

General
Medical
Council

National training surveys 2019:

Initial findings report



Foreword

Our annual UK-wide surveys allow us to hear directly from over 75,000 doctors in training and trainers across England, Northern Ireland, Scotland and Wales.

There is much to be proud of in this year's results. The efforts of those responsible for local training are making a difference to doctors, and the patients they treat. Trainees continue to highly rate the quality of their clinical supervision, experience, and the teaching they receive. And nine in ten trainers told us they enjoy their role. There are also some positive signs that fewer trainees are working beyond their rostered hours.

But once again, our findings clearly show that system pressures continue to affect training environments:

- Almost a third of trainers told us they're not able to use the time allocated to them for training.
- Over a third of trainees and more than two-thirds of trainers described the intensity of their work, by day, as heavy.
- Over a quarter of trainers and trainees said it wasn't rare to lose training opportunities due to rota gaps.
- And over half of trainees didn't receive their rotas with six weeks' notice.

Results from our new questions on wellbeing and rest/study facilities add to a concerning picture:

- A third of trainees told us that they're unsure who to approach at work about their own health and wellbeing.
- Around one in three trainees and half of trainers (excluding GP trainers) rate their common room/mess facilities as poor; a similar number report that they don't have access to them at all.
- And one in ten trainees and trainers have to pay to use their rest facilities.

It's vital that doctors across the UK can train in environments that champion wellbeing and enable them to provide the best care for their patients.

We'll write to all chief executives and chairs of trusts and boards across the UK to highlight the important issues raised by this year's surveys. In particular, we'll ask them to ensure that doctors in their organisation know who to approach, and how to access support, if they have concerns about their own health and wellbeing.

Later this year we'll also publish the findings from our wellbeing review, chaired by Professor Michael West and Dame Denise Coia. Their findings will help us to identify how

we can work with employers, postgraduate deans and others across the UK, to enhance support available to the profession.

Working together to protect training

Despite the challenges we see in this year's results, it's clear that many employers and organisations responsible for education and training are acting on doctors' feedback from the surveys. But none of us should be complacent. There's more for all of us to do to ensure that system pressures don't compromise the quality of medical training or doctors' wellbeing.

Improving training environments and patient care must be a shared endeavour. We hope that data from our national training surveys can help drive change. Thank you again to everyone who took the time and effort to complete the surveys, and the organisations and groups who encourage trainees and trainers to take part.

Charlie Massey
Chief Executive and Registrar

Introduction

Every year, trainees give us their views on their training and the environments where they work. And trainers report their experience, from their perspective as a clinical and/or educational supervisor. The questions in our surveys are focused on our published standards for medical education and training – [Promoting excellence](#) – which are organised around five themes:

- learning environment and culture
- educational governance and leadership
- supporting learners
- supporting educators
- developing and implementing curricula and assessments.

The survey results help us measure whether education is being provided in safe, effective and appropriately supportive training environments that meet the standards we set. If there are concerns about a training site, we work with the postgraduate dean to resolve the problem. We also use the results to identify trends in postgraduate education, which help us drive improvements in training.

In addition we're able to use the surveys to explore issues that are raised with us by doctors and those involved in training. For example, this year we added questions on

resources and facilities for rest and study, in response to feedback we'd heard through face to face engagement in all four countries in the UK.

Doctors in training may use the survey to report a patient safety, bullying or undermining concern. When this happens, we share it with the relevant postgraduate dean at Health Education and Improvement Wales, Health Education England, NHS Education for Scotland or the Northern Ireland Medical and Dental Training Agency. They must carefully examine any concern we raise with them, and tell us what action they've taken to address the issue.

This report provides an overview of our initial findings. We have only included country-specific data where there are any notable differences. A full breakdown is available in [annex B](#) or via our national training surveys [online reporting tool](#).

Response rates

Over 75,000 doctors in training and trainers completed this year's surveys. 94.8% of all trainees responded, slightly lower than last year's 95.7%. And 44.8% of all trainers took part, a slightly higher response than last year.

Response rates	England	NI	Scotland	Wales	UK
Doctors in training	94.3%	100%	96.4%	97.6%	94.8%
(No. of doctors)	44,422	1,700	5,111	2,244	53,477
Trainers	44.3%	50.1%	40.3%	61.8%	44.8%
(No. of doctors)	17,971	630	1,879	1,332	21,812

Following feedback from GP trainers, in 2018 we adapted their survey questions to better reflect the particular challenges of working and teaching in a primary care environment. This year we had a higher response rate from these doctors, up to 42.7% from 40.3%.

How can I find out more about the findings of the national training surveys?

The [online reporting tool](#) will be available from 8 July via our website. And for the first time you'll also be able to access a mobile-friendly version of the tool.

[Annex A of this report](#) provides further information about the reporting tool and how to access it. We will also publish more detailed analysis of the findings later in 2019.

Initial findings

Overall satisfaction with training

This year's national training surveys present a familiar picture. Doctors in training rate the quality of their teaching, clinical supervision and experience very highly. And nine in ten trainers enjoy their role educating the next generation of doctors.

TRAINEES: Please rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post?			
	2017	2018	2019
Very good/good	76.4%	73.4%	74.5%
Very poor/poor	7.5%	9.3%	8.9%

TRAINEES: Please rate the quality of clinical supervision in this post.			
	2017	2018	2019
Very good/good	88.3%	88.3%	88.2%
Very poor/poor	3.0%	2.9%	3.1%

TRAINEES: How would you rate the quality of experience in this post?					
	2015	2016	2017	2018	2019
Excellent/good	83.0%	83.0%	81.8%	81.3%	81.9%
Very poor/poor	3.7%	3.7%	4.0%	4.1%	4.1%

TRAINERS: Overall, I enjoy my role as trainer.				
	2016	2017	2018	2019
Strongly agree/agree	92.8%	92.5%	92.1%	91.5%
Strongly disagree/disagree	1.3%	1.5%	1.5%	1.7%

TRAINERS: I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.				
	2016	2017	2018	2019
Strongly agree/agree	47.7%	43.5%	44.8%	46.0%
Strongly disagree/disagree	31.3%	31.9%	31%	30.0%

Supportive environment

The vast majority of both trainees and trainers told us their working environment was a fully supportive one, although the proportion of doctors disagreeing with this statement has increased slightly over the last three years.

TRAINEES: The working environment in my post is a fully supportive one.			
	2017	2018	2019
Strongly agree/agree	82.6%	82.0%	82.0%
Strongly disagree/disagree	5.3%	5.6%	5.8%

TRAINERS: The working environment in my trust/board/practice is a fully supportive one.			
	2017	2018	2019
Strongly agree/agree	75.6%	74.9%	74.7%
Strongly disagree/disagree	8.7%	9.3%	9.5%
GP - Strongly agree/agree	83.0%	97.0%	97.3%
GP - Strongly disagree/disagree	3.6%	1.2%	1.0%

Rota design

Our data clearly shows that systemic pressures continue to impact training. We found that 30% of trainers weren't always able to use their allocated time for that purpose. And over a quarter of trainees and trainers said that it wasn't rare to lose training opportunities due to rota gaps.

Just like last year, over half of all trainees in the UK received less than six weeks' notice of their rota in advance of starting their post. This falls short of [recommendations](#) in England from the British Medical Association (BMA) and NHS Employers. While there isn't equivalent departmental guidance in Northern Ireland, the BMA in Northern Ireland's Code of Practice also [recommends](#) six weeks' notice. NHS Education for Scotland's Single Employer Model [requires](#) trainees to be given six weeks' notice of their placement. And the upcoming Fatigue and Facilities Charter, being developed by BMA Cymru Wales, the Welsh Government and NHS Wales Employers, will recommend rota design is prioritised by health boards.

Effective rota design can have a big impact on the quality of local education, patient care and the training experience.

TRAINEES: In my current post, educational/training opportunities are rarely lost due to gaps in the rota.	2017	2018	2019
Strongly agree/agree	43.3%	45.7%	49.2%
Strongly disagree/disagree	33.9%	32.6%	29.2%

TRAINERS (not including GPs): My trainee(s)' educational/training opportunities are rarely lost due to gaps in the rota.	2017	2018	2019
Strongly agree/agree	52.0%	55.0%	56.7%
Strongly disagree/disagree	29.8%	28.0%	26.6%

TRAINEES: Approximately how many weeks' notice, if any, were you given about the rota in advance of starting your current post?	2017*	2018	2019
At least six weeks	38.7%	46.7%	46.7%
Less than six weeks/no notice	61.3%	53.3%	53.3%

Workload

Heavy workloads remain an issue, although there are some welcome signs of improvement in this area. Since 2016 the proportion of trainees who say they worked beyond their rostered hours on a daily basis, has halved (from 18.3% to 9.1%). However, 45.3% of doctors in training worked beyond their rostered/contracted hours on *at least* a weekly basis; as did a considerably larger proportion (72.4%) of trainers.

Our standards are clear that organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision,

working patterns and workload, for patients to receive safe care, while creating the required learning opportunities (R1.7).

TRAINEES: In this post, how often have you worked beyond your rostered hours?					
	2015	2016	2017	2018	2019
Daily	15.9%	18.3%	13.6%	10.7%	9.1%
Weekly	39.2%	40.3%	39.9%	37.8%	36.1%
Monthly	14.9%	14.5%	19.7%	21.1%	21.5%
Less than once a month/rarely	25.0%	22.8%	18.5%	20.4%	21.8%
Never	5.1%	4.1%	8.3%	10.0%	11.5%

TRAINERS: How often have you worked beyond your rostered/working hours?			
	2017	2018	2019
Daily	28.6%	27.0%	25.2%
Weekly	47.3%	47.2%	47.2%
Monthly	13.6%	15.1%	16.2%
Less than once a month	8.2%	8.9%	9.7%
Never	2.3%	1.8%	1.7%

Over a third of trainees and over two-thirds of trainers described the intensity of their work, by day, as heavy or very heavy. However, the proportion of trainees and trainers experiencing these conditions has been slowly falling since 2016, with a further change of one to two percentage points since last year.

TRAINEES: How would you rate the intensity of your work, by day in this post?					
	2015	2016	2017	2018	2019
Very heavy/heavy	41.4%	43.2%	40.8%	40.7%	38.6%
About right	54.2%	52.8%	54.8%	54.9%	56.6%
Very light/light	4.4%	4.0%	4.4%	4.4%	4.8%

TRAINERS: How would you rate the intensity of your work through the day?			
	2017	2018	2019
Very heavy/heavy	69.9%	68.9%	68.5%
About right	29.5%	30.6%	31.1%
Very light/light	0.6%	0.5%	0.5%

Resources and facilities for rest and study

This year, following discussions with trainee representatives, education bodies, and our [survey advisory group](#), we asked doctors in training and trainers new questions on

resources and facilities for rest and study.* The questions relate to specific themes in our standards for medical education and training, in particular:

- **Theme 1:** Learning environment and culture
R1:19: Organisations must have the capacity, resources and facilities to deliver safe and relevant learning opportunities, clinical supervision and practical experiences for learners required by their curriculum or training programme and to provide the required educational supervision and support.
- **Theme 2:** Educational governance and leadership
R2:6: Medical schools, postgraduate deaneries and Local Education and Training Boards must have agreements with Local Education Providers to provide education and training to meet the standards. They must have systems and processes to monitor the quality of teaching, support, facilities and learning opportunities on placements, and must respond when standards are not being met.
- **Theme 3:** Supporting learners
R3.2: Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support.

The responses to these new questions highlight a number of issues and different experiences:

- One in ten doctors in training told us there is no common room or mess available to them in their post.
- Similarly, two in ten trainees described their common room or mess facilities as poor or very poor.
- A third of trainers (excluding GP trainers) told us a mess or common room wasn't available to them. 12.9% had access to these facilities but rated them as poor or very poor. This means around half of non-GP trainers only have access to a poor common room/mess or no access at all.

TRAINEES: Please rate the quality of the common room or mess available to you in your current post.					
	England	NI	Scotland	Wales	UK
Very good/good	32.1%	35.9%	33.7%	39.0%	32.6%
Neither good nor poor	16.6%	16.9%	16.0%	16.9%	16.6%
Very poor/poor	19.9%	19.4%	15.7%	18.9%	19.4%
There is no common room or mess available to me in this post	11.6%	21.0%	23.4%	8.6%	12.9%
I can't say - I haven't used it	19.8%	6.8%	11.1%	16.6%	18.4%

* As we are trialling these questions, organisation-level results on resources and facilities for rest and study are not included in the 2019 [online reporting tool](#).

TRAINERS (not including GPs): Please rate the quality of the common room or mess available to you in your current place of work.

	England	NI	Scotland	Wales	UK
Very good/good	17.1%	20.3%	20.4%	21.3%	17.7%
Neither good nor poor	10.8%	12.4%	10.8%	12.4%	10.9%
Very poor/poor	12.8%	18.9%	12.2%	13.1%	12.9%
There is no common room or mess available to me in this post	34.9%	43.2%	41.1%	34.4%	35.6%
I can't say - I haven't used it	24.5%	5.2%	15.5%	18.8%	22.9%

TRAINEES: At the start of this post I got all the information I needed about how to access the common room or mess.

	England	NI	Scotland	Wales	UK
Strongly agree/agree	60.8%	61.4%	59.8%	63.8%	60.8%
Neither agree nor disagree	11.3%	8.4%	8.1%	10.3%	10.9%
Strongly disagree/disagree	17.3%	11.8%	11.6%	15.8%	16.6%
There is no common room or mess available to me in this post	10.5%	18.4%	20.5%	10.1%	11.7%

A weak Wi-Fi signal – or no connectivity at all - can affect the ability of trainees to learn and trainers to teach. Over a third of trainees also told us that the Wi-Fi connectivity in their post was either poor or there was none available, potentially deterring or restricting studying on-site.

TRAINEES: Please rate how good or poor the Wi-Fi connectivity is for your study needs in your current post.

	England	NI	Scotland	Wales	UK
Very good/good	40.5%	59.6%	29.9%	47.3%	40.4%
Neither good nor poor	13.7%	15.1%	11.3%	16.5%	13.7%
Very poor/poor	23.5%	15.9%	21.2%	29.8%	23.3%
None available at all	11.5%	4.1%	28.3%	3.3%	12.5%
I can't say - I haven't used it	10.8%	5.4%	9.3%	3.1%	10.2%

The results also identified that many doctors are concerned about the out-of-hours resources and facilities available to them. A quarter of trainees and a fifth of non-GP trainers disagreed that there was a mechanism for them to travel safely to and from work when working out-of-hours or after long shifts.

TRAINEES: In my current post, there is a mechanism for me to travel safely to and from work when working out-of-hours or long shifts.

	England	NI	Scotland	Wales	UK
Strongly agree/agree	44.9%	49.3%	50.2%	42.2%	45.5%
Neither agree nor disagree	16.7%	17.4%	15.1%	16.7%	16.5%
Strongly disagree/disagree	25.1%	25.0%	25.5%	27.7%	25.2%
I don't know	13.4%	8.3%	9.2%	13.4%	12.8%

TRAINERS (not including GPs): In my place of work, there is a mechanism for me to travel safely to and from work when working out-of-hours or long shifts.

	England	NI	Scotland	Wales	UK
Strongly agree/agree	54.0%	60.8%	53.0%	54.8%	54.2%
Neither agree nor disagree	17.3%	15.3%	16.8%	16.1%	17.2%
Strongly disagree/disagree	20.1%	19.1%	22.6%	22.1%	20.4%
I don't know	8.5%	4.8%	7.6%	7.0%	8.3%

Three in five trainees and non-GP trainers told us they either had no catering facilities available out-of-hours or it was not easy for them to access these facilities at this time.

TRAINEES: I have easy access to a catering facility providing suitable food out-of-hours.

	England	NI	Scotland	Wales	UK
Strongly agree/agree	24.8%	20.1%	18.0%	18.9%	23.7%
Neither agree nor disagree	10.9%	10.8%	9.2%	10.9%	10.8%
Strongly disagree/disagree	47.5%	48.7%	48.7%	53.9%	47.9%
There is no catering facility available to me at all in this post, out-of-hours	16.8%	20.4%	24.2%	16.3%	17.6%

TRAINERS (not including GPs): I have easy access to a catering facility providing suitable food out-of-hours.

	England	NI	Scotland	Wales	UK
Strongly agree/agree	25.9%	19.9%	19.6%	28.4%	25.3%
Neither agree nor disagree	14.3%	12.7%	10.8%	17.4%	14.1%
Strongly disagree/disagree	38.4%	42.7%	39.5%	38.7%	38.6%
There is no catering facility available to me at all in this post, out-of-hours	21.5%	24.8%	30.1%	15.5%	22.0%

A quarter of trainees and around a third of non-GP trainers told us that free of charge rest facilities were not available to them, when they were working on-call, out-of-hours. Around one in ten trainees and non-GP trainers also told us that while rest facilities were available, they had to pay to use them.

TRAINEES: Rest facilities are available to me free of charge when working on-call, OUT-OF-HOURS.

	England	NI	Scotland	Wales	UK
Yes	43.0%	58.6%	42.3%	44.9%	43.5%
Partly - some facilities are available but I have to pay for certain items	9.9%	4.3%	6.3%	12.6%	9.5%
No	25.7%	23.5%	29.8%	23.8%	26.0%
I don't know - I've not been given any information about rest facilities when working on-call, out-of-hours	21.4%	13.5%	21.6%	18.7%	21.1%

TRAINERS (not including GPs): Rest facilities are available to me free of charge when working on-call, OUT-OF-HOURS.					
	England	NI	Scotland	Wales	UK
Yes	27.7%	31.1%	35.9%	29.8%	28.6%
Partly - some facilities are available but I have to pay for certain items	11.1%	4.1%	5.8%	9.2%	10.4%
No	32.7%	38.6%	32.2%	28.2%	32.5%
I don't know - I've not been given any information about rest facilities when working on-call, out-of-hours	28.5%	26.2%	26.1%	32.8%	28.5%

Access to suitable rest rooms and study spaces can affect trainees’ ability to learn while they are working. In 2018, the BMA in England launched their [Fatigue and Facilities charter](#), outlining steps that can be taken to improve facilities and reduce fatigue, so doctors can safely, effectively and efficiently care for their patients.

We know that employers in all four countries of the UK are already looking at these issues. We’ll continue to work with them to help address the causes of poor wellbeing for doctors across all career stages. And we hope that data from these new questions will help us further our work in this area, and bring about improvements to doctors’ training and working environments.

We’ll provide more detailed analysis of the findings on facilities and resources for rest and study later this year.

Burnout, one year on

In 2018, we added seven questions to the surveys taken from the [Copenhagen Burnout Inventory](#) to help us better understand the extent of burnout amongst doctors in training and trainers. [Our analysis of their responses](#) suggested that burnout may be associated with high workloads, the impact of rota gaps, and lack of a supportive working environment. And [research from the University of Manchester](#) found that burnout can impact on care, lead to mistakes being made in the workplace, and prevent individuals from performing to the best of their ability.

One year on, over 50,000 doctors chose to answer the voluntary questions on burnout. Their responses are very similar to last year’s, with over a fifth of trainees and trainers feeling burnt out to a high or very high degree. And over half of both cohorts told us they always or often feel worn out at the end of the working day. Compared to 2018, a slightly higher proportion (around 1%) of non-GP trainers felt burnt out, or experienced its associated effects; however, the proportion of GP trainers reporting feeling burnt out has decreased by a similar percentage point.

There was no significant variation in the burnout findings for each of the four countries – but you can see a full breakdown in our [online reporting tool](#).

		Doctors in training		Trainers (exc. GPs)		Trainers (GP)	
		2018	2019	2018	2019	2018	2019
Is your work emotionally exhausting?	High/very high degree	39.0%	39.1%	42.3%	44.7%	51.9%	48.5%
	Low/very low degree	17.5%	17.9%	15.9%	14.7%	10.0%	11.7%
Do you feel burnt out because of your work?	High/very high degree	23.9%	24.9%	21%	23.1%	17.8%	17.3%
	Low/very low degree	37.1%	35.9%	38.2%	35.7%	40.0%	43.4%
Does your work frustrate you?	High/very high degree	25.3%	24.5%	28.6%	29.7%	27.4%	25.1%
	Low/very low degree	36.5%	36.2%	31.2%	30%	29.2%	32.1%
Do you feel worn out at the end of the working day?	Always/often	56.7%	56.3%	49.8%	50.1%	67.0%	64.3%
	Seldom/never	9.6%	9.8%	11.9%	11.6%	5.5%	6.2%
Are you exhausted in the morning at the thought of another day at work?	Always/often	31.6%	31.3%	19.0%	19.7%	23.1%	21.8%
	Seldom/never	32.8%	33.1%	47.8%	45.9%	40.4%	42.6%
Do you feel that every working hour is tiring for you?	Always/often	12.6%	12.9%	9.9%	10.7%	17.9%	16.5%
	Seldom/never	59.7%	58.0%	63.8%	61.9%	49.9%	53.4%

Do you have enough energy for family and friends during leisure time?	Seldom/never	16.9%	16.9%	13.0%	12.7%	9.7%	7.5%
	Always/often	47.3%	46.8%	51.9%	52.1%	58.7%	61.2%

Our burnout questions are contributing to a growing UK-wide evidence base on the health and wellbeing of trainees and trainers. But we need to understand more about how this affects doctors across all career stages. Our review into medical students' and doctors' wellbeing, chaired by Professor Michael West and Dame Denise Coia, will explore these issues further when it reports later this year.

Knowing who to talk to

One important factor in recognising, managing and responding to health and wellbeing issues is being confident about who to talk to in your professional environment. This year, for the first time, we asked a question to that effect. It is encouraging that around two-thirds of trainees and four in five trainers know who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing.

However, concerningly, a third of trainees – over 18,000 doctors – either didn't know or weren't sure they knew who they should talk to. We're committed to working with organisations across the UK to support doctors' wellbeing.

TRAINEES: I know who to contact in my trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing.						
	England	NI	Scotland	Wales	UK	
Yes	65.5%	66.0%	64.6%	67.3%	65.5%	
No	11.0%	9.8%	12.1%	11.1%	11.1%	
I'm not sure	23.5%	24.2%	23.2%	21.6%	23.4%	

TRAINERS: I know who to contact in my trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing.						
	England	NI	Scotland	Wales	UK	
Yes	82.2%	79.0%	83.0%	78.1%	82.0%	
No	5.2%	5.9%	4.8%	6.0%	5.3%	
I'm not sure	12.5%	15.1%	12.2%	15.9%	12.8%	

What next?

UK-wide review of the wellbeing of doctors and medical students

Pressurised working environments can impact the mental health and wellbeing of doctors, at all stages of their careers. That's why we commissioned Professor Michael West and Dame Denise Coia to carry out a UK-wide review of doctors' and medical students' wellbeing.

As the findings in this report show, many trainees and trainers face challenges around workload, rota design, and access to facilities and resources for rest and study. And we remain concerned about how burnout is impacting training and working experiences across the UK.

The review will provide recommendations on tools, techniques and initiatives to help address the underlying causes of poor wellbeing. The findings – to be published later this year – will enable us to work with other organisations to agree priority areas to enhance the support available to doctors.

Taking action to support doctors

We're continuing to listen and act on the issues that doctors raise with us about the environments they're working and training in, and the impact of system pressures on medical practice. This includes:

- Using our enhanced monitoring processes to put measures in place to improve medical training and patient safety.
- Piloting a new [Professional behaviours and patient safety](#) training programme to equip doctors with the skills and confidence to tackle unprofessional behaviours.
- Collaborating with the profession and representative bodies to improve the consistency of how doctors register safety concerns about working in under-resourced environments. This includes developing a new hub of resources on our website, to support doctors with speaking up.

Survey development

We continually review the national training surveys to make sure the questions are relevant and generate the data we need to quality assure medical training. The burnout questions introduced last year and the resources questions developed for this year's surveys emerged from our ongoing conversations with doctors, employers, medical educators and governments.

After completing the national training surveys, doctors are invited to sign up to help us develop and test proposed changes for the following year. This year, over a thousand

trainees and trainers offered to do this. We greatly value the input of doctors to help us improve the surveys. If you'd like to add your name to our survey development list, please email nts@gmc-uk.org.

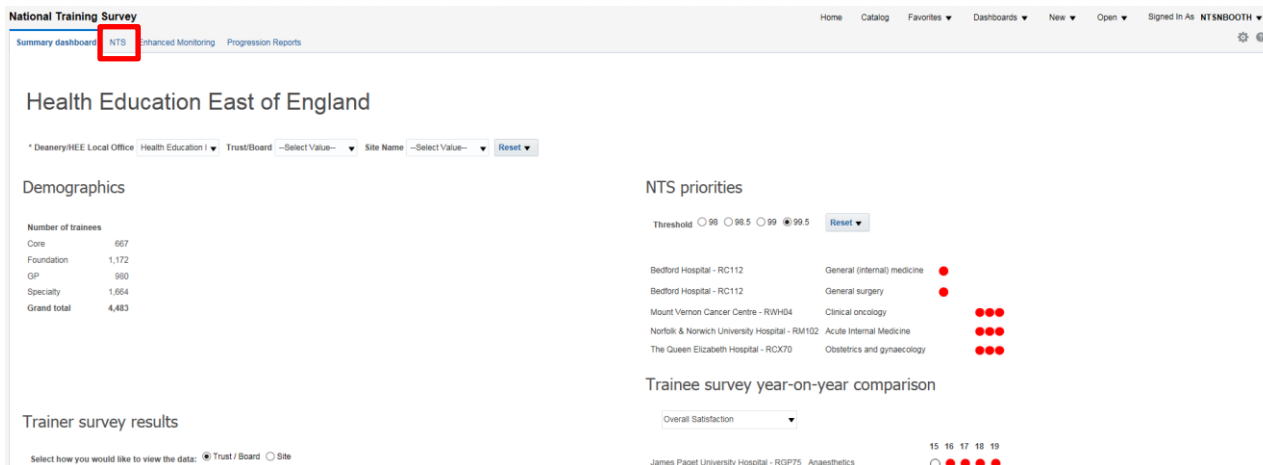
In-depth report analysis

Later this year, we will publish an in-depth analysis of the national training surveys, so our stakeholders can better understand what the results mean in the context of the wider medical education landscape.

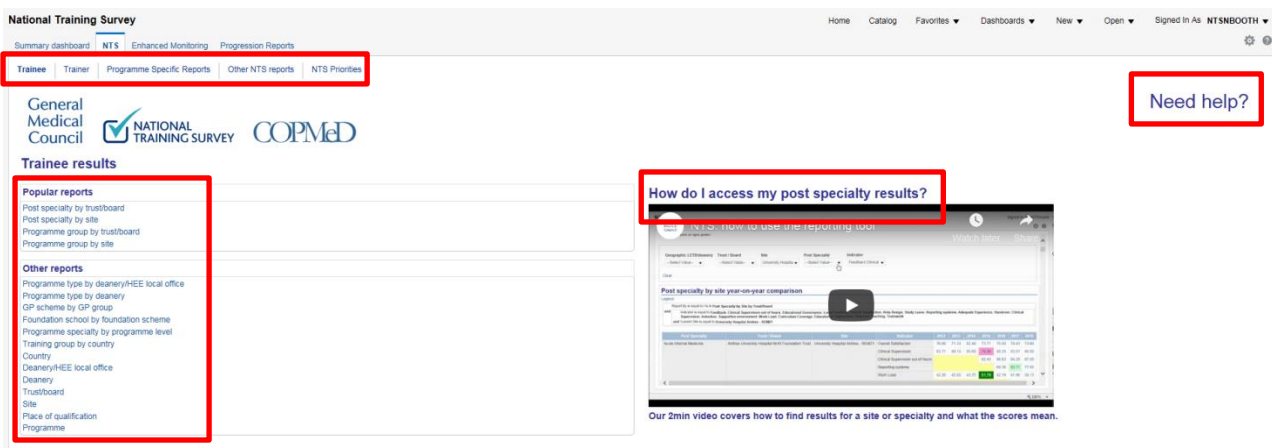
We're also looking at ways to develop the online reporting tool, so that more granular and detailed data can be accessed through that platform in the future.

Annex A: How to access the national training surveys results via our online reporting tool

You can access our Education Data reports [via our website](#) or by following [this link](#).



Upon opening the Education Data reports, you will see the above screen. This is our new summary dashboard. It displays five different sources of data on the same page, for any selected deanery/Health Education England local office or training environment. To access the national training survey results select the 'NTS' tab at the top of the page.



If you are familiar with the reporting tool, you can navigate straight to the reports you need using the links on the left hand side of the screen. You can use the second row of tabs to switch between trainee and trainer survey results.

If this is your first time using the reporting tool, or if you feel like you need a quick refresher on how it all works, there's a short video explainer on the right hand side of the screen. And you can find more detailed information, including answers to frequently asked questions, by clicking 'Need help?' in the top right corner of the screen.

Please see our [Briefing Note 5](#) for an introduction to the new reports and features we've added to our Education Data reports this year – including a summary dashboard, a tool for prioritising NTS results, and reports on burnout.

Annex B: Four country breakdown of the initial findings statistics

Further breakdowns of indicator scores and individual questions by site, trust, deanery and country are available through the [online reporting tool](#).

TRAINEES: Please rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post?					
	England	N.I	Scotland	Wales	UK
Very good/good	74.2%	75.4%	75.9%	75.8%	74.5%
Very poor/poor	9.0%	8.7%	8.2%	8.1%	8.9%

TRAINEES: Please rate the quality of clinical supervision in this post.					
	England	N.I	Scotland	Wales	UK
Very good/good	87.9%	89.0%	89.4%	89.1%	88.2%
Very poor/poor	3.1%	3.5%	2.8%	2.9%	3.1%

TRAINEES: How would you rate the quality of experience in this post?					
	England	N.I	Scotland	Wales	UK
Excellent/very good	81.7%	83.0%	82.0%	84.2%	81.9%
Very poor/poor	4.1%	3.1%	4.3%	3.4%	4.1%

TRAINERS: Overall, I enjoy my role as trainer.					
	England	N.I	Scotland	Wales	UK
Strongly agree/agree	91.5%	90.3%	92.5%	91.7%	91.5%
Strongly disagree/disagree	1.7%	1.6%	1.6%	1.3%	1.7%

TRAINERS: I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.					
	England	N.I	Scotland	Wales	UK
Strongly agree/agree	46.5%	46.7%	42.9%	43.1%	45.9%
Strongly disagree/disagree	29.4%	29.8%	33.9%	33.0%	30.0%

TRAINEES: The working environment in my post is a fully supportive one.					
	England	N.I	Scotland	Wales	UK
Strongly agree/agree	81.9%	80.1%	83.1%	81.9%	82.0%
Strongly disagree/disagree	5.8%	5.7%	5.7%	5.7%	5.8%

TRAINERS: The working environment in my trust/board/practice is a fully supportive one.					
	England	N.I	Scotland	Wales	UK
Strongly agree/agree	75.0%	76.3%	73.4%	71.5%	74.7%
Strongly disagree/disagree	9.3%	7.0%	10.5%	11.0%	9.5%
GP - Strongly agree/agree	97.4%	97.7%	96.7%	97.8%	97.3%
GP - Strongly disagree/disagree	1.0%	0.8%	1.5%	0.9%	1.0%

TRAINEES: In my current post, educational/training opportunities are rarely lost due to gaps in the rota.

	England	N.I	Scotland	Wales	UK
Strongly agree/agree	49.0%	49.3%	51.2%	47.4%	49.2%
Strongly disagree/disagree	29.4%	28.2%	27.6%	28.0%	29.2%

TRAINERS (not including GPs): My trainee(s)' educational/training opportunities are rarely lost due to gaps in the rota.

	England	N.I	Scotland	Wales	UK
Strongly agree/agree	56.3%	58.3%	61.1%	55.5%	56.7%
Strongly disagree/disagree	26.7%	26.1%	24.5%	28.2%	26.6%

TRAINEES: Approximately how many weeks' notice, if any, were you given about the rota in advance of starting your current post?

	England	N.I	Scotland	Wales	UK
At least six weeks	56.6%	32.8%	36.6%	44.5%	46.7%
Less than six weeks/no notice	43.4%	67.3%	63.4%	55.5%	53.3%

TRAINEES: In this post, how often have you worked beyond your rostered hours?

	England	N.I	Scotland	Wales	UK
Daily	9.2%	9.4%	7.0%	11.8%	9.1%
Weekly	35.6%	40.4%	37.7%	38.8%	36.2%
Monthly	21.3%	21.5%	23.5%	20.9%	21.5%
Less than once a month	22.0%	19.6%	22.1%	18.4%	21.8%
Never	11.9%	9.1%	9.7%	10.2%	11.5%

TRAINERS: How often have you worked beyond your rostered/working hours?

	England	N.I	Scotland	Wales	UK
Daily	25.4%	22.4%	26.5%	22.7%	25.2%
Weekly	47.1%	48.9%	45.9%	49.4%	47.2%
Monthly	15.9%	17.1%	17.2%	17.0%	16.2%
Less than once a month	9.8%	9.8%	8.9%	9.5%	9.7%
Never	1.7%	1.7%	1.5%	1.4%	1.7%

TRAINEES: How would you rate the intensity of your work, by day in this post?

	2015	2016	2017	2018	2019
Very heavy/heavy	39.2%	37.6%	33.8%	37.6%	38.6%
About right	56.0%	58.5%	61.0%	57.6%	56.6%
Very light/light	4.8%	3.8%	5.2%	4.8%	4.8%

TRAINERS: How would you rate the intensity of your work through the day?

	England	N.I	Scotland	Wales	UK
Very heavy/heavy	69.1%	71.3%	63.3%	66.3%	68.5%
About right	30.4%	28.5%	36.4%	33.5%	31.1%
Very light/light	0.5%	0.2%	0.3%	0.2%	0.5%