

# National training survey 2013: foundation training

## Who answered the survey in foundation training?

This year, 14,615 doctors in foundation training completed the survey out of 14,833 who were eligible, giving a response rate of 98.5%.\* This compares with 96.7% in 2012.

7,231 respondents were in the first year (F1) and 7,384 were in the second year (F2) of foundation training. 59% were female and 41% were male.

2.3% said they were in less than full-time training (n=14,615). Of those, 77.1% were female and 22.9% were male.

We asked if the doctors' 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. 343 doctors (2.4%) said their day-to-day activities were limited a little or a lot (n=14,307). Of those, 99 (28.9%) said that they need adjustments to be able to carry out their work. Seven doctors (7.1%) said that the adjustments they need have not been made.

## Overall satisfaction with training

To measure overall satisfaction with training, we asked foundation doctors 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.

These five items make up the overall satisfaction score, which is a proxy measure for the quality of training.

The overall satisfaction with training score was 77.7 out of a possible 100 (n=14,459), compared with 77.1 in 2012 (n=14,215). For F1 doctors the score was 75.7 (n=7,213) and for F2 doctors the score was 79.7 (n=7,246).

- 56.5% rate the quality of teaching in this post as excellent or good.
- 75.0% rate the quality of clinical supervision in this post as excellent or good.
- 77.3% rate the quality of experience in this post as excellent or good.

\* All doctors in foundation training did not answer all questions, so we have given the total number of doctors with valid answers in brackets for each key finding. All percentages and scores have been rounded to one decimal place.

- 68.4% would describe this post to a friend who was thinking of applying for it as excellent or good.
- 73.0% feel this post will be very useful or useful for their future career.

Across all five aspects, 3.4% or fewer gave these items the poorest rating (very poor).

Table 1 shows the overall satisfaction score by the specialty post in which the foundation doctor was working at the time of the survey.

**Table 1: Foundation doctors' satisfaction in different specialty posts**

We have excluded the data for specialties in which there were fewer than three F1 doctors.

	Number of doctors		Overall Satisfaction score	
	F1 (n=7,210)	F2 (n=7,244)	F1	F2
Anaesthetics	189	227	90.8	90.9
Emergency medicine	149	1,217	87.2	82.3
General practice	--	1,150	--	86.6
Medicine	3,562	1,912	77.3	77.3
Obstetrics and gynaecology	97	357	79.0	79.0
Ophthalmology	6	61	86.7	80.1
Paediatrics and child health	191	408	85.1	83.8
Pathology	3	58	76.0	81.2
Psychiatry	128	331	78.3	78.9
Public health	--	42	--	78.6
Radiology	34	71	79.4	75.3
Surgery	2,851	1,410	71.4	72.7

## Shadowing

We asked F1 doctors if they shadowed a foundation doctor in the week immediately before they started their first F1 post. 91.3% said they did in the post they then took up and 4.1% said they did but not in the post they then took up; 4.6% said they did not (n=7,210).

We asked F1 doctors how useful they found shadowing in preparing them for their first F1 post. 87.8% said it was useful or very useful; 7.9% said it was not very useful or not at all useful (n=6,932).

## Preparedness

We asked F1 doctors how much they agreed or disagreed that they were adequately prepared for their first F1 post. 69.7% said they agreed or strongly agreed; 9.2% said they disagreed or strongly disagreed (n=7,196).

## Educational supervision

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

- 99.3% said they had a designated educational supervisor (the person responsible for appraising their educational progress (n=14,425).
- 84.2% said they had a training or learning agreement with their educational supervisor, setting out their respective responsibilities (n=13,288).
- 94.6% reported using a learning portfolio (n=13,915).
- 91.4% said they were told who to talk to in confidence if they had personal or educational concerns (n=13,839).

## Clinical supervision

We measured the quality of clinical supervision by asking foundation doctors 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 is part of the overall satisfaction score and is reported above.

- 78.2% said they always knew who was providing their clinical supervision when they were working and they were accessible. 12.0% said they knew, but their clinical supervisor was not easy to access, and 0.4% said there was no one they could contact (n=14,432).
- 90.6% said they were rarely or never supervised by someone who they felt wasn't competent to do so. 9.4% said they were supervised by someone who they felt was not competent to do so: 1.5% on a daily basis, 3.3% on a weekly basis, and 4.6% on a monthly basis (n=14,459).
- 71.7% said they rarely or never felt forced to cope with clinical problems beyond their competence or experience. Of the 28.3% who said they felt forced to cope with such problems, 1.8% said this happened on a daily basis, 10.6% on a weekly basis, and 15.9% on a monthly basis (n=14,459).
- 92.9% 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. 0.7% said they were expected to do so daily (n=12,788).

We asked foundation doctors how much they agreed or disagreed that in this post they had access to a senior colleague who is on site at all times. 77.6% of F1 doctors said they agreed or strongly agreed; 12.0% said they disagreed or strongly disagreed (n=7,190). 77.1% of F2 doctors said they agreed or strongly agreed; 16.0% said they disagreed or strongly disagreed (n=7,235).

We asked foundation doctors how much they agreed or disagreed that the senior colleague on site could advise on any clinical situation. 89.3% of F1 doctors said they agreed or strongly agreed; 4.1% said they disagreed or strongly disagreed (n=5,572). 93.2% of F2 doctors said they agreed or strongly agreed; 3.1% said they disagreed or strongly disagreed (n=5,565).

## Feedback to trainees on their performance

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

- 39.0% reported that they rarely or never had informal feedback from a senior clinician on their performance (n=14,459).
- 56.8% had a formal meeting with their supervisor to talk about their progress in the post and said it was useful. 13.1% had a meeting, but said it wasn't useful (n=14,459).
- 61.6% had a formal assessment of their performance in the workplace in this post and said it was useful. 10.6% had a formal assessment but found it wasn't useful (n=14,459).

## Adequate experience

We asked foundation doctors about the practical experience and competences they were getting from their post.

- 69.1% rated the practical experience they were receiving in their post as excellent or good (n=14,459).
- 79.6% said they were very or fairly confident that their post will help them acquire the competences they need at this stage of their training (n=14,459).

## 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 in this post.

The handover arrangements before night duty were best described by the doctors (n=5,422) as:

- an organised meeting of doctors by 43.8%
- an organised meeting of doctors and nurses by 26.5%
- a phone or email communication by 4.7%
- informal by 22.8%
- no arrangements by 2.1%.

The handover arrangements after night duty were best described by the doctors (n=5,504) as:

- an organised meeting of doctors by 40.0%
- an organised meeting of doctors and nurses by 25.2%
- a phone or email communication by 3.3%
- informal by 25.9%
- no arrangements by 5.6%.

## Induction

We asked about the quality of induction to the workplace, which is important for patient safety. We asked foundation doctors 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.

- 63.1% said they would rate the quality of induction to the organisation in this post as excellent or good (n=14,459).
- 83.8% of said they got all the information they needed about their workplace when they started working in this post (n=13,790).
- 87.6% said someone explained their role and responsibilities in the unit or department at the start of this post (n=13,984).
- 91.2% said they sat down with their educational supervisor and discussed their educational objectives for this post (n=14,194).

## Workload

32.1% of foundation doctors said their working pattern left them feeling short of sleep when at work on a daily or weekly basis. 46.6% said it rarely or never left them feeling short of sleep when at work (n=14,459).

68.9% said they worked beyond their rostered hours on a daily or weekly basis. 21.2% said they rarely or never worked beyond their rostered hours (n=14,459).