

National training survey 2013: summary report for Wales

Who answered the survey in Wales?

This year, 2,237 doctors in training completed the survey out of 2,287 who were eligible, giving a response rate of 97.8%. * This compares with 97.4% in 2012.

The proportion of respondents by training level group was (n=2,237):

- foundation (F1 and F2) 28.3%
- core and pre-ST4 specialty training 46.8%
- ST4 and above specialty training (ST4-ST8) 24.9%.

54.4% of respondents were female and 45.6% were male (n=2,237).

9.1% said they were in less than full-time training (n=2,237). 91.2% were female and 8.8% were male.

Doctors in training were asked if their day-to-day activities were limited because of a health problem or disability that has lasted, or is expected to last, at least 12 months. 44 doctors in training (2.0%) said their day-to-day activities were limited a little or a lot (n=2,194).

Of those reporting a health problem or disability that limited their activities, 13 (29.5%) said that they need adjustments to be able to carry out their work.

Overall satisfaction with training

To measure overall satisfaction with training, we asked doctors in training about five aspects of their current post:

- how they rate the quality of teaching
- how they rate the clinical supervision they receive
- how they rate the experience they gain
- how they would describe the post to a friend who was thinking of applying for it
- how useful the post will be for their future career.

The overall satisfaction with training score in Wales was 81.5 out of a possible 100 (n=2,234), compared with 81.0 in 2012 (n=2,315).

- 70.1% rate the quality of teaching in this post as excellent or good (n=2,234).
- 84.4% rate the quality of clinical supervision in this post as excellent or good (n=2,234).
- 83.1% rate the quality of experience in this post as excellent or good (n=2,234).

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

- 76.3% would describe this post to a friend who was thinking of applying for it as excellent or good (n=2,234).
- 81.8% feel this post will be very useful or useful for their future career (n=2,234).
- foundation (F1 and F2) 78.3 (n=634)
- core and pre-ST4 specialty training 81.9 (n=1,045)
- ST4 and above specialty training (ST4-ST8) 84.5 (n=555).

Across all five aspects, 1.4% or fewer gave these items the poorest rating (very poor).

Overall satisfaction for doctors in training by training level group was:

Table 1 shows the overall satisfaction score by the specialty in which the doctor in training was working at the time of the survey, irrespective of their programme specialty and eventual career destination.*

Table 1: Doctors in training satisfaction in different post specialties

	2013 Number of doctors in training	2013 Average satisfaction score	2012 Number of doctors in training	2012 Average satisfaction score
General practice posts	198	90.1	190	88.9
Pathology posts	19	89.3	21	89.3
Radiology posts	51	87.4	58	84.3
Public health posts	5	86.4	8	81.5
Paediatrics and child health posts	215	84.8	212	83.2
Anaesthetics posts	245	84.6	249	85.4
Psychiatry posts	158	82.5	167	80.6
Emergency medicine posts	106	81.7	123	84.0
Ophthalmology posts	31	80.4	31	81.9
Medicine posts	665	78.9	683	80.3
Surgery posts	403	78.7	441	76.5
Obstetrics and gynaecology posts	137	75.2	130	71.5

Educational supervision

We measured the quality of educational supervision by asking doctors in training about the support they were getting from their educational supervisor.

- 99.2% said they had a designated educational supervisor (the person responsible for appraising their educational progress) (n=2,221).
- 88.4% said they had a training or learning agreement with their educational supervisor, setting out respective responsibilities (n=2,110).
- 95.6% reported using a learning portfolio (n=2,168).
- 84.4% said they were told who to talk to in confidence if they had personal or educational concerns (n=2,082).

Clinical supervision

We measured the quality of clinical supervision by asking doctors in training about their clinical supervisor, whether they felt forced to cope with clinical problems beyond their competence or

experience, and if they have been expected to obtain consent for procedures where they felt they did not understand the proposed intervention and its risks. A question on the quality of clinical supervision

* Occupational medicine posts are not included in this table as the number of doctors in training is less than 3.

is part of the overall satisfaction measure and is reported in table 1.

- 86.7% said they always knew who was providing their clinical supervision when they were working and that they were accessible. 5.9% said they knew, but their clinical supervisor was not easy to access, and 0.1% said there was no one they could contact (n=2,229).
- 94.4% said they were rarely or never supervised by someone who they felt wasn't competent to do so. 5.6% said they were supervised by someone who they felt was not competent to do so: 0.9% on a daily basis, 1.8% on a weekly basis, and 3.0% on a monthly basis (n=2,234).
- 85.3% said they rarely or never felt forced to cope with clinical problems beyond their competence or experience. Of the 14.7% who said they felt forced to cope with such problems, 0.6% said this happened on a daily basis, 6.0% on a weekly basis, and 8.1% on a monthly basis (n=2,234).
- 92.6% said they have rarely or never been expected to obtain consent for procedures where they felt they did not understand the proposed interventions and its risks. 0.6% said they were expected to do so daily (n=2,234).

Feedback to trainees on their performance

We asked questions about feedback that doctors in training had been given. Specifically, this included the quality of informal feedback received from senior clinicians, formal meetings with supervisors to talk about progress in the post, and formal assessment of performance in the workplace.

- 29.3% reported that they rarely or never had informal feedback from a senior clinician on their performance (n=2,234).
- 61.6% had a formal meeting with their supervisor to talk about their progress in the post and found it was useful. 6.0% had a meeting but found it wasn't useful (n=2,234).
- 61.3% had a formal assessment of their performance in the workplace in this post and found it was useful. 6.3% had a formal assessment but found it wasn't useful (n=2,234).

Adequate experience

We asked doctors in training about the practical experience and competencies they were getting from their post.

- 76.8% rated the practical experience they were receiving in their post as excellent or good (n=2,234).
- 83.2% said they were very or fairly confident that their post will help them acquire the competencies they need at this stage of their training (n=2,234).

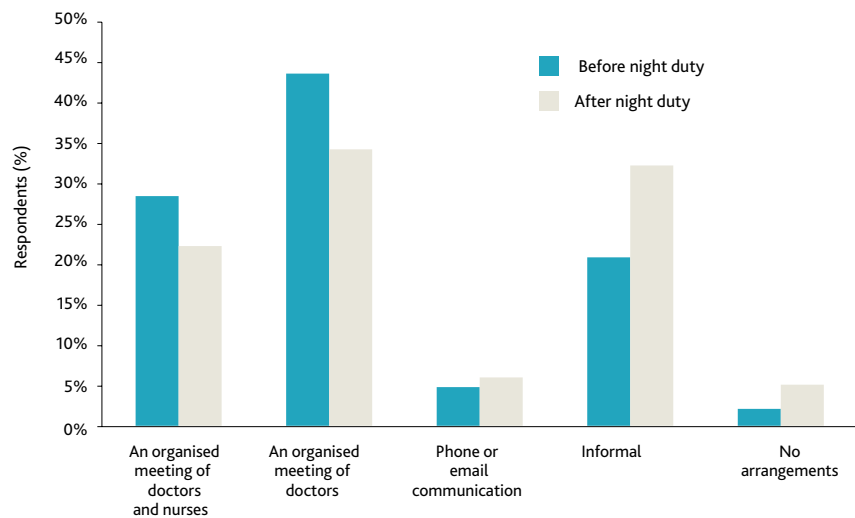
Handover

To measure the quality of handover – which is important to ensure continuity of care for patients – we asked about arrangements before night duty and after night duty.

- 43.7% said that in this post, the handover arrangements before night duty were best described as an organised meeting of doctors; 28.5% said an organised meeting of doctors and nurses; and 4.8% said a phone or email communication. 20.9% said the handover arrangements were informal and 2.1% said there were no arrangements (n=1,555).

34.3% said that in this post, the handover arrangements after night duty were best described as an organised meeting of doctors; 22.3% said an organised meeting of doctors and nurses; and 6.0% said a phone or email communication. 32.3% said the handover arrangements were informal and 5.1% said there were no arrangements (n=1,571).

Figure 1: Handover arrangements before night duty (n=1,555) and after night duty (n=1,571)



Induction

We asked questions about the quality of induction to the workplace, which is important for patient safety. We asked doctors in training to rate the quality of induction to the organisation they work in. We also asked whether they received information about their workplace and whether their role, responsibilities and educational objectives were discussed when they took up their post.

- 64.1% said they would rate the quality of induction to the organisation in this post as excellent or good (n=2,234).

- 86.5% of trainees said they got all the information they needed about their workplace when they started working in this post (n=2,105).
- 90.0% said someone explained their role and responsibilities in the unit or department at the start of this post (n=2,130).
- 92.8% said they sat down with their educational supervisor and discussed their educational objectives for this post (n=2,200).

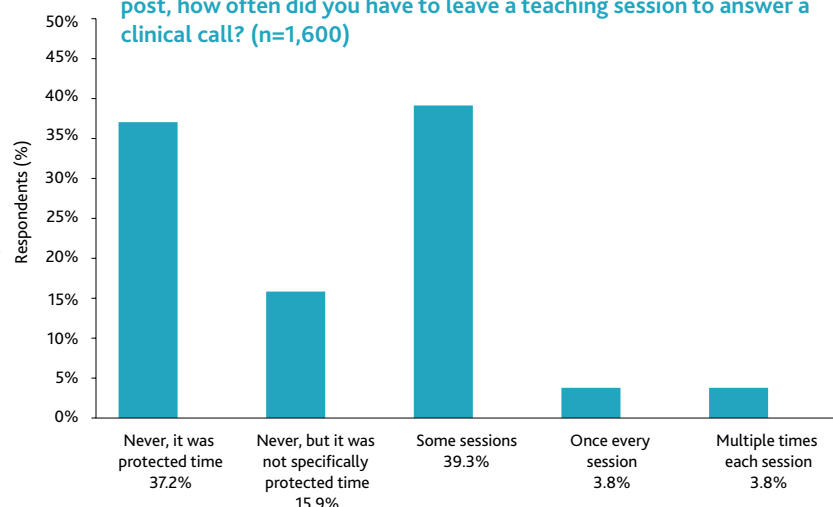
Local teaching

We asked doctors in training about the teaching provided locally or in their department,* including who was providing the teaching and the extent to which the teaching session was protected time.

73.3% said they would rate the quality of local or departmental teaching as excellent or good (n=1,600).

1.8% said local or departmental teaching was provided by other trainees without senior supervision;

Figure 2: When attending these local/departmental sessions, in this post, how often did you have to leave a teaching session to answer a clinical call? (n=1,600)



* Departmental teaching is in the department where the doctor in training works. Local teaching might take place within the trust or site where the doctor in training works.

9.6% said it was provided by other trainees with senior supervision; 65.8% said it was provided by both trainees and seniors; and 22.8% said it was provided by senior doctors (n=1,600)

Figure 2 shows whether local or departmental teaching sessions were protected time and, if not, how often a doctor in training had to leave a teaching session to answer a clinical call.

Workload

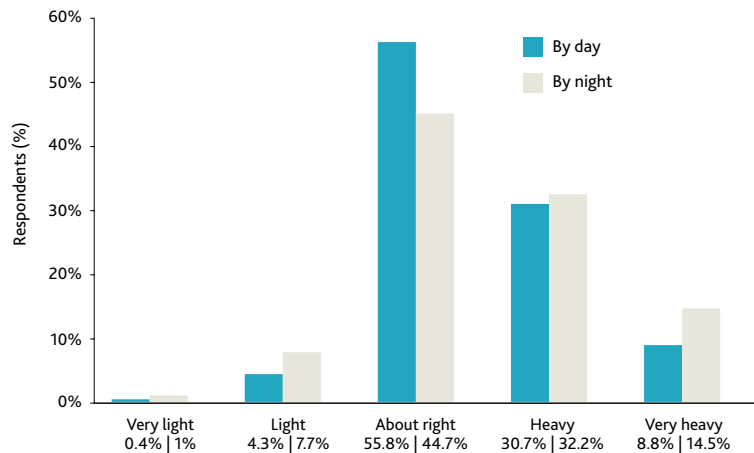
We asked doctors in training about their workload.

20.0% said their working pattern left them feeling short of sleep when at work on a daily or weekly basis. 58.5% said it rarely or never left them feeling short of sleep when at work (n=2,234).

53.3% said they worked beyond their rostered hours on a daily or weekly basis. 33.1% said they rarely or never worked beyond their rostered hours (n=2,234).

Figure 3 shows how doctors in training rated the intensity of their work in their post, by day and, if applicable, by night.

Figure 3: Intensity of work by day (n=2,234) and by night (n=1,776)



Acknowledgements

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