (average in 2012) and the light blue line (average in 2017). The averages includes all factors affecting progress including breaks, less than full-time training, time taken to achieve competencies and unsuccessful applications into chosen specialties.

![Figure 3: Average training grade of the UK training population](image)

We can see that it takes an average of 5½ years to complete the five years to the end of ST3, and 9 years to complete the seven years to the end of ST5. A doctor moving through training at the rate indicated in the curricula would expect to complete ST8 after 10 years, but in fact the average training grade after 10 years is just above ST5.

The average figures haven’t changed much since 2012 – the grey and light blue lines follow a similar path. This suggests that the average time taken to move through training hasn’t changed in the last five years. We will undertake further analysis of this data later in this series, including accounting for the different specialties.
There are now more doctors who have been in training for longer

Figure 4 below shows the numbers of doctors grouped by the number of years since they entered the foundation programme (or took up their first pre-registration house officer post, if before 2005). The chart compares 2012 (dark blue) with 2017 (light blue). While the number of doctors in training overall is very similar in each of the last five years (between 59,491 and 60,829); looking at the data like this shows two important differences.

Firstly, we can see that in 2012 and 2017 there were a similar number of doctors in the first two years. But in 2017, the drop in the number of doctors in year three is much larger than 2012 (54% vs 29%). The drop coincides with the transition point between foundation training and core/specialty training, and this seems to be an increasingly common time for doctors to take a break from training. We will explore this pattern in more detail later in this report.

Secondly, the number of doctors who entered F1/PRHO five to ten years previously has increased 30% between 2012 and 2017, from 20,494 to 26,460 showing that the number of doctors taking a relatively long time to complete training has increased substantially over just five years. A number of changes have affected the training environment during this period including:
With Modernising Medical Careers*, competency-based curricula were introduced in 2007 - and many of the doctors in 2012 would have been following pre-2007 curriculum.

The maximum average 48-hour working week was introduced on 1 August 2009 as part of the health and safety related European Working Time Directive (EWTD).

Demand for less than full time training places has increased from 2.6% of all applications in 2012 to 6.2% in 2017; LTFT places offered have tripled from 156 to 447†.

We don’t know to what extent, if at all, any of these changes have affected the time taken to progress through training. We may undertake further analysis to determine their impact.

Breaks are common

We know that there are many reasons that qualifying to be a GP or a specialist takes longer than indicated, but it’s important to underline that breaks in training are common. For example, more than half of the doctors who completed the foundation programme in 2012 have taken a break in training at some point between then and 2016. Looking at the same 2012 F2 cohort, almost one in five of them have been on a break from training in each year since 2012.

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* Modernising Medical Careers was a major reform of postgraduate medical education which began in 2005. It included the introduction of the Foundation Programme which requires doctors to demonstrate their skills against a competency framework aligned to set standards. It also includes Specialty and General Practice training programmes. The overall aim was to deliver a modernised and clear career structure for all doctors.

† This data looks at applications made in the first round of recruitment into foundation, core or specialty training in each year and is not representative of the number of doctors training less than full time overall. 11% of 2017 NTS respondents (5,642) said they were formally working on a Less Than Full Time (LTFT) basis, which has been approved by their deanery/LETB.
A break in training after completing the foundation programme is the most common option

The number of doctors taking a break at the end of the foundation programme (F2)* is increasing, rising from just under a third in 2013 to over half in 2017 (see chart 4 above). Numerically, the number of people taking a break at this stage has almost doubled, 2,277 in 2013 rising to 4,116 in 2017 (see figure 5 above).

* The years of the foundation programme are known as F1 and F2.
Across the UK, most doctors enter specialty or core training within 3 years of the end of F2. Between 87.8% and 89.7% of the doctors completing F2 in 2012, 2013 and 2014 have entered the next stage of training within three years (see figure 7 below).

**Figure 7: Proportion of doctors entering specialty training after foundation training**

Doctors do continue to return to training after three years out of training after foundation. But they are usually required to provide evidence that they have maintained their foundation competencies as part of their application to the next stage.

**There are differences in break-taking between men and women and different age groups**

Men are more likely to take a break after F2 than women and the difference is increasing. After 2012 29.0% of female F2s took a break compared to 31.3% of male F2s*. After 2016 51.0% of female F2s took a break compared to 56.3% of male F2s†.

Younger doctors are becoming more likely to take a break after F2. After 2012 30.7% of F2s aged 25-29 took a break, compared with 26.3% of those aged 35-39‡. After 2017 55.6% of F2s aged 25-29, compared with 36.2% of those aged 35-39*.

* Using Chi², the p value of this difference is 0.037 which makes it statistically significant at 95%.
† Using Chi², the p value of this difference is <0.0001 which makes it statistically significant at 99%.
‡ Using Chi², the p value of this difference is 0.001 which makes it statistically significant at 95%.
We will explore these differences more fully in our next round of analysis.

**Some doctors leave training and may never return**

525 of the doctors who completed foundation training in 2012 have not returned to training by 2017. However, 124 of them have retained their licence to practice, and so it is possible these doctors may yet take up training. The remaining 401 (5.4% of the 2012 cohort) are no longer on the medical register so we must assume they are extremely unlikely to return to their medical careers in the UK. We know that some of these doctors will have come from outside the UK to undertake their medical training and will now have returned to their country of origin.

We will discuss further analysis of this area in a future report in this series.

* Using Chi² the p value of this difference is <0.001 which makes it statistically significant at 99%.
The impact of breaks in training affect the four countries of the UK differently

The four countries no longer have different proportions of post-F2 break-takers

As discussed above, the overall number and proportion of doctors not entering specialty or core training immediately after F2 is increasing. Looking at the 2012 F2 cohort (see figure 8), the difference in this proportion between the four countries of the UK was significant* with only 28.8% of F2s in England not in training in the following year compared to 39.9% in Wales. But by 2016, while the overall UK proportion of break-takers has grown, the difference between the four countries has reduced and is no longer significant†, with 52.9% of F2s in England not in training in the following year compared to 55.6% in Scotland.

Figure 8: Proportion of doctors taking a break after foundation training by country

* The p value of this difference is <0.0001 which makes it statistically significant at 99%.
† The p value of this difference is 0.486 which means it is not statistically significant.
However the impact of the difference between the countries in earlier cohorts continues to be felt. For example, the proportion of the 2012 F2s who have not yet entered specialty or GP training varies from 6.0% in England to 11.0% in Northern Ireland*

**Scotland and Wales have a smaller proportion of their own high-school students entering their foundation programmes, and this matters**

A number of factors feed into the differences between the four countries.

The first is that Scotland and Wales have far fewer home-domiciled† medical students, and consequently‡, fewer home-domiciled foundation doctors than England and Northern Ireland.

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* The p value of the variation is <0.0001 which is statistically significant at 99%.
† In this report, “home-domiciled”, “English”, “Scottish”, “Northern Irish” or “Welsh”, means that the doctor completed high school in that country. The data comes from the postcode entered on the doctor’s university application form. For example, a doctor who completed high school, medical school and foundation training all in Scotland would be ‘home-domiciled’, whereas a doctor who completed high school in England, but medical school and foundation training in Scotland would not be ‘home-domiciled’.
‡ Around 97% of UK medical graduates enter foundation training in the same year they graduate. 97.0% of 7,521 in 2015, 96.7% of 7,273 in 2016. However some of those do not enter foundation training in the country they studied in. This varies by country. We will look into progression from medical school to foundation training in more detail later in this series.
Looking at the 2012 F2 cohort shown in figure 9 above, we can see that where Northern Ireland (89.0%) and England (78.2%) both have very high proportions of home-domiciled foundation doctors, Scotland (52.4%) and Wales (42.0%) have relatively low proportions.

This matters for two reasons.

1. Home-domiciled doctors are less likely to take a break from training

2. Home-domiciled doctors are less likely to more to another UK country

**Home-domiciled doctors are less likely to take a break from training**

Doctors who undertake foundation training in their country of domicile are less likely to take a break immediately after F2 than those from other UK countries or overseas*. Figure 10 below shows that, looking at Northern Ireland’s 2012 F2 cohort, only 26.1% of their Northern Irish F2s took a break, whereas 42.9% of their F2s from other UK countries and 60.0% of their overseas F2s took a break.

* The p value for this variation is <0.0001, which is statistically significant at 99%.
At this stage it’s important to make the distinction between doctors who qualify abroad and those who are from overseas but attend a UK medical school. Doctors with overseas PMQs who enter the UK foundation programme are, on average, broadly in-line with UK graduates in terms of the proportion who take a break after F2. In comparison, overseas doctors with UK PMQs are more likely to take time out of UK training; either after medical school or immediately after foundation training*.

**Home-domiciled doctors are less likely to move to another UK country**

Figure 11 below shows that this has a big impact in Scotland and Wales. While doctors do leave England and Northern Ireland for other UK countries, the impact is smaller because home-domiciled doctors make up a larger percentage of the overall training population.

In Wales after completing foundation training in 2012, 74.6% of trainees who moved to another UK country to enter specialty or core training immediately were not Welsh, whereas only 47.4% of those who stayed in Wales were not Welsh. This increased in 2016 when 94.4% of trainees who entered the next stage of training in another UK country immediately were not Welsh.

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*Insert stats for this: % of overseas F2s taking a break, % of overseas UK PMQ F2s taking a break.
By comparison, in England in 2012, 53.7% of trainees who moved to another UK country to enter the next stage of training immediately were not English. This decreased to 50.5% in 2016.

This data only includes those who immediately entered specialty or core training in another UK country. It does not take into account how many doctors took a break and then entered specialty or core training in another UK country at a later date.

**The combined impact of break-takers and movers is greatest for Scotland and Wales**

Figure 12 shows the overall impact of break-takers and movers on each of the four UK countries in 2012 and 2016.

783 doctors completed F2 in Scotland in 2012. Of those 274 took a break in the following year. Of those who didn't take a break 116 left Scotland to train elsewhere in the UK, leaving Scotland with only half (393) of its F2 cohort entering specialty or core training in Scotland in 2013. This picture has not improved in 2016, when only 287 of Scotland's F2 cohort (35%) have entered specialty or core training in Scotland in 2017.
In Wales the impact looks worse. Only 133 of the 2012 F2 cohort in Wales entered specialty or core training in Wales in 2013 (40.8%). In 2017 this figure has dropped to 95 of the 2016 F2 cohort entering specialty or core training in Wales (28.7%).

Looking at figure 13 below, we can now see how domicile affects the overall picture of break-taking and moving in each of the four countries.

**Figure 13:** Proportion of doctors who have completed foundation training and have not immediately entered specialty training in their F2 country – by domicile group

It’s clear from this chart that the impact of non-domicile doctors taking breaks and moving countries is much greater in Scotland and Wales than in England and Northern Ireland. And that the overall proportion of doctors who do not enter specialty or core training in the year after completing foundation training has been over 50% in Scotland and Wales for many years.

However these preliminary statistics are unlikely to tell the whole story and our planned further quantitative and qualitative analysis over the next 12 to 18 months will help us to understand this more. In particular, we know that Scotland and Wales also have comparatively low proportions of home-domiciled medical students, and that the trends following F2 described above can be observed following graduation from medical school. NHS Education for Scotland has already undertaken analysis in this area and we will be working with them closely on further reports in this series.
Fewer F2s have stated an intention to take a break after 2017

For the last three years, in the national training survey (NTS), we have asked foundation trainees if they intend to take a break after F2. The NTS is open from late March to early May every year and has a response rate of over 98%. Applications for core and specialty training are usually made in January and many doctors will know by the time the survey opens whether they’ve been offered a place in their preferred programme for the following year.

The findings from these questions are a good starting point for gaining an overview as to why doctors take planned breaks before entering specialty training. Our qualitative interviews with trainees and trainers will develop our understanding of the motivations and experiences of doctors who take a break from their training*.

The career intentions questions are good predictors of the actual number of doctors who take a break†. Of the 2015 and 2016 respondents who said they intended to take a break, 97.1% and 96.5% respectively did in fact take a break in the following year.

Figure 14: Proportion of F2 doctors who stated an intention to take a break versus actual proportion of foundation doctors who took a break

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* The findings from the qualitative study will inform our subsequent reports on the training pathway due to be produced 2017-2018

† Logistic regression shows that F2s in 2016 are 44.5 time more likely to take a break if they said they intended to take a break.
In 2017 17.0% (n=1,242) of F2s stated they intended to take a break on completion of their foundation training, a similar figure for F2 doctors in 2015 (chart 13 above). If we accept that this question is a good predictor of actual outcomes, then we could infer that the number of doctors taking a break after F2 this year may fall for the first time since 2012. If 2017 was a peak in break-taking, we might attribute that to doctors’ feelings around the time of the contract dispute in England in 2016. However the proportions of break-taking are similar in each of the four UK countries and if the peak in break-taking is partially an effect of the contract dispute, then it isn’t focussed solely in England as we might expect.

As figure 15 shows, the picture across the four countries broadly reflects the UK average, apart from in Northern Ireland where the percentage of F2s stating an intention to leave has been stable since 2015.
Proportionally more F2s are planning to take a career break from medicine

Looking at the intentions of the doctors who stated they planned to take a break after F2 (figure 16), the category with the greatest increase this year is those who intend to take a career break (i.e. return to practise medicine in the future). This has risen from 18.6% in 2016 (n=361) to 28.6% in 2017 (n=355).

The biggest decrease is in those who plan to work outside the UK (temporarily), which has fallen from 30.5% in 2016 (n=592) to 18.8% in 2017 (n=233).

Around a third have said they intend to work in a service post in each year from 2015 (29.5% or n=367 in 2017).

The small proportion of doctors who intend to leave medicine permanently after F2 has risen from 2.1% in 2015 (n=26) to 5.4% in 2017 (n=67).

Figure 16: Intentions of F2 doctors who have planned to take a break from training

Burnout is the fastest rising reason for taking a break

More than half of F2s who intend to take a break now tell us that this is because of burnout. As shown in chart 16, this proportion has risen steadily from 37.7% in 2015 (n=476), 47.7% in 2016 (n=925) to 51.3% in 2017 (n=637).

The most commonly cited factor in each year has been work/life balance, chosen by four fifths of respondents since 2015 (86.5% or n=1074 in 2017).

The proportion of doctors who tell us that they want to gain further experience before making a decision has steadily fallen from 76.1% in 2015 (n=960) to 60.4% in 2017 (n=750). Although this still represents a large proportion of break-takers, the decrease may tell us that some good work is happening around the UK among educators to help doctors gain the experience they need within the foundation programme.
Recent reports published by the UK Foundation Programme (Foundation Programme Annual Report 2016 and Career Destination Report 2016)* both highlight similar findings regarding the steady increase in the number of F2 doctors taking time out before continuing into core/specialty training. However their research also found some interesting changes in F2 doctors’ destinations compared to their intentions during F1. For example, the proportion of F2 doctors taking on service post in 2016 was 8.3%, compared to the 3.2% who intended to do this during F1. Similarly, the proportion of doctors considering taking a career break was 8.9% during F1 but a greater proportion (13.1%) actually went on to take a break. Of those who were unsuccessful in gaining a place on a specialty/core programme the majority (61.7%) were either working in, or still looking for, a service post. However more than one in ten (11.4%) decided to take a career break.

Our qualitative study to explore the reasons and motivations for taking a break in training is therefore timely, given that wider research also shows training breaks are on the increase and further work in this area is invited.

Next steps

This report is the starting point for our research in this area. We know that taking time out of training is common, particularly at the transition between foundation and specialty training. And we know that most doctors enter specialty training within three years of completing F2.

The impact of doctors taking time out of training, not returning to training and moving to another UK country to enter specialty training appears to be greater in Scotland and Wales than in England and Northern Ireland.

Responses to career intentions questions in the national training survey suggest that we may see a decrease in doctors taking a break after F2 in 2017. More doctors are citing burnout as a reason for taking a break, and fewer want to gain more experience before making a decision about their careers.

The limited data currently available means that this report cannot explore the detailed reasons for doctors taking time out of training or whether mitigating actions could impact on these findings.

It does not for example describe the benefits of taking a break to doctors returning to training or the reasons for those who never return. There are numerous reasons why doctors may take a break based on a range of personal and professional factors. Our qualitative research study will explore these factors and others including:

- the reasons and motivations for, and experiences of, taking a break in training
- the reasons for returning to training
- the type of work / activity undertaken during a break
- views on the impact of a break on a doctor’s skills / training / wellbeing (positive and negative)
- decision making factors, career intentions and constraints of the current training pathway
- views on possible improvements to training pathway to make it more flexible
- the benefits, challenges, barriers and possible consequences of a more flexible pathway?

We will also be looking at further quantitative data, including progression at ARCP and recruitment into specialty training. We will carry out deeper analysis of the data reported here, including cuts across different specialties, and more granular geographic analysis.

Our next report will be published in early 2018.