

# Understanding the progression reports - F1 Preparedness

The F1 Preparedness reports shows how well prepared doctors feel when they begin their first Foundation Programme year one (F1) training post.

To create the reports, we combined data from the national training survey (NTS), the medical register and the Higher Education Statistics Authority (HESA).

In these reports, you can explore F1 preparedness by:

- Medical school
- Gender
- Ethnic group
- Age group
- Deprivation quintile
- Educational performance measure
- Working patterns (full time versus less than full time)

## Technical notes & definitions

GMC confidentiality rules	To protect the confidentiality of doctors, we do not report on any group smaller than three people.
Confidence intervals	All our confidence intervals (CI) are calculated to the 95% confidence level using the recommended method from Altman, D.G., Machin, D. et al. <i>Statistics with Confidence</i> 2nd edition; BMJ Books. 2000.
Data range	This report contains data for the years 2012 to 2019.
Educational Performance Measure (EPM)	Students in the graduating cohort are ranked on their medical school performance. Schools were free to decide which assessments to include, provided they met the following criteria: <ul style="list-style-type: none"><li>• Summative (and hence subject to formal controls);</li><li>• Cover clinical knowledge, skills and performance;</li><li>• Cover non-clinical performance;</li><li>• Cover all aspects of the curriculum assessed up to the end of the penultimate year at medical school;</li><li>• Represent the average performance of the applicants over time, rather than being limited to a snap-shot;</li><li>• Include written and practical forms of assessment.</li></ul>

	<p>Schools were required to consult with students and publish on their website which assessments they included in the score.</p> <p>In 2012 students were placed into quartiles; from 2013 students are placed into deciles. So to merge the EPM scores across all years, we've placed cases into the top or bottom half.</p>
IMD quintiles	<p>Each small area within a nation (England, Northern Ireland, Scotland and Wales) is ranked; with a lower score indicating greater deprivation. These scores are put into quintiles:</p> <p>1 - Most deprived 2 3 4 5 - Least deprived</p> <p>We link to the IMD quintile for the postcode included in the HESA data. This is the postcode on application to medical school.</p> <p>IMD quintiles have been calculated in different years for the period covered by the HESA data. We hold postcode on application to medical school for all cases from 2002 onwards. We hold IMD reference data for the following years:</p> <p>England : 2004, 2007, 2010 and 2015 Scotland: 2004, 2006, 2009, 2012 and 2016 Northern Ireland: 2005, 2010 and 2017 Wales: 2004, 2011 and 2014.</p> <p>We use the closest preceding year to the doctor's year of entry to medical school.</p>
F1 preparedness question changes over time	<p>The preparedness questions have changed between 2012 and 2019. In 2012 the question was:</p> <p><i>Please indicate how much you agree or disagree with the following statement. Before commencing my first foundation post I felt prepared for the role.</i></p> <p>In 2013 and 2014 the following question was asked:</p> <p><i>Please indicate how much you agree or disagree with the following statement. I was adequately prepared for my first foundation post.</i></p> <p>From 2015 onwards the following question was asked:</p>

	<p><i>To what extent do you agree or disagree with the following statement. I was adequately prepared for my first foundation post.</i></p> <p>A number of new preparedness questions were also introduced from 2015 onwards:  <i>My skills in clinical practical procedures were adequate to prepare me for my first foundation post.</i>  <i>My skills in the early management of acutely ill patients were adequate to prepare me for my first foundation post.</i>  <i>My skills in prescribing were adequate to prepare me for my first foundation post.</i></p> <p>Across all questions and years, the response options were as follows:  <i>Strongly Agree / Agree / Neither agree nor disagree / Disagree / Strongly Disagree / Don't know</i></p>
<p>Less than full time (LTFT) question changes over time</p>	<p>The questions around less than full time (LTFT) working patterns have changed between 2012 and 2019. These have had an impact on the number of doctors who were classed as working on a LTFT basis over time.</p> <p>In 2012 and 2013 the question was:  <i>Are you training less than full time?</i></p> <p>From 2014 to 2016, the question was:  <i>Are you working less than full time?</i></p> <p>From 2017 to 2018, the question was:  <i>Are you formally working on a Less Than Full Time (LTFT) basis, which has been approved by your deanery/LETB?</i></p> <p>And finally in 2019, the question was:  <i>Are you formally working on a Less Than Full Time (LTFT) basis, which has been approved by your deanery/HEE local team?</i></p> <p>From 2012 to 2017, the two available responses were <i>yes</i> and <i>no</i>. In 2018, two new responses were added: <i>I applied to work LTFT, but it was not approved</i> and <i>I considered working LTFT, but I did not apply</i>. In this report, we treated these two responses as <i>no</i> answers (as the doctor was not working on a LTFT basis).</p>
<p>Calculating preparedness scores</p>	<p>The preparedness scores are calculated by dividing all those who responded with Strongly agree or Agree by the number of respondents. For the purposes of this analysis, responses of Don't know have been removed and will not contribute to the</p>

	analysis.
Calculating the F1 preparedness indicator	<p>For survey years from 2015 onwards, an overall F1 preparedness indicator has been calculated in a similar manner to the indicators used in the NTS reporting tool. The four questions in this report are combined to give an overall F1 preparedness indicator score.</p> <p>The answers doctors given to each of these preparedness questions are converted to a numerical scale from 0 to 100 in increments of 25, with an answer of 'strongly disagree' corresponding with 0, and an answer of 'strongly agree' corresponding with 100. We take an average score across the four questions for each doctor, excluding instances where an answer of 'Don't know' was given.</p> <p>We then use each doctor's score to calculate the final F1 preparedness indicator, by dividing the sum of these scores by the number of respondents. The average scores for doctors who answered 'Don't know' to two or more of the questions are not included in this indicator.</p>
HESA data	<p>The year a student commenced medical school is taken from data provided by HESA and is based on the date they commenced their studies. Their deprivation quintile is also taken from data provided by HESA.</p> <p>The report includes information derived from that collected by the Higher Education Statistics Agency Limited ("HESA") and provided to the GMC ("HESA Data"). Source: HESA Student Record 2002/2003 to 2016/2017. Copyright Higher Education Statistics Agency Limited. The Higher Education Statistics Agency Limited makes no warranty as to the accuracy of the HESA Data and cannot accept responsibility for any inferences or conclusions derived by third parties from data or other information supplied by it.</p>
Medical school names	<p>We have used the best available medical school value held in our systems. We have done this because PMQ awarding body is not always the same as medical school. For example University of London as a PMQ can refer to one of several London medical schools. We are able to use HESA data for cases attending UK medical schools from 2002 onwards to identify specific schools where this is not the same value as the PMQ awarding body.</p>
First and last institution	<p>There are some instances where a student's first medical school is not the same as their graduating school. Using first and last institution allows us to report on these cohorts. For example:</p> <ul style="list-style-type: none"> <li>• Students starting at St Andrews and moving to Manchester for their clinical years</li> <li>• Students starting at Durham and moving to Newcastle for their clinical training</li> <li>• Students from Oxbridge who complete their PMQ at a London Medical School</li> </ul>
Course type	<p>The course types were derived by mapping the HESA values of COURSEID and</p>

	<p>COURSETITLE to course types described in the Medical School Council's Entry requirements for UK medical schools – please see <a href="https://www.medschools.ac.uk/studying-medicine/course-types">https://www.medschools.ac.uk/studying-medicine/course-types</a></p> <p>These mappings were confirmed by schools as part of an exercise conducted by the MSC Selection Alliance Data Group.</p>
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If your queries have not yet been resolved please email the education data and insight team by [clicking here](#).