

Training pathways: why do doctors take breaks from their training?

Working paper 7: July 2018

Executive summary

This is the second in a series of reports¹ looking at how doctors progress through their training. Based on qualitative data, this report explores the reasons, motivations and experiences of doctors taking a break in training. It focuses on those who take a break on completion of their foundation training (F2 doctors) and includes doctors from all four UK countries. We also sought views on the benefits and outcomes of a training break, the factors affecting the return to training and experiences of the current training pathway for trainees. The key findings were:

- A break in training does not mean a break from working in medicine. The majority of trainees instead choose to work in UK health services, work in medicine overseas, or undertake further learning (or a combination of these activities).
- The most common reasons for taking a break fall into three themes: 1) health and wellbeing 2) uncertainty about specialty choice or career direction 3) dissatisfaction with the training environment.
- A break after foundation training is the first, and perhaps only, opportunity for trainees to take a break. The need to prevent or recover from burnout before progressing into specialty / GP training is often raised as a key driver for a break.
- Some trainees feel that pressure to deliver the service has a negative impact on their training. For these trainees, a break has helped them create what they feel is a more effective learning environment than the one they have experienced within a UK training programme. By taking a break from a formal training programme to work autonomously, trainees perceive they have greater control and flexibility over their hours, can have a break from completing their e-portfolio and can develop stronger working relationships with senior colleagues.

¹ www.gmc-uk.org/education/how-we-quality-assure/royal-colleges-and-faculties/progression-reports

- Creating a different work life balance via a training break also creates the opportunity for trainees to explore their potential specialty or future career outside the confines of a training programme.
- A training break is being used by some to develop broader professional skills (not just clinical) that will support a long-term career in medicine.
- Trainees report a range of positive personal and professional outcomes as a result of their break including improvements in:
 - specific clinical skills
 - greater confidence in career choice
 - wider professional skills such as leadership or teaching
 - soft skills such as confidence and time management
 - happiness and work life balance.
- Advice, guidance and opinions from senior doctors regarding breaks are viewed as inconsistent, with trainees saying they would welcome more positive messaging about training breaks.
- Supervisors and trainees consider breaks to be a personal choice and are more likely to be beneficial if they are well planned and structured.
- Perceptions of a lack of team cohesiveness are also playing a part in the decision to take breaks. This is linked to views that trainees lack support when working in training posts and feel undervalued.
- These findings echo wider research recently undertaken. For example the UK BMA surveyed trainees about breaks in training in 2017 and reported that indecision about career choice and health and wellbeing were the two main motivating factors. And a discrete choice experiment undertaken in Scotland with year 2 foundation doctors² by J Cleland et al³ found that location was the most influential characteristic of a training position closely followed by supportive culture and then working conditions.

² What factors are critical to attracting NHS foundation doctors into specialty or core training? A discrete choice experiment, BMJ Open 2018, G Scanlan and J Cleland et al.

³ What do UK medical students value most in their careers? A discrete choice experiment, Medical Education 2017 51: 839-851, J Cleland et al.

Next steps

It is widely accepted that Modernising Medical Careers⁴ created more structure for the training pathway, with the introduction of annual progression to the next stage by passing an Annual Review of Competence Progression (ARCP). With improvements to our data collection and monitoring processes our view of training breaks has become clearer than in the past. However this research shows that there are a number of push factors at work which have increasing significance for doctors in training. Combined with the pull⁵ factors, there is now a critical mass of motivating factors for a break after foundation training – and this explains why we have seen more and more trainees decide to do so in recent years. Many trainees feel taking a break allows them to regain control: not only of their work life balance and wellbeing, but also their learning and career choices.

We have been working with organisations responsible for medical education on a range of measures to increase flexibility in the training pathway and help doctors in training with their career decisions. This includes:

- ongoing review of [flexibility in postgraduate training](#), including our plan 'Adapting for the future'⁶ which outlines a number of measures, including our position on working less than full-time (LTFT) and making movement between specialties easier by recognising commonalities across curricula
- [credentialing](#) and [recognition of out of training experiences](#) (Health Education England's Enhancing Junior Doctors Working Lives reports⁷, and the Enhancing Training and the Support for Learners report⁸ also link to this area of work)
- ongoing **review of the Foundation Programme**⁹
- plans for a **feasibility study to explore the experiences of Specialty and Associate Specialist (SAS) doctors** working in specialist roles and training outside of structured training programmes
- initiatives to support the **health and wellbeing of doctors** such as the one led by Health Education England (HEE)¹⁰. NIMDTA have developed a

⁴ 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 included Specialty and General Practice training programmes. The overall aim was to deliver a modernised and clear career structure for all doctors.

⁵ Push and pull factors are explained in section 2

⁶ www.gmc-uk.org/education/standards-guidance-and-curricula/projects/promoting-flexibility-in-postgraduate-training

⁷ hee.nhs.uk/our-work/doctors-training/enhancing-working-lives

⁸ hee.nhs.uk/our-work/annual-review-competency-progression

⁹ HEE and the GMC

VALUED Strategy to ensure that postgraduate medical trainees are listened to and supported¹¹.

However, these measures won't improve challenging working conditions. This matters to trainees and there is wider evidence that this is unlikely to change in the near future. Further exploration is needed so we and organisations responsible for medical education can support trainees more effectively and minimise burnout.

We've already started work in this area by adding questions to our 2018 national training surveys to understand the impact of burnout on medical education and training, from the Copenhagen Burnout Inventory¹². This will help us identify the extent to which burnout is affecting trainees and trainers which we can compare with other UK professions and healthcare staff overseas.

We've also recently launched a UK-wide review to identify factors that impact on the wellbeing of medical students and doctors. This programme involves a number of organisations and experts from across the profession to help us make sure we can effectively support the wellbeing of doctors in the coming years.

¹⁰ HEE is leading a commission into the health and wellbeing of healthcare staff (Pearson Commission)

¹¹ http://www.nimda.gov.uk/download/foi/pol_proc/trainee_pol/generic/VALUED%20Strategy%20FINAL.pdf

¹² The top line findings for the burnout questions will be in the NTS launch report, due to be published July 2018

Introduction

In November 2017 we published a working paper¹³ presenting our key data in relation to doctors taking a break in their training. In particular, we reported that:

- taking time out of training is common: approximately one third of the current training population have taken a break in the last five years
- taking a break immediately after completing the Foundation Programme is increasing; from 30% after 2012 to 54% after 2016
- nearly 90% of doctors who complete the Foundation Programme go on to enter specialty or core training in the UK within three years.

The working paper was the starting point for our research, outlining what we know about the break after foundation training and the doctors who have taken it. It was based on two quantitative data sources¹⁴ and set out the scale and extent of training breaks.

While the postgraduate training population¹⁵ and the numbers of doctors joining the GP and specialist registers have remained constant over the past five years, there have been changes to the make-up of the trainee population that mean a more in-depth look at the data would be valuable. Furthermore, initiatives such as the *Shape of training* agenda¹⁶ 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.

This is the second report in the series exploring how doctors progress through training. Using qualitative research, it provides a deeper understanding of the reasons, motivations and experiences of doctors taking a break in training, in particular those who take a break on completion of their foundation training.

¹³ www.gmc-uk.org/education/how-we-quality-assure/local-education-providers/progression-reports

¹⁴ The national training survey census showing whether doctors are in a training programme in a given year (2012-2017) and responses to the career intentions questions from the national training survey¹⁴, which are based on the reasons doctors give for wanting to take a break from training (2015-2017).

¹⁵ The training population refers to doctors on a postgraduate training programme. This includes all doctors on a foundation 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.

¹⁶ 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.

What do we mean by a break in training?

For this report we are focusing on doctors who have taken a break and **did not** have (or retain) a training number. There are other situations when a doctor may take approved time out of programme (OOP) but retain their training number. More information on the definition of breaks is given in **Annex 1**.

The training pathway describes the route taken by the majority of doctors from medical school to completion of GP or specialist training. A full definition of the pathway is provided in our first report¹⁷.

Aims and Objectives

This research study was designed to explore the following:

- the type of work / activity undertaken during a break
- the reasons and motivations for, and experiences of, taking a break in training, particularly those taking a break after the foundation programme
- views on the impact of a break on a doctor's skills / training / wellbeing (positive and negative)
- the reasons for returning to training
- decision making factors, career intentions and experiences of the current training pathway including views on possible improvements to make training more flexible.

Methodology

The findings in this report are based on:

- 40 one-to-one **telephone interviews with doctors in training** who have taken a break at some point between 2012 and 2017
- 18 one-to-one **telephone interviews with supervisors**
- six **focus groups with doctors in training**¹⁸ with 41 trainees in total, including doctors currently in foundation training and those who have not taken a break during training

¹⁷ www.gmc-uk.org/education/how-we-quality-assure/royal-colleges-and-faculties/progression-reports

¹⁸ Trainees ranged from first year of foundation training to trainees in the later stages of specialty training (ST8)

- **analysis of quantitative data** held on doctors in training who have not returned to training
- analysis and coding of the relevant question on training breaks from a **GMC-led survey on flexibility** conducted online between July and September 2017¹⁹.

The fieldwork covered doctors from across the UK. More detail on our sampling and methodological approach is provided in **Annex 2**.

Findings

The findings from this research have been structured under the following headings:

1. Activities undertaken
2. The decision-making process
3. Outcomes and benefits of a training break
4. Advice and guidance about training breaks and career options
5. Returning to training and views on subsequent breaks
6. Conclusions and points to consider

1. Activities undertaken

A break in training does not mean a break from medicine, further learning or working in the UK health services. Based on all those consulted who had taken a break (interviewees and survey respondents); over half of trainees (57%) worked in a UK health system for all or part of their break, just over a third worked in medicine overseas (35%) and more than one in five (22%) undertook further study or research in a related field. Combinations of activities are often undertaken. For those who choose to work in a UK health system during their training break, undertaking ad-hoc locum work, working in a fellowship post or a Locum Appointment for Training (LAT) or Locum Appointment for Service (LAS) post is common.

¹⁹ Findings from the rest of this survey will be published later in 2018.

What are doctors in training doing during their break?

The three most common activities undertaken during a training break are:

- working in UK health services either in a staff grade post, as part of a fellowship or as a locum / in a locum post (57%)
- working or volunteering abroad in medicine²⁰ (35%)
- undertaking further study, qualifications or research (22%).

Table 1 shows the range of activities cited by trainees consulted across the survey and interviews who have taken a break.

Table 1 Activity undertaken during training break (Total:805)		
	N	% ²¹
Working in UK health services	460	
<i>Locum in UK</i>	193	
<i>Work in UK in a staff grade post or a LAT / LAS post</i>	168	
<i>Clinical fellowship</i>	99	57%
Work or volunteer overseas	279	35%
Undertake further qualifications or training e.g. a masters, diploma or other research	174	22%
Travel	122	15%
Working in medical education (incl. teaching or educational fellowship)	85	11%
Pursue other interests (includes working in non-medical role and volunteering for UK charity)	37	5%
Military	9	1%
Volunteer in UK	5	1%
Studied for or sat clinical exams	5	1%
Clinical role in private sector	3	0%
Look after children / dependents	2	0%

Many trainees are choosing to work in UK health services during their training break, highlighting they do not necessarily wish to leave medicine but to gain further experience or have a break from the perceived constraints of a training programme.

²⁰ This data refers to trainees who have stated they have worked overseas in countries such as Australia or volunteered for international development agencies such as Medecins Sans Frontieres i.e. not in a UK health system. It does not refer to overseas graduates returning home.

²¹ Participants could cite more than one activity so percentages do not total 100%.

If we look at the trainees consulted during the interviews and focus groups specifically, a high proportion worked, or are currently working, in a UK health system for all or part of their break: 42/61 trainees reported this. 19/61 worked in a staff grade post, in a clinical role as a part of a fellowship or in a Locum Appointment for Training (LAT) or Locum Appointment for Service (LAS) post. 23/61 undertook ad-hoc locum work, usually for a hospital they had worked in previously, rather than through an agency. Often locuming was done in conjunction with other activities in order to maintain clinical skills, to earn money and/or to fund their travels.

- *'I completed an arts foundation course during my training break. I also did some locuming one weekend a month to earn some money and keep my skills up. I did some medicine-related courses in palliative care and a taster course in psychiatry.'* (trainee)
- *'I worked in two short term clinical fellow posts (six months each) in A&E and intensive care as these were the specialties I was considering.'* (trainee)

We know from this research and our wider work that some employers are creating short-term staff grade or fellowships posts that come with some training. Trainees interviewed discuss the attractiveness of these fellowship posts which can provide wider opportunities to learn outside of a formal training programme. Exploration of the role and impact these fellowship posts have on the training environment would be an interesting topic for future research.

Working abroad is also a popular activity during a training break, either volunteering in a developing country or, most commonly, working in a hospital in Australia or New Zealand. The working conditions in those countries are perceived as attractive to those interviewed with some being encouraged to go by other colleagues who had done it. Trainees highlighted that a job abroad offers the chance to combine travel with work experience in a very different healthcare system. Some manage to obtain work in a specialty they are considering training in when they return to the UK, increasing confidence in their future career choice.

Interestingly in our first report, the data showed that the proportion of trainees intending to take a break to work overseas had decreased in 2017, with a higher proportion of trainees planning to work in UK health services during their break. Furthermore, the availability of work opportunities in Australia and New Zealand are potentially set to decrease for overseas doctors, as their own medical school output has been increased.

A number of trainees used their training break to complete additional qualifications or research. Some completed a full-time master's programme, whilst others undertook courses to support wider activities such as the Diploma in Tropical Medicine which enabled them to work or volunteer overseas.

2. The decision-making process

The reasons and motivations for doctors in training taking a training break are wide-ranging, with both push and pull factors influencing the decision. The reasons cited by trainees and supervisors predominantly relate to:

- **health and wellbeing**
- **specialty choice and future career**
- **dissatisfaction with the training environment.**

In many cases a combination of factors contribute to why a trainee decided or considers leaving training for a period, whilst for others it is purely down to the specific circumstances they find themselves in, such as an unsuccessful application to specialty/GP training or personal circumstances.

The need for a balance between work and life, the chance to explore their future specialty, gain more clinical experience and have some autonomy for the first time in their training, were the key motivating factors for trainees. Trainees are also considering a training break to develop broader skills (not just clinical) for their future professional career, highlighting that career intentions are also playing a part in the decision to take a break. Lack of team cohesiveness also plays a part: both trainees and supervisors perceive the incentive to stay in a training programme or unit is being lost.

Reasons and motivations for taking a training break

The push and pull factors at work in the decision to take a training break are numerous. **Table 2** shows the full range of push and pull factors cited by trainees across the flexibility survey, one-to-one interviews and the focus groups.

What are push and pull factors?

A push factor can be defined as a negative aspect or condition which motivates or forces a person to leave a particular situation. A pull factor is an aspect or feature of something which makes it an attractive option and the degree to which the potential outcome motivates somebody to do something.

Table 2 Motivating factors for taking a training break: push and pull factors		
Health and wellbeing	• career break or need to take time-out	push
	• ill-health	push
	• feel undervalued / disillusioned and losing enthusiasm for medicine	push
	• burnout and stress	push
	• considering leaving training or medicine altogether	push
	• to achieve a different work life balance	<i>pull</i>
Career	• to gain more experience and improve CV/applications	<i>pull</i>
	• unsure of specialty / want to have greater confidence in specialty choice / too early to decide	push
	• want to have time to consider career options	<i>pull</i>
	• to take advantage of opportunities abroad / UK (work and voluntary)	<i>pull</i>
	• desire to study or gain wider qualifications and skills	<i>pull</i>
Training or work environment	• have a break from the rigidity of assessment processes associated with a formal training programme / training feels like a treadmill	push
	• poor working conditions or negative experience with training	push
	• exam challenges / take more time to do exams	push
	• foundation programme has not provided sufficient preparation to progress	push
Logistical / practical	• unsuccessful application to specialty, core or GP training programme	push
	• switched specialty / moved deanery	push
	• gap between end of one programme and start of another	push
	• natural break and first/best opportunity to take one at F2 before committing to a long programme	<i>pull</i>
	• visa restrictions	push
	• earn more money	<i>pull</i>
Personal circumstances	• family or geographical circumstances	<i>push</i>
	• to get married / buy a house	<i>pull</i>
Personal development	• to broaden horizons or have a different experience	<i>pull</i>
	• to pursue other interests outside of medicine	<i>pull</i>
	• desire to travel	<i>pull</i>

Table 3 shows the most commonly cited reasons for taking a training break amongst all those consulted who had taken a break (survey respondents and interviewees). Health and wellbeing and/or career choices are the top two themes. Reasons under the training or work environment theme are the third most commonly cited.

Table 3 Most commonly cited reasons for taking a break, by theme ²² (Total:585)	
Theme	Number
Health and emotional wellbeing	250
Career or specialty choice	190
Training or work environment	155
Logistical/practical	127
Personal circumstances	68
Personal development	46

This supports previous findings from wider survey and research work. For example analysis of the career intentions questions from the national training survey in 2017²³ showed that burnout, wanting to create greater balance between work and life and needing more experience before deciding on their specialty choice were the three main reasons for considering a break.

In our first training pathway report the quantitative data showed that breaks in training have significantly increased in the last five years. They are becoming normal. Discussions with trainees who took a break after their foundation training (or current F2's considering a break), show that certain factors in particular are influencing the decision at this stage. These include:

- being unsure of their specialty choice - especially as the application process starts early in the foundation programme (push)
- feeling burnt-out and wanting to have a break to recharge (push)
- to have a better work life balance than the formal training environment currently offers, escape the tick-box nature of a training programme assessment process and regain control (push and pull)
- the end of foundation is a natural break in the pathway. F2 trainees feel it is the first (and perhaps only) opportunity to have some autonomy before committing to a long training programme (pull)

²² Participants could cite more than one reason.

²³ This analysis is in the first training pathway report: gmc-uk.org/education/reports-and-reviews/training-pathways

- the desire to take advantage of opportunities in the UK or overseas, combined with travel (pull)
- personal development and to broaden horizons (pull).

The interviews and focus groups provide greater detail on how these motivating factors act together.

Those who took a break after foundation training often highlighted that the application process for core/specialty training starts at the beginning of their F2 year and they simply haven't had enough experience to make the decision. Some had an idea of their preferred specialty but wanted to be sure before making the commitment. In some cases they did not get a rotation for the specialty they were interested in during their foundation programme. Others had applied to specialty training but were unsuccessful in gaining a training post in their desired specialty or location, resulting in an unplanned break.

The desire to have a different experience, travel and work overseas is also strong amongst those who have taken a break after foundation. In most cases, trainees emphasised it was the first opportunity to travel as they had gone straight from completing their entry qualifications for university to medical school and then into the foundation programme. We know from our progression data that around 97% of UK medical students move into foundation training each year, emphasising that very few will have taken a training break before F2. The end of foundation training is a natural break, trainees have friends who have travelled and in many cases they don't have ties such as children or a mortgage. Our first training pathways report showed that younger trainees were more likely to take a break after foundation training. Older (graduate entrant) foundation trainees participating in this research reported some of the same stresses as their younger peers in training which has made them consider a break, but are aware of the time needed to get to consultant level:

- *'As I'm older and came into medicine as a career-changer I won't take a break. I need to get into my specialty training as a soon as I can. However if it wasn't for my age I would have taken a break.'* (trainee)

Age and life stage is clearly a factor influencing the decision-making process.

Interviewees reported that views on breaks are changing rapidly as the number of F2 doctors taking a break increases. And this will influence the decision-making process. The term 'F3 year' was used quite frequently by trainees, particularly in the focus groups and respondents to the flexibility survey; where it was used 42 times in the open responses. This term is mainly used when referring to a doctor who has completed their foundation programme who is working in health care systems in dedicated staff posts, sometimes with supervision and training but without a training number. Given it is not an official stage in the training pathway, it's interesting the term is being used so frequently.

Aside from their own personal ambition or choice, when asked who influenced their decision to take a break, trainees considered that peers and their family/personal circumstances were the top two influences. Seeing others take a training break is encouraging them to do the same. Trainees often said they consulted friends and more senior trainees, rather than their supervisors. Sources of advice and guidance are discussed in more detail later in **section four**.

One of the key drivers under personal circumstances is location, with trainees considering a break in order to stay in a particular geographical area for family/personal reasons. This can be compounded if partners are in medicine too. The UK recruitment system was raised as a factor in the decision-making process as trainees can find the uncertainty of where they will live unsettling. This was reiterated by supervisors, who also believe the UK recruitment system can have a negative impact and whilst it may not always lead to a training break, it can affect experiences of training:

- *'After foundation once you start settling down and having families, it's a huge thing to have to potentially have to uproot your family. I treaded water for a while as a registrar because I specifically wanted to be in the north east. If your partner is a medic too the problem is exacerbated – we've got a guy who's commuting from London as his partner is there training and he's here in the north east. He's managed to get a transfer but that's causing him significant anxiety as he knows everyone here.'* (supervisor)

Burnout, wellbeing and work life balance

In our first report, our analysis showed that burnout is the fastest rising reason for foundation trainees intending to take a break. The findings from this research corroborate this, with reasons associated with health and wellbeing being the most commonly cited when discussing reasons for taking/considering a break (54/81 participants and 197 respondents in the flexibility survey). Health and wellbeing was expressed in different ways, with some participants openly stating they needed a break due to burnout or exhaustion, others articulating that they needed a different work-life balance for a while in order to gather the energy for further training and prevent burnout. There was discussion about when burnout starts, particularly in the focus groups. Many feel that the seeds for burnout are sown much earlier than the foundation programme:

- *'The burnout starts way before the foundation programme. Students are flat out before they even get to medical school with studying, working and doing extra research. Everything is so competitive now. By the end of the foundation programme, people have nothing left.'* (trainee)
- *'It's the cumulative effect of seven years of training. It's not just triggered by the foundation programme, though it is intense.'* (trainee)

Many highlighted that a break after foundation training was the first time they felt they could take a step back and reflect. Trainees talk about the foundation programme as feeling like a *'number in a system'*, *'a drone'* or *'railroaded'* and used words such as *'control'*, *'autonomy'*, and *'freedom'* when discussing their motivations for taking a break, discussing the need to free themselves from what they feel is the treadmill of training rather than medicine itself:

- *'We're undervalued and treated badly. I think people just want a break from that.'* (trainee)

Regaining control of life is a key motivating factor for taking a training break. Taking time out to get married, re-connect with family, buy a house or attend friends' life events were frequently raised by trainees. The service delivery model in UK health services is heavily reliant on trainees. With services under significant pressure, being on a training programme does not always allow trainees to undertake normal life events, contributing to trainees' dissatisfaction and burnout. However, trainees could have a different view of the training pathway (and therefore training breaks) if the service delivery model was different or simply under less pressure. If working conditions improved then so could the training environment.

Interestingly, two trainees discussed the support they had received from their deanery to take approved short-term breaks for specific life events in order to avoid a longer break out of training. Another F2 trainee said a long summer between foundation training and the start of their specialty programme would have been enough, but because this wasn't available they were going to take a full year.

Figure 1 shows the range of reasons and motivations for taking a training break.

Figure 1: reasons for taking a training break (trainee views)



Supervisors perspectives on motivating factors

Supervisors have very similar views to trainees on the main reasons and motivating factors for taking a break. The majority felt that overseas opportunities are a strong pull factor and being unsure of specialty is the main push factor. Supervisors believe that breaks later in the training pathway are usually taken to gain additional experience, skills development or for specialty switches. Supervisors are also aware of the need for trainees to seek a break from the rigid structure of training and have more control over their life and work. A small number pointed towards a generational shift with many young professionals across other sectors wanting a different work life balance. Medicine is no different.

- *'While I don't usually like generalisations about generations it does seem like generation Y wants to feel like they are more in control of their career. Because of the way training pathways are structured they don't feel like they are in control – by taking a break they are exerting control to some extent by making an active choice to not be part of that run-through programme.'* (supervisor)

Supervisors also discussed why they think the reasons for taking a training break have intensified and become significant for doctors in training, especially as they could compare their own experiences of training to the current pathway. It's important we consider the changes that have taken place in the training environment in the last ten years when looking at the current picture of training breaks. Supervisors highlighted the following:

- 1) The training pathway has become more structured, via tighter regulation and changes such as Modernising Medical Careers (MMC). Although supervisors highlighted this was change for the better, some perceive that breaks are simply more noticeable than previously and suggested that the pressure to commit to a run-through programme was difficult for some trainees:
 - *'The idea of a 24 year old knowing exactly what they want and progressing seamlessly onto a long, run through programme is crazy. I had a career break and worked in Africa for six years but I don't think that was regarded as a training break.'* (supervisor)
- 2) Trainees have not had the experience they need to make a confident decision about their careers by the end of their foundation training programme.
 - *'Everything is happening just a bit too fast for them. It's a lot harder now to get standalone six month jobs, or if there are they aren't as transparent – it's harder to tread water while you decide what you want to do. There seems to be uplift in the number of teaching fellow jobs. A lot of people doing those seem to be because they don't know what they want to do.'* (supervisor)

Lack of team cohesiveness

Both trainees and supervisors discussed how the current training environment does not make trainees feel valued or part of a team. Although this was not always articulated as a main motivating factor for a training break, interviewees often highlighted there is little incentive to stay in a training programme, making a break less risky. Supervisors also talked about peer support disappearing, which may have kept them in training in the past.

It's important to highlight that it's not just the training structure that contributes to team cohesiveness but also the hours and shifts worked. The European Working Time Directive (EWTD) introduced in 2009 means that employers are legally obliged to give trainees time off after so many hours worked and night shifts undertaken. Trainees are therefore often working varying shift patterns, potentially making relationship building more challenging:

- *'A lot of trainees feel isolated when working in teams. They come in, do a job, and go home, but they don't have any real ownership. You're not on call with your consultant and your registrar. You don't look after all of those patients once you've seen them. A lot of trainees feel that their job is a "clock in, clock out" job, rather than a vocational thing.'* (supervisor)

This is not to say that changes to the working and training environment that have taken place in recent years were not needed or welcomed. Progression through the training pathway has become more transparent and fair. Workforce teams have become more diverse with trainees working alongside other healthcare professionals to progress and improve patient care.

How are the career intentions of doctors pushing them to take a training break?

As already highlighted, career and specialty choices play a significant role in the decision-making process regarding a break. The discussions with trainees highlighted three key scenarios:

1. Being unsure about career direction or specialty choice and needing time to think
2. Needing to obtain specific skills or experience to feel confident about their choice or make themselves stand out in a competitive market
3. Wanting a blended or portfolio career²⁴.

Given that this research has primarily focused on foundation doctors taking a break, it is not surprising that being undecided about specialty choice is a common issue. F2 doctors

²⁴ A portfolio career involves splitting time and skills between two or more part-time jobs. It may involve multiple jobs and employers within one or more profession.

are in the early stages of their career and, up until this point, may not have had the time or the experience to make a firm decision.

- *'I took a break after F2 probably if I'm honest because I didn't know what to do and also I felt like I hadn't had enough experience to commit to a training programme.'* (trainee)

This is compounded by some specialty training programmes being run-through with little opportunity to take a break apart from an out of programme (OOP) break which have limiting criteria. Even when trainees have an idea of what they would like to do, often they know they would like to gain more experience specific to their specialty or create a more bespoke training programme for themselves.

The discussions with F2 trainees also clearly show they are thinking about their long-term career plans and the broader skillset they may need in the future. Trainees talked about having a portfolio career or wanting to do other things alongside clinical work, such as teaching, medical education, service improvement and positions in management and leadership. Given that opportunities for a break may become more difficult later in the training pathway, doctors are considering that a break after F2 will help them to start developing these wider skills earlier in their career:

- *'Being a doctor is no longer just about clinical work, it requires more. People want to develop wider skills such as teaching and management which you don't get on a training programme. I wanted to develop some of these skills.'* (trainee)
- *'There's no flexibility or other way to create a portfolio career. You have to come out of training to make it happen.'* (trainee)

One supervisor also highlighted the increase in trainees wanting wider skills and experience and the need to feel their training will equip them for their whole career:

- *'Perhaps a broader range of non-clinical experiences, like teaching which allows for more reflective time. It's what many of the trainees want to do and it's something locally we've discussed with trusts to set up something informal.'* (supervisor)

Many of the reasons cited for taking a break in training are very similar to the reasons given for switching specialty in the GMC-led flexibility survey such as; dissatisfaction with working conditions, wanting a different work life balance and poor fit with first specialty. A number of doctors highlighted that making the decision too early in their training pathway was the main reason they did not suit their specialty. This may indicate that taking a break after foundation programme could prevent unnecessary disruption or switching further down their training pathway for those who are unsure. Certainly many of those who take a break to support their decision-making feel the extra time was worth it to consolidate

their thoughts (see Section 3 for benefits and outcomes on training breaks) or that they haven't lost anything by taking time out.

Views of trainees who haven't taken a break

In addition to trainees who had taken a break and current foundation trainees, the focus groups were also attended by a small number of trainees in the later stages of training who hadn't taken a break. In some instances they had considered taking one, with the decision-making process influenced by similar factors such as specialty applications, perceptions of breaks from senior colleagues or the deanery, burnout and/or personal circumstances. Reasons for deciding against a break included:

- receiving an offer on specialty training in their preferred place which they *'couldn't turn down'*
- breaks not being discussed or encouraged during foundation training:
 - *'I think there's always been a culture of going straight through training, without a break. I always assumed I would go straight through. I felt like they were always trying to keep you in training.'* (trainee)
- age (mature or graduate entry trainees concerned about getting to consultant level as soon as they can)
- simply wanting to get through training as quickly as possible.

When are doctors in training first thinking about a break?

Trainees vary in the point in their career when they first consider a training break. A few trainees reported they had thought about it throughout medical school and the idea crystallised during their foundation training. For those who stated they always thought they would take a break, it's the pull factors of working or volunteering abroad, taking time out to travel or pursue wider interests that are strongest.

For others, it was the culmination of negative experiences during training in conjunction with other factors:

- *'I had a terrible rota and a poor experience of foundation training. I was tired, disenfranchised and felt like no one cared. However I had often thought I would take breaks to do other things even at medical school. I'd always been interested in teaching and wanted to teach anatomy, which I did for part of my training break.'* (trainee)
- *'The foundation course was very emotionally and physically demanding. I wasn't in a good place. The clinical work stress that built up over the two years was what ultimately influenced me to take a break.'* (trainee)

Unplanned or forced breaks

Across the interviews and focus groups, 12 trainees openly stated their break was either forced or something they had not planned from an early stage; often discussing they had assumed they would progress straight through to completion of CCT. A change in mind set had taken place for these trainees. Of the 12, seven trainees took a break due to an unsuccessful application to core or specialty training and three took a break because they realised during foundation training they weren't sure of their specialty.

- *'The break was unplanned due to an unsuccessful application. The uncertainty of the break didn't sit well with me at first as I really wanted to do paediatrics. However the positives of what I've got out of it outweigh the negatives. It has been a wonderful experience to take control of my own training. Looking back it was a really good thing.'* (trainee)
- *'I took a break after my core training, mostly because I was so tired. I hadn't had a break after F2 which may have been a factor. As well as managing life I just needed time to figure out what I actually wanted from my career in medicine. My plan had always been to go from first year of medical school, right the way through to completion of training. I was very keen to do that so there was a big change of heart.'* (trainee)

In specific circumstances, lack of clear guidance and advice can precipitate a break or contribute to the uncertainty of an unplanned break:

- *'My first application was unsuccessful and I was advised to decline altogether on the promise that more posts would become available later in the year. Frustratingly, when some posts did come up for other locations I was told I couldn't continue my application as I'd already declined. I was a bit annoyed I got the wrong advice. However I'm trying to get into a competitive specialty and I anticipate it may take me a few attempts anyway. I'm enjoying my post outside of training.'* (trainee)

Despite their break being unplanned, 11/12 still felt the break had been beneficial and had not had a detrimental effect on their career. However, one trainee still felt negatively about their break: they had not enjoyed being out of training, had been anxious about it and were glad to return.

3. Outcomes and benefits of a training break

Trainees are enthusiastic about the benefits and outcomes of taking a training break, both for personal and professional development. Outcomes relate to improvements in specific clinical skills; future career/professional life skills such as management or teaching; soft skills such as confidence and; health and wellbeing outcomes such as feeling less stressed. Trainees are using a training break to create what they feel is a more effective learning

environment than the one they experience within a training programme. Often this is attributed to having more control over what they do, not having to complete their e-portfolio and better working relationships with senior colleagues. Breaks also allow trainees to re-evaluate their training and enter their specialty training programmes with a different perspective.

What are the benefits of taking a training break?

The benefits expressed by trainees sit under four themes:

1 Clinical skills

- the vast majority of trainees felt that their overall clinical skills had improved and in particular that their confidence and decision-making in a clinical setting had improved.

2 Future career and professional skills

- taking a training break to gain more experience has helped trainees explore further and confirm their specialty choice.
- trainees report that activities undertaken on a break had often made their application stronger and given them more confidence going into core/specialty training.
- trainees have improved wider skills such as leadership and time management.

3 Soft skills

- confidence and becoming a 'more rounded doctor' were commonly cited.

4 Health and wellbeing

- achieving an improved balance between work and life, feeling less stressed and being happier.

Table 4 provides more detail on these themes, as well as views from trainees on the benefits and outcomes as a result of taking a training break.

Table 4
Benefits of a training break (trainee views)

Clinical skills	<ul style="list-style-type: none"> • Provides clinical opportunities not available on a training programme • Improved academic knowledge 	<ul style="list-style-type: none"> • Improved decision-making in a clinical setting • Improved and broadens skills needed for specialty
<p><i>'it was particularly beneficial to see how diseases are treated differently overseas compared to within the UK. My clinical skills have improved and I had a number of experiences that I'm only now appreciating.'</i></p> <p><i>'I worked at a SHO level and given my own emergency clinics. I was given extra responsibilities and undertook minor procedures. I learnt quite a few tricks and techniques that I've brought into my specialty training.'</i></p> <p><i>'I gained a lot of useful teaching experience at the university which can only be beneficial for my career. I developed lots of skills including more knowledge on anatomy which I now apply every day. Although we learn it at medical school (and during core medical training later) it has a very different clinical relevance when you are working.'</i></p> <p><i>'I'm happy assessing patients in a trauma setting. I gained a lot of skill putting chest tubes in, laparotomies, thoracotomies and so on. I did a lot of other general surgery as well. I was exposed to a lot of operating that I couldn't get as foundation trainee.'</i></p>		
Professional skills and future career	<ul style="list-style-type: none"> • Confirmed choice of specialty and type of career • Increased competitiveness and improved CV for specialty applications • Better pay (for a period) 	<ul style="list-style-type: none"> • Increased and improves wider professional development skills such as management, leadership, teaching, negotiation, networking, health service policy and medical education • Increased confidence and experience going into core/specialty training
<p><i>'An extra year doing a medical rotation in a hospital made me realise what I wanted to do. If I'd been forced to make a decision at F2 I would have done core medical training, which would have been the wrong decision for me.'</i></p> <p><i>'I know I'll be streets ahead in terms of knowledge when I return to training.'</i></p> <p><i>'I learnt loads about quality improvement, got to meet nurses, managers and my supervisor was the medical director. It was a really good 'peek behind the curtain' to see how hospitals were run. As a doctor sometimes I think you get this sort of 'arrested development' you don't develop fully as a person, but that was one of the really good things about the year – meeting and interacting with others.'</i></p> <p><i>'The time away was the most useful time in my career. I didn't have a clue where my career was going. By the end of my time out, I managed to secure an academic job, I got my masters in medical education which has really helped me in terms of incorporating education in my future career plans. I've got my diabetes and endocrinology training number. I now have a clear idea about where I want to go.'</i></p>		

Table 4
Benefits of a training break (trainee views)

Soft skills	<ul style="list-style-type: none"> • Communication and time management skills • Resilience and adaptability 	<ul style="list-style-type: none"> • Personal development, becoming a more rounded person and doctor • Confidence and maturity
	<p><i>'I did a lot of things you can't do on a full-time training programme. On my arts course I was mixing with different people which added to my life experience. This is really important as a doctor. It's nice to have something else. As a result I've got involved with an Arts Care organisation – it's quite relevant in rehabilitation medicine and psychiatry. I learnt a lot, how to manage myself and my time.'</i></p> <p><i>'taking your time and slowing it down is not a bad thing, actually you grow more as a human being. I could have been a consultant at 30 if I'd have gone straight through but I wouldn't have been ready in the slightest.'</i></p> <p><i>'I've become more resilient as a result of being so far away from friends/family, learnt coping skills and adapted to a different culture – I was based in a very culturally diverse area of Australia.'</i></p> <p><i>'During the year I learned a lot about time management and managing my life as I was in charge of my own timetable.'</i></p>	
Health and wellbeing	<ul style="list-style-type: none"> • Enjoying medicine again and feeling valued • Experience better working conditions • No portfolio or training requirements 	<ul style="list-style-type: none"> • Improved work life balance: less stressed and happier • Recharged and re-energised for next stage of training • Creating space to think
	<p><i>'I've learnt more tools and options to cope with the NHS environment.' 'It was nice to feel appreciated and needed by other staff / trainees.'</i></p> <p><i>'Because of the work I was doing it was more flexible and I felt like I was less likely to let people down outside work.'</i></p> <p><i>'Whenever I get down about medicine I think back to my post on my break and remember how good it can be, I suspect that if I had gone straight into training that I would be very run down by this point.'</i></p> <p><i>'It was great to ditch the paperwork and get better as a person and as a doctor. It was nice to just work hard for a year with no commitments. The freedom is very refreshing and I'd certainly advocate it. I enjoyed just being employed and living my life.'</i></p> <p><i>'It was a fantastic learning experience; I came back a much better doctor. I felt ready to get on with the next stage of training and had a real appetite for it. I think my 'renewed energy' was noticeable against those who had come straight from foundation training.'</i></p>	

Supervisors are also positive about the benefits of a break and listed most of the same outcomes as trainees. The majority believe a planned break can help a trainee decide on their specialty and take the opportunity to broaden their horizons to grow as a person:

- *'If somebody isn't 100% convinced of their specialty choice then a break can help. It gives them a chance to re-evaluate. In the current health service climate this is the responsible thing to do. I don't want people in my department who aren't fully committed – you can't do this if you aren't sure.'* (supervisor)

A small number of trainees and supervisors stated that in certain instances a break can enable them to evaluate the positive aspects of their training and be more objective when they return, especially if they have experienced a fundamentally different healthcare system:

- *'Both her clinical skills and understanding of a healthcare system are different. I would also add that she values the health service more having experienced another system abroad.'* (supervisor)
- *'By working in that unit during my break, it allows me to look back at my time there and contrast strengths and weaknesses of the places I've subsequently worked at.'* (trainee)
- *'While I did enjoy working in Australia, I think we have a really good training programme. It wasn't as structured as our training.'* (trainee)

It's worth noting that many of the benefits cited by trainees are listed as key learning outcomes for training programmes. If a trainee takes a break at F2, they may well have started to develop these professional skills or experienced some of these benefits had they continued into core/specialty or GP training. It's also important to note that this research has focused on the benefits to individual trainees. We haven't explored the benefits or disadvantages for UK health systems overall.

Training and learning can be more effective outside of a training programme

There is a strong view from trainees that working outside of a structured training programme can provide better learning and education opportunities than when they are in a training post. As we have already discussed, one of the motivating factors for trainees taking a break is to escape the perceived constraints of the rigid, tick-box assessment process of training programmes. Trainees often emphasised that working without the pressure of portfolio commitments is creating a more effective environment for learning. Having autonomy over their hours so choices about when they work and take time off to study, attend courses or just have a rest are significant factors in supporting the learning process. On a training programme service provision and training requirements take over:

- *'When locuming I felt like I was more, 'in the work' than when I was training. I wasn't thinking about the next assessment or training hurdle I had to complete. In some ways those additional stresses make it more difficult to benefit from the training programme. When you combine service provision with training it becomes a bit too much.'* (trainee)
- *'I did hard shifts but I was treated like a trainee with an educational supervisor, training budget, careers guidance but I didn't need to do an e-portfolio. I wasn't chasing consultants for CPD. You feel like you're being a pain to get a tick-box to progress. It was the best training I've ever had.'* (trainee)

Trainees also perceive that learning and training feels more effective due to better working relationships with consultants:

- *'I'm really enjoying being a trust registrar. I'm still treated as somebody who is learning and not just filling a gap.'* (trainee)

Trainees also pointed out that staff grade posts and the LAT/LAS posts often come with some training as part of the package. Learning doesn't stop just because you are out of a formal training programme:

- *'It's important to remember that a training break isn't necessarily a break from learning. You can keep developing your clinical skills and support your decision-making during this time. You aren't standing still, you are moving forward.'* (trainee)
- *'Although I wasn't in a training post I was in a well supervised environment. I was treated with the same educational input and with good support from the hospital and staff.'* (trainee)

Discussions with current F2 trainees considering a break highlight that they too perceive that a training break may help them create a better training and learning experience:

- *'As a locum I think you have much more autonomy and control over your hours worked, annual leave and study time. You actually study more and increase your knowledge when you aren't in a training programme.'* (trainee)

Are there any disadvantages to a training break?

The majority of trainees who have taken a break did not think it had had a significant negative impact. However, the following disadvantages were raised by trainees:

- falling behind peers and taking longer to reach consultant level (five trainees)

- knock-on effects to pay due to the contract changes that have taken place recently or loss of incremental pay (four trainees)
- not receiving the same support or supervision you get on a training programme (two trainees).

Disadvantages or concerns cited by supervisors included those listed above and in addition: temporary loss of clinical skills (depending on activity undertaken during break); difficulty getting back into training, recruitment difficulties and the danger that trainees will not return to UK training at all.

- *'I tell them that if they locum they won't get the experience they need. Locums are there for service provision, the staff won't be familiar with you and you won't get the same input and supervision. I prefer them to apply for a clinical fellowship post for six months as they will be employed and you'll get supervision. There are a lot of doctors in training floating around.'* (supervisor)

Current F2 doctors considering a break articulated some concerns, focusing predominantly on getting back into training; how the break will be viewed by seniors; lack of guidance on how to maximise a break and keeping mandatory requirements up-to-date:

- *'I'm worried about being out of the health service for a period of time and then getting back into work.'* (trainee)
- *'I'd like some help on how to organise a beneficial and productive year out.'* (trainee)

Wider concerns voiced related to potentially feeling worse when they return to training, falling behind peers or encountering negative views from senior doctors:

- *'I'm worried about how it will look on applications when I return. It feels wrong to say I took a break because I was exhausted or for wellbeing reasons.'* (trainee)

These findings certainly highlight that F2 trainees are not entering a training break lightly and are considering a range of factors and possible outcomes during the decision-making process. Many trainees believe that advice and guidance in relation to breaks and career options in general is quite poor; dependent on their supervisor and that discussions about breaks (and the reasons for them) could be more constructive and positive. We discuss this in more detail in the next section.

4. Advice and guidance about training breaks and the career pathway

There are very mixed views about the quality and consistency of advice and guidance surrounding training breaks and career options. Careers advice is viewed as patchy during medical school and foundation training and the need to finish training does not allow time for considering career choices, which in turn is influencing the decision to take a training break. Some trainees were encouraged to take a break; some felt supervisors were neutral, whilst others have encountered negative views. Many trainees did not seek advice at all when considering a break. In summary:

- trainees tend to discuss their plans with peers and senior trainees rather than their supervisor
- supervisors believe advice should be tailored and very much depends on the motivation for a break and planned activities
- some supervisors perceive that breaks may encourage trainees to drift in non-training jobs without direction or support
- there is frustration amongst trainees that supervisors do not offer much guidance about how to maximise a training break and/or what the best option may be if their specialty application is unsuccessful
- trainees would appreciate more positive messaging and guidance about training breaks.

Experiences of advice and guidance

Trainees report mixed experiences regarding the advice and views about breaks they have encountered from supervisors, their deanery and senior colleagues. Some received lots of encouragement (15/40 participants) whilst others were warned against it or just encountered neutral views. Supervisors and senior colleagues can be influential, either way:

- *'I talked it through with some senior doctors that I trusted. They were very encouraging. I know of one friend that was told by one consultant it would be "career suicide" to go off. They didn't take a break in the end.'* (trainee)
- *'I talked to a range of people about my break, including my educational supervisor, peers and consultants I worked with in ICU. Most people were supportive and encouraging especially as most them had worked abroad themselves and none had regretted it.'* (trainee)

16 out of the 40 participants in the one-to-one interviews did not seek advice at all from their supervisor or senior colleagues. This was either because they felt it was a personal matter, were confident in their decision and/or because they wanted to avoid a negative conversation. Of those who discussed it, most talked to their peers or senior trainees:

- *'I kept my intention to take a break quiet as I felt it wouldn't be received well. I'd heard one or two comments in passing about breaks and realised I may be talked out of it or get some negative advice so I didn't tell my supervisor.'* (trainee)
- *'I didn't discuss my intention to take a break with my supervisor as I didn't want to have the classic conversation of 'why are you running away to Australia?'" I did discuss taking a break with other colleagues however and I got lots of advice and support from a colleague who had worked in Australia. They gave me the contact details for the hospital they had worked in.'* (trainee)

Certainly, taking a training break to work overseas is a personal decision and the responsibility of planning this should lie with the trainee. It is not up to a supervisor to help with organising a post abroad. However, trainees often voiced frustration at the lack of constructive advice and guidance about how they can maximise their break to help with their future career or how to access support for unsuccessful applications. More positive messages and language surrounding breaks would be appreciated by trainees:

- *'Whenever our supervisor gets us together to discuss applications, although they know that many of us will take a break, they brush us aside. They just focus their advice on those making applications to core or specialty training. It may be normal to take a break now but there isn't much help.'* (trainee)
- *'It was a forced break as I needed a job. I received no support from my supervisors when I said I was getting a break. There was no guidance regarding what I should do if I didn't get a number. I had two options for jobs but wasn't given any guidance as to which would be more beneficial.'* (trainee)

Trainees also believe that advice and guidance about careers options more generally could be improved, not just that received in relation to training breaks. There are mixed views about advice received during medical school. This is then compounded by the intensity of service provision during foundation training, resulting in little time or headspace to discuss career options:

- *'Often the careers advice you get in medical school is from people who are quite old and trained a long time ago. You only get a more modern view of career options later on and taking a break can help with this as you can*

explore your options. During foundation training life takes over and there are no sensible discussions, you are just trying not to drown.' (Trainee)

- *'I think generally that advice about career options is ok but not brilliant. You only get a bit at the beginning of foundation – nothing else after these sessions. There isn't much information on maximising your application to make you look better. I got more advice from current trainees further down the pathway.'* (trainee)

A number of trainees felt that they received more tailored support and advice from senior colleagues about applications and interviews when they were out of training than when they were in a programme:

- *'I found the support structure at the hospital I worked at during my break absolutely brilliant, better than if I had been a trainee. I received interview practice and CV building support for my paediatric application.'* (trainee)
- *'The consultant I worked at during my LAT post was very supportive. He'd supported others in my position before. He knew what was expected and what would be helpful for my return. He put me in touch with one of the local psychiatry consultants who helped me prepare for the core interview.'* (trainee)

How do supervisors approach advice and guidance about training breaks and career options?

Supervisors recognise the benefits a training break can bring, particularly after foundation training. No supervisor consulted had strong views against training breaks. Supervisors were unanimous in the view that advice and guidance about breaks needs to be tailored to the individual. The majority discussed the need to explore 1) the motivation for a training break and 2) what the trainee is planning to do on a break.

Supervisors were positive about training breaks to gain more experience, consider specialty choice or undertake research. They also accept that foundation trainees are at an early stage of their career and time out to broaden their horizons can be valuable. They consider this when offering guidance. There's also a perception that breaks aren't for everyone and that any advice given should bear this in mind. Supervisors had mixed views about advising trainees who were burnt out or stressed: a training break may not necessarily be the best solution for that individual:

- *'If the break is for something constructive that will help their career I would be very encouraging. If they were feeling overwhelmed with work I might have a different discussion.'* (supervisor)

- *'I wouldn't say that all trainees need or should take a break. It depends what their motivations are. If they are coming to the end of their F2 they may be feeling worn-out. I might think they could benefit moving into their core training because they'll find new things that interest them and be enthusiastic about. It's a case of weighing up what might benefit that individual the most.'* (supervisor)

Supervisors point to wider factors that can contribute to stress and burnout. Furthermore high-quality, tailored advice should help trainees progress through their training, potentially avoiding the need for a training break.

- *'If a foundation trainee is taking a break for exhaustion or burnout I would have some concerns about their resilience generally and question why they were in medicine. However, we do have a problem with trainees feeling unsupported which is wrong. When I trained we didn't do night shifts and teams were much tighter. There does need to be more support in acute hospitals.'* (supervisor)
- *'Some trainees just drift. I don't know if that's a negative from taking a break or if that's part of their personality. A strong supervisor will keep them on the straight and narrow. People taking breaks can go off the radar for a bit. They haven't really got anyone looking out for them because they are here, there and everywhere.'* (supervisor)
- *'In some cases they may need support and guidance in managing their career expectations. A break to progress their career may not help them in the long run.'* (supervisor)

Two supervisors in particular indicated that more guidance for trainees about training breaks could be useful:

- *'I get a lot of questions about how difficult it would be to re-enter training. How to collect evidence if they are abroad? How to revalidate? I think the options are clear in terms of entering specialty training or not. But it's the other procedural questions – the trust becomes their employer – the deanery no longer fills the role they are used to that can be quite confusing.'* (supervisor)

Advice from the deanery

The vast majority of trainees had not needed or sought advice from the deanery regarding their training break, mainly because they were foundation trainees and it wasn't necessary i.e. they weren't withdrawing from a training programme. Three trainees in the focus groups highlighted positive interactions with their deanery regarding breaks. Two praised

their deanery for helping them obtain an approved break of a few months for specific reasons to avoid them taking a longer break.

- *'My request for three weeks annual leave was turned down by my practice. The deanery went above and beyond to put me on a four month OOOPE break so I could take my honeymoon but I question why such a route was necessary.'* (trainee)

Another trainee who took a break after core training discussed their experience of unclear advice from their deanery during their break as she hadn't completed her exams prior to the break:

- *'There had been discussions with the deanery that I would have to extend my core medical programme and not be able to apply for specialty training. I did finish my portfolio but took a gamble that I would be allowed to apply for specialty training. At my second ARCP I told them I didn't want to extend my training and then they said I could apply for registrar training after all. This was all a bit of a grey area and I didn't get the right information. More clarification would have been good.'* (trainee)

Advice and guidance from the deanery may be more necessary for trainees further down the pathway already on specialty training programmes.

Views on flexibility in the training pathway

Supervisors and trainees highlighted a number of drawbacks of the training pathway, which are contributing to trainees' anxieties and lack of clarity about their future career:

- not being able to step on and off training or count out of training experiences
- the inability to explore different specialities within a training programme
- lack of support for trainees who are training 'outside' of the defined pathways
- training programmes don't offer enough opportunity to develop soft skills or help trainees find out what kind of doctor they want to be
- lack of consistency across deaneries in approving short-term breaks or OOP breaks locally.

Possible solutions for increasing flexibility in training programmes were discussed by trainees and supervisors, which could help reduce the number of trainees taking training breaks as well as supporting trainees into the right career path. These include:

- providing more guidance to trainees at the early stages of their career to support their decision-making and specialty choice:
 - *'The GMC needs to make it clear that they are supporting doctors through the whole of their career. How the GMC supports that ethos of talent management and individual development. We need to break down barriers that force trainees down training paths that they don't want to be on.'* (supervisor)
- longer rotations during foundation training to enable trainees to make better, informed decisions. It's easy to be put off a specialty for life early in a career:
 - *'We've just started a scheme where medical students start to shadow an F2 two months before they start their rotation which means they actually get six months. Recently we managed to convert a trainee to choosing psychiatry which she hadn't been thinking of before.'* (supervisor)
- offering opportunities to undertake a placement abroad or a project in another hospital in the UK:
 - *'There was talk a while ago about having paired posts, where a hospital here would be paired somewhere else in the world, people could go off and their training would count. Training somewhere other than the region you come from is really beneficial.'* (supervisor)
- promoting and creating stronger team structures on training programmes
- allowing trainees to defer a training place for period of time so they are not lost in the system, allowing more short-term breaks whilst on a training programme and/or supporting trainees working during an F3 year so they still receive training:
 - *'It would be worth flagging at which stage of training a break should be taken. It would make it easier for them going out and coming back in. They come back invested. That would help with service and succession planning.'* (supervisor)

5. Returning to training and views on subsequent breaks

The majority of trainees took a one-year break with a smaller number taking two years. Most trainees returned to training simply because this had always been their intention. One or two years is considered to be enough to gain more experience for a specialty

application, enjoy a better work life balance for a period and renew energy for training. A break of more than two years is viewed as potentially problematic for applications to core/specialty programmes. Support needs for the return to training are thought to be minimal, depending on how long the break was and whether doctors worked in medicine during their break.

Our quantitative data shows that of those who have not yet returned to training²⁵, 78% have either left the profession or will be working overseas. However, 18% are working in UK health services either as a locum or in a staff grade post. The remainder are working in wider roles such as medical education. See Box 1 later in this report for more detail on this.

When asked about subsequent breaks, trainees are positive though many believe they would be more likely to take an approved out of programme break (OOP) for research or a fellowship post rather than another break without a training number. A break following foundation training is seen as easier to take given trainees are at an early stage in their careers. Breaks later in the training pathway are viewed as being more difficult to take, perhaps with a greater detrimental impact on skills. Most trainees interviewed would highly recommend a training break to other F2 trainees, with the caveat that careful consideration is given to the activities undertaken to maximise the benefits.

What factors affect the decision to return to training?

The majority of one-to-one interviewees took a one year break (26/40), with ten taking a two-year break. Trainees think that a break of more than two years might make the return more difficult and is viewed as potentially detrimental for higher specialty applications. For the majority of those taking a break, the main reason for returning to training was simply because it had always been their intention. Other reasons included:

- one-two years was enough to get the experience they needed and/or to enjoy a better work life balance to re-energise
- not wanting to face difficulties returning to training such as losing points on their specialty application
- successfully obtaining a place on a training programme of their choice and not wanting to turn a training opportunity down
- (if abroad) needing to return for partner's work or other family reasons.

A small number of trainees had been open-minded about the duration of their break and had extended their break either because they were enjoying what they were doing or the

²⁵ Doctors who completed their foundation programme in 2012

time taken to make a successful application to specialty / GP training had taken longer than anticipated. For those who were still on a break but considering when/if they would return the following issues were raised:

- wanting to start a family
- difficulty in working less than full-time
- nervous about the return to training
- lower pay on a training programme / contract changes
- ill-health.

Trainees emphasised that their break had helped renew their energy for training or had restored their enthusiasm for medicine. A small number of trainees highlighted that they had been considering leaving the profession prior to their break. For some, the break had given them a different perspective that enabled their return:

- *'I'd already started to explore other options such as Teach First, the Home Office and think tanks working in health. If I hadn't had had a good experience during my break working in a different setting in a hospital I would have left the profession.'* (trainee)
- *'During my first year I was out doing my master's I thought very carefully about whether I wanted to go back into medicine. I came back because I missed it and I felt that psychiatry was where I wanted to be. Training can feel like a treadmill but this decision felt like an active one to get back on it.'* (trainee)

Support received on return to training

The majority of trainees who have since returned from a break have not faced difficulties slotting back into training or felt that they needed additional support. However, this was felt to be down to the fact that most breaks were one year and trainees worked in medicine for at least part of the break. Both trainees and supervisors perceive that support may be necessary if somebody has been away for a long time, has been working in a different setting or has been out of medicine completely. It depends on the individual:

- *'I tailor my supervision to personal need anyway. What competencies do they need to develop? I would expect people to be proactive to get themselves back up to speed.'* (supervisor)
- *'I did get assistance on a practical level such as the differences in doses and medicines when I was back in the UK. I had to catch-up a little on UK*

standards as my view of what was critical had changed during my time in intensive care in Malawi.' (trainee)

- *'My deanery was amazing after a year career break. They offered a chance to talk to someone and the experience was very positive.'* (trainee)

One trainee highlighted their frustration at the lack of support and knowledge from supervisors when trying to use their experience gained on a break when they were back in training:

- *'When I was back in training, I discussed getting my neonatal competencies achieved and signed off early before I went on maternity leave, given I'd done this in my post on my break. At first she agreed but then at my mid-point review she couldn't sign them off. I had to push it with the deanery and eventually it was resolved but it was hard work. My supervisor didn't get the right advice either.'* (trainee)

Another trainee highlighted that they had been able to defer the start of their specialty application for a year so they could take a training break without the worry and uncertainty of returning to training. Although this had taken quite a lot of chasing it was appreciated and the trainees in the focus group felt that deferral options could help ease the anxiety of returning after a training break. Furthermore, being able to do this may act as an additional incentive to return to UK training.

Trainees have faced mixed reactions to a break at interviews and on their return to training, highlighting again that supervisors' and senior colleagues' opinions vary:

- *'Some have been positive and have wanted to know more. Others have told me I'm above my station for doing a fellowship – what would you know as a trainee? One said that trainees aren't tough enough anymore, we just went straight through our training.'* (trainee)
- *'they were interested in what I'd learnt on my break– they were certainly very positive. I definitely scored more points on my application due to the activities I'd done, such as presenting internationally and publishing research.'* (trainee)

Trainees also discussed their positive experiences on their return to training, often citing that they were offered tasks or placements because they are more experienced. One trainee highlighted that when they started their training programme most trainees had taken a training break and as a result, they all worked at a higher level from the start.

Box 1: What do we know about those who don't return?

We have undertaken further quantitative analysis to explore where trainees who have not yet returned to training are, by identifying their designated body at the time of the 2017 national training survey (**Table 5**). Those with no designated body will have either left the UK to practise overseas or left medicine altogether. If we look at the 525 trainees from the 2012 cohort of foundation trainees we can see that 409 (78%) are in this group. Almost one fifth (18%, n=93) are working in UK health services either in a staff grade post or as a locum.

Table 5 Not yet returned to training (in 2017)						
Designated body for trainee	Left training in 2012 (525)		Left training in 2013 (607)		Left training in 2014 (936)	
	N	%	N	%	N	%
No designated body	409	77.9%	428	70.5%	546	58.3%
UK health system	59	11.2%	91	15.0%	169	18.1%
Locum agency	34	6.5%	57	9.4%	102	10.9%
Private healthcare provider	10	1.9%	9	1.5%	26	2.8%
Deanery	4	0.8%	7	1.2%	30	3.2%
Non-UK health system	4	0.8%	n/a	n/a	17	1.8%
Royal college / faculty	1	0.2%	1	0.2%	1	0.1%
Suitable person	1	0.2%	n/a	n/a	n/a	n/a
Military	n/a	n/a	1	0.2%	44	4.7%

It is perhaps not surprising that some doctors completing their foundation training in the UK, having undertaken their primary medical qualification overseas may choose to leave the UK and return to their country of origin (although PMQ is not always an indicator of nationality). However as **Table 6** shows, the vast majority who have not yet returned to training completed their primary medical training in the UK.

Table 6 PMQ of those who have left training after foundation and not yet returned			
	2012	2013	2014
UK	373	401	510
EEA	22	15	22
IMG	14	12	14
Total	409	428	546

Our qualitative research has predominantly focused on trainees who have already returned to training or who have recently entered a training break but are still working in medicine in the UK. We have not interviewed those who have left training for a number of years and not returned. Therefore we don't know how these groups differ and what factors have particularly influenced a doctor's decision to remain out of training.

Views on subsequent breaks

The majority of trainees were open-minded about future breaks and considered they may take another one, though it would be an approved out of programme break to undertake research or a prescribed fellowship. Most would not take another break without their training number, unless it was in between gaining their CCT and starting a consultant post. Trainees thought breaks become increasingly difficult to take further down the pathway and are 'less acceptable'. In addition, trainees consider the loss of clinical skills to be more significant the more senior you are. The time immediately after foundation training is certainly viewed as the best and easiest opportunity for a training break.

Would trainees recommend a break to a current F2 trainee?

The majority of trainees consider they have benefitted from their break so it's not surprising that most would recommend a break to current F2 trainees:

- *'It's definitely something I would recommend, it gives a better perspective on training. If you can work somewhere different to the area/hospital/trust you have trained in, it gives you a better overview of medicine and the specialty. It reinvigorated my enthusiasm for medicine and for training.'* (trainee)

A number of trainees echoed supervisor views that breaks aren't necessarily for everyone; they are a personal decision and that trainees should consider why they are taking one in order to get the most of it:

- *'before I took my first break there was some caution in terms of ensuring the break was structured properly to help me achieve my career aims. I know of others who have taken breaks whose breaks have not been as well structured.'* (trainee)
- *"It was a positive experience overall, I fulfilled the goals and targets of what I wanted to get out of it; you need to be focused on what you want to get out of it.'* (trainee)

6. Conclusions and next steps

The reasons and motivations for considering and taking a break are numerous and multi-faceted. As the findings from our first training pathways report showed, moving continually through the training pathway at the suggested rate is far less commonplace than we might assume. Trainees believe that breaks can be beneficial, support personal and professional development and they value the opportunity to take some personal responsibility for aspects of their training pathway which a break may provide. The term 'break' can also be misleading – of the trainees included in this study, over half chose to

work in UK health services for all or part of the time spent not in training – showing that a break does not necessarily affect trainees' commitment to practising medicine in the UK.

Why are foundation doctors taking a training break?

There are a number of push and pull factors contributing to trainees' decision to take a break. The pull factors such as working or volunteering overseas, travelling, taking time out to do something else and experience an overseas healthcare system have always made a training break attractive for some doctors. However, we can see that there are now a number of push factors at work which have increasing significance for doctors in training: pressure to choose a specialty during the foundation programme; challenging working conditions resulting in poor wellbeing and little time for life outside of work; training feeling like a treadmill with little opportunity to develop broader professional skills; weaker support networks in departments, the UK recruitment system and lack of control over hours due to rota and service delivery pressures. These have all combined with the pull factors, to create a 'critical mass' of motivating factors for a training break after foundation training.

The findings highlight doctors' perceived constraints of the foundation programme in allowing trainees to fully explore different specialities and that the application timetable is too soon, with many trainees feeling under pressure to commit to a long training programme. A break can provide trainees with 'decision-making power' and 'autonomy' for the first time in their career. The pressure to deliver the service means that for many trainees a training break after the foundation programme is the first time they have the space to think about their career and re-charge. Recovering from burnout, or taking steps to prevent it, is a key factor in the decision-making process. Many see it as their only chance to take a break.

Given the ability to make difficult decisions, be adaptable and work well in a team are all vital skills for doctors, there is a feeling amongst trainees that training breaks should be encouraged to allow trainees to explore their career options and develop broader professional skills. Trainees who have taken a break know there is already some flexibility in the training pathway. The frustration lies in the fact that the potential benefits of breaks are not promoted. Trainees would welcome more positive messaging and constructive guidance about career options, including how to maximise their break for their future career.

However we know that flexibility in the training pathway and breaks in training may present challenges, particularly for workforce planners. In our first report we reported that the impact of breaks and movement around the four UK nations particularly affected Scotland and Wales. Understanding the wider impact of breaks on the training environment, particularly if certain specialities, countries and regions are affected, is important. Furthermore although this research has highlighted the benefits of a break on individuals it cannot tell us about the benefits or disadvantages to the UK training system as a whole. We know that some may view training breaks as costly: the challenge is to

understand how best to balance the needs of individuals with the need to ensure doctors progress efficiently through the training pathway.

What has similar research found?

Trainees have told us taking a break allows them to regain control; not only of their work life balance but also their learning and career decisions. Working and training conditions matter and there is wider evidence that is unlikely to change in the near future. Research undertaken by J Cleland et al²⁶ found that medical students at the point of completion value good working conditions significantly higher than any other factor when choosing training posts. A research study conducted in Scotland with year 2 foundation doctors²⁷ showed that location was the most influential characteristic of a training position closely followed by supportive culture and then working conditions. We know that location and movement between, and within, UK countries is an important factor in how doctors progress through training (particularly in Scotland and Wales) and we may explore this further in a subsequent report.

Research conducted by the BMA²⁸ exploring breaks in training amongst junior doctors echoes many of our findings. Indecision about career choice and health and wellbeing were the top reasons for taking a break with burnout and the 'treadmill' of training also raised by trainees. Their survey also highlighted that working abroad, undertaking work as a locum or in a staff grade post were the most common activities undertaken.

There are also changes taking place in the wider UK healthcare workforce which will impact on the training environment, for example a recent report in the HSJ²⁹ highlights the changing profile of the nursing profession.

There are strong suggestions from trainees that a break out of training is creating a more effective environment for learning than when they are in a training programme. Trainees attribute this to feeling more in control of their training; better working relationships with consultants and more personalised support when they are in a dedicated post rather than a short-term rotation. In particular, trainees cite the 'relief' and 'freedom' from training requirements and e-portfolio commitments a break can bring. The evaluation of the Broad Based Training Programme³⁰ supported by Health Education England (HEE) found that the principles of the programme 'enfranchises trainees and gives them a greater sense of self-

²⁶ What do UK medical students value most in their careers? A discrete choice experiment, Medical Education 2017 51: 839-851, J Cleland et al.

²⁷ What factors are critical to attracting NHS foundation doctors into specialty or core training? A discrete choice experiment, BMJ Open 2018, G Scanlan and J Cleland et al.

²⁸ The BMA surveyed 2,164 junior doctors in September and October 2017

²⁹ Health Service Journal, April 2018

³⁰ Evaluation of the Broad Based Training Programme, Cardiff University, July 2017

determination over their career'. Greater conviction in specialty choice was also a key finding from the evaluation.

Perhaps greater recognition and appreciation of self-directed learning and training is needed more widely across postgraduate medical education?

What are we already doing to support trainees?

We have been working with our partners on a range of measures to increase flexibility in the training pathway and help doctors in training with their career decisions. This includes:

- ongoing review of [flexibility in postgraduate training](#), including our plan 'Adapting for the future' which outlines a number of measures, including our position on working less than full-time (LTFT) and making movement between specialties easier by recognising commonalities across curricula
- [credentialing](#) and [recognition of out of training experiences](#) (Health Education England's *Enhancing Junior Doctors Working Lives* reports³¹, and the *Enhancing Training and the Support for Learners* report³² also link to this area of work)
- ongoing **review of the Foundation Programme**³³
- plans for a **feasibility study to explore the experiences of Specialty and Associate Specialist (SAS) doctors** working in specialist roles and training outside of structured training programmes
- new initiatives to support the **health and wellbeing of doctors**³⁴ (In addition, NIMDTA have developed a VALUED Strategy to ensure that postgraduate medical trainees are listened to and supported³⁵).

But these won't improve challenging working conditions alone. Further exploration is needed so we, and our partners, can support trainees to achieve a balance between work and life, and minimise burnout. We have already started work in this area by adding questions to the 2018 national training survey from the Copenhagen Burnout Inventory for both trainees and supervisors³⁶. This will help us identify the extent to which burnout is

³¹ hee.nhs.uk/our-work/doctors-training/enhancing-working-lives

³² hee.nhs.uk/our-work/annual-review-competency-progression

³³ HEE and the GMC

³⁴ HEE is leading a commission into the health and wellbeing of healthcare staff (Pearson Commission)

³⁵ http://www.nimdtg.gov.uk/download/foi/pol_proc/trainee_pol/generic/VALUED%20Strategy%20FINAL.pdf

³⁶ The top line findings for the burnout questions are provided in the NTS launch report, published June 2018 with more detailed analysis in the full autumn report.

affecting UK doctors and compare the results with other professions and countries overseas.

We've also recently launched a UK-wide review to identify factors that impact on the wellbeing of medical students and doctors. This programme involves a number of organisations and experts from across the profession to help us make sure we can effectively support the wellbeing of doctors in the coming years.

Wider collaboration with organisations involved at all stages of the training pathway (and prior to this) is key, as burnout does not necessarily always start during postgraduate training.

The following suggestions for consideration have arisen from this research:

- Explore how out of training experiences can be counted later in the pathway to support choice, flexibility and reduce the total time lost as a result of a break.
- Allow trainees to defer a place on a specialty training programme so they have an incentive to return to training and workforce planners have more certainty about recruitment to specialty training places.
- Encourage employers and postgraduate deaneries to provide more flexibility for short-term breaks within a training programme. This could avoid trainees taking a full year's break and provide opportunities for a different work life balance at certain stages in a doctor's career.
- Develop more mid-year start dates for core/specialty training programmes to allow trainees to have a short break after foundation training.
- Increase training and guidance for medical schools and supervisors so that trainees receive tailored advice on training breaks and career options more generally.
- Explore further the impact of burnout on trainees and the wider training environment.

Annex 1: What do we mean by a break in training?

There are two situations when a doctor might take approved time out of a training programme (OOP). These are listed in The Gold Guide³⁷ 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)³⁸.
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 trainees' 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 years³⁹ will normally be asked to relinquish their National Training Number (NTN) and reapply in open competition for re-entry to the same / or a 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.

³⁷ A Reference Guide for Postgraduate Specialty Training in the UK, The Gold Guide, Sixth Edition, 2016

³⁸ Deferral was permitted for non-statutory reasons for GP training programmes in England, Scotland and Wales in 2017.

³⁹ The normal duration of an approved break is one year though a second year may be granted at the discretion of the postgraduate dean.

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.

For this report we are focusing on doctors who have taken a break and **did not** have a training number i.e. those in categories 3 and 4 above. The research primarily focused on those who took a break immediately after completing their foundation training (but not exclusively).

Annex 2: Methodology

Participants and sample frame design (one-to-one interviews and focus groups)

One-to-one interviews

The sample frame for participants for the telephone interviews was developed using data from the national training surveys which shows whether doctors are in a training programme in any given year (2012-2017). This allowed us to identify doctors who took a break at any point in this timeframe. The list was grouped by when the break was taken i.e. after foundation, after core training or during/after higher specialty training. It was then cross-referenced with those who indicated on their NTS survey response that they were happy to be contacted for further research.

In order to ensure that the final sample frame was representative of the trainee population, the sample frame was segmented by:

- the four UK countries
- gender
- ethnicity

The required number of participants was selected at random from these groupings (including a longer reserve list). The one-to-one interviews with trainees focused predominately on those who took a break after their foundation training.

The sample frame for supervisors was developed in a similar way but also segmented by specialty and type of supervisor (clinical, educational or both). Supervisors were included in the research to ensure the wider perspective of training breaks was captured. Supervisor views on the motivations for and benefits of taking a training break were sought. They were also able to offer a retrospective view of the way in which the training pathway has evolved and how they approach advice and guidance for trainees.

Focus groups

Six focus groups were conducted in total; a group of trainees in each of the four UK countries (with the postgraduate deaneries/HEE local teams), one with volunteers from the UK junior doctor committee at the British Medical Association (BMA) and one with trainees working with the UK Academy of Royal Medical Colleges.

The supporting organisations approached their committee members and/or trainees forums to ask for volunteers, particularly inviting those considering a break or who had taken a training break to take part. However, the groups were open to all doctors in training, regardless of whether they had taken a break or not. The groups therefore had a mix of those who had taken a break, those who hadn't and a number of foundation doctors considering a break when they finish. This mix meant we could fully explore the decision-making process and the varying motivations for doctors as they move through the training pathway.

The number of participants (by UK country) for the in-depth telephone interviews and focus groups, together with the number of survey respondents is detailed in **Table 1** below.

Table 1: Total number of participants by UK country					
1-1 interviews and focus groups					
	England	Scotland	Wales	N Ireland	Total
Trainees	43	9	14	15	81
Supervisors	12	4	2	0	18
	55	13	16	15	99
Survey respondents					
	England	Scotland	Wales	N Ireland	Total
	751	99	54	23	927

Analysis of wider data

GMC survey on flexibility

This work on the training pathway is not taking place in isolation but within the context of our wider work on the shape of training and increasing flexibility for doctors in training⁴⁰. The GMC conducted a voluntary online survey of doctors in training between July and

⁴⁰ www.gmc-uk.org/education/standards-guidance-and-curricula/projects/promoting-flexibility-in-postgraduate-training

September 2017⁴¹ asking questions on a range of topics relating to flexibility. In particular, doctors were asked if they had taken a break in training and did not have a training number (i.e. not on an approved break or on statutory leave).

In total 6138 trainees responded to the survey with 1203 (20%) reporting they had taken a break and did not have a training number. Of these, 927 provided more details about their break which were coded and analysed alongside the qualitative data generated through the interviews and focus groups. The majority of responses related to activities undertaken during a break and/or details about their reasons and motivations for taking a training break. Some responses could also be coded under wider themes such as barriers and challenges associated with a break or views on flexibility more generally. The survey went to all doctors in training and so the responses are from trainees at all stages in the pathway.

Quantitative data on doctors who have not yet returned to training

In our first training pathways report we highlighted that some doctors leave training and may never return. For example, 525 of doctors who completed foundation training in 2012 have not yet returned to training. We've undertaken some further analysis of our quantitative data to explore where doctors who completed foundation training in 2012 are, and what they are doing. By identifying doctors' designated body we have a clearer idea of where these doctors are working. This is discussed in Box 1, Section 5 in the main report.

Research ethics

All prospective participants were sent an introductory email explaining the purposes of the research, how they had been selected and an invitation to participate. Interviews were subsequently arranged at times to suit the participant. The focus groups were conducted either on a day when trainees were attending an existing meeting or training event at the deanery or on a day convenient for the majority who had volunteered in that area.

Participation in the research was purely voluntary and participants could ask to be removed from the contact list at any time. Participants were informed that all data would be confidential, anonymised and consent to participate was obtained at each stage. The individual write-ups were given a reference code with names and contact details kept separately. Individual participants were not named in the focus group write-ups. All raw data has been stored securely.

⁴¹Further findings from the survey will be published later in 2018

Analysis process

All interviews and focus groups were written up in full and analysed thematically. The codes were developed and checked by two members of the team. NVivo software was used to systematically code all write-ups to facilitate the analysis.