

National training survey 2016

England

Every year we ask doctors in postgraduate training, from across all four countries of the UK, what they think about the quality of their training.

This year's survey was open from 22 March to 11 May; during the industrial dispute in England and at a difficult time for many. We are grateful for the professionalism demonstrated by the 53,835 doctors in training (98.7%) from all four countries of the UK who took part and provided their views about their day-to-day training experience, and the environments in which they work.

The survey is crucial in helping us make sure doctors in training receive high quality education and training in a safe and effective clinical environment.

It gives doctors in training an opportunity to provide confidential feedback on their perceptions of their local training post and programme; enabling us to identify aspects of medical education and training that are potentially good practice and those which may need to be improved. It also provides an opportunity for trainees to raise concerns about any bullying and undermining and/ or patient safety issues they've experienced in their post. It does not seek views on wider political, professional or industrial issues.

Initial analysis of UK wide results suggests that, as in previous years, doctors in training continue to recognise the quality of local training they receive, and the importance of trainers in their education and development as good doctors. They do however have concerns about some issues, including workload and patient safety in the training environment – which we will investigate further, and report on later this year.

This summary report includes information about a number of national level indicators for the survey of doctors in training in England. These indicators, or results, have been chosen to reflect some of the issues that are most often raised with us by our key partners and doctors in training themselves.

You can find detailed results in the national training survey reporting tool at www.gmc-uk.org/nts, where information can be viewed in a number of ways - including by country, deanery/ LETB, trust/ board, and speciality. It is also possible to look at results over a three year period, to help identify trends or issues.

What doctors in training in England have told us

Who answered the survey in England?

- 44,959 trainees answered the survey in England, out of a population of 45,592, representing a response rate of 98.6% for England; 83.5% of the total UK population.
- The proportion of respondents by training level group was:
 - foundation (F1 and F2) 27.3%,
 - core and pre-ST4 specialty training 45.4%
 - ST4 and above specialty training (ST4-ST8) 27.3%.
- 55.5% of respondents were female and 44.5% were male.
- 12.0% said they were in less than full-time training. 84.0% of these were female and 15.9% 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. 1,095 doctors in training (2.4%) said their day-to-day activities were limited a little or a lot.
- Of those reporting a health problem or disability that limited their activities, 436 (39.8%) said that they need adjustments to be able to carry out their work. 36 (3.3%) said that the adjustments they need have not been made.

Workload

- We asked doctors in training about their workload within their training post.
- This indicator relates to a number of requirements within *'Promoting excellence: standards for medical education and training'* (2015) including:
 - ***R1.7*** - *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 care that is safe and of a good standard, while creating the required learning opportunities.*
 - ***R1.12e*** - *Organisations must design rotas to minimise the adverse effects of fatigue and workload.*
- In England, 52.0% of doctors in training rated the intensity of their training post a 'about right', compared with 3.9% who described it as 'light' or 'very light', and 44.0% who rated it as 'heavy' or 'very heavy'. 25.0% said their working pattern left them feeling short of sleep when at work on a daily or weekly basis. 53.0% said it rarely or never left them feeling short of sleep when at work. 59.7% said they worked beyond their rostered hours on a daily or weekly basis. 26.2% said they rarely or never worked beyond their rostered hours.

Clinical supervision

- Good training requires practical experience under safe supervision. A low score indicates there may be a problem with clinical supervision and that patients and trainees could be put at risk.

- This indicator relates to a number of requirements within '*Promoting excellence: standards for medical education and training*' (2015) including:

- *R1.7 - 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 care that is safe and of a good standard, while creating the required learning opportunities.*
- *R1.8 - Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.*

- In England, 84.2% of doctors in training rated the quality of clinical supervision in their post as 'excellent' or 'good'. 12.8% thought it was 'fair', with the remaining 2.4% 'poor', and 0.5% 'very poor'.

Supportive environment

- A supportive environment helps doctors in training to learn and develop. Low scores suggest that there may be issues with the training environment. This may also have an impact on patient safety.
- This indicator relates to a number of requirements within '*Promoting excellence: standards for medical education and training*' (2015), including:

- *R1.1 - Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.*
- *R1.5 - Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, and education and training.*
- *R3.3 - Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.*

- In England, 88.7% of doctors in training felt that in general, their working environment was a supportive one. 82.0% agreed that staff in their training post are treated fairly, and 90.0% felt that staff treat each other with respect.

Overall

- This indicator combines general questions about the quality and usefulness of the training post and provides a global satisfaction score.
- In England, 82.5% of doctors in training rated the quality of experience in their post as 'excellent' or 'very good'. 13.6% described it as 'fair', and the remaining 3.9% thought it was 'poor' or 'very poor'. When asked how useful the post would be to each doctor's future career, 80.7% felt it would be 'useful' or 'very useful'.

Using the national training survey to improve medical education and training

The wealth of data provided by the survey gives all of us involved in medical education and training in England and across the UK, the information we need to take action and resolve issues at a local level.

Although the standard of many areas of training has improved or remains high in England – some issues continue to be a concern. Where this is the case we are working with Health Education England and local trusts, to address problems and make sure action is taken. Together, we will identify areas of good practice that can be shared across England, and the UK.

We are also working closely with other regulators including the Care Quality Commission, to ensure the survey findings can be used effectively in their work to scrutinise, assure and improve the quality and safety of healthcare.

The new survey of trainers

The results of our new survey of trainers will be a valuable addition to the evidence provided by doctors in training; giving us an even more detailed picture of training environments.

We are pleased that over 52.8% (n=19,906) of postgraduate educational and clinical supervisors across England took part and shared their views about the quality of education, protection of training resources and support they receive in their training role.

Initial UK findings show:

- Thinking about how trainers and doctors in training work together, 91.8% of trainers agree or strongly agree that in general, the working environment in their department is a supportive one (3.0% disagree or strongly disagree). This is only slightly higher than doctors in training who answered the same question (89.0% agree or strongly agree, 3.5% disagree or strongly disagree).
- Unsurprisingly, a big issue for trainers is time available to train, with 47.4% of trainers agreeing or strongly agreeing that they are always able to use the time allocated to them in their role as an educator specifically for that purpose (36.4% disagree or strongly disagree).
- Balancing service provision with education is another expected issue, with 55.8% of trainers agreeing or strongly agreeing that they're confident that their deanery/location education and training board works collaboratively with their board/ trust to ensure trainees' educational needs are balanced with service commitments (10.8% disagree or strongly disagree).
- Looking at patient safety in general, only 68.9% of trainers agree or strongly agree that within their trust/board there are enough staff to ensure that patients are always treated by someone with an appropriate level of clinical experience (13.6% disagree or strongly disagree).

- However, despite the difficulties of the role, 92.8% of trainers agree or strongly agree that overall, they enjoy their role as an educator (1.3% disagree or strongly disagree).

Next steps

We are now analysing results from both the survey of doctors in training, and the survey of trainers, as part of our work to quality assure medical education and training across the UK. We are also exploring local patient safety and bullying and undermining concerns raised by doctors in training as part of their survey, with the relevant postgraduate dean.

We will report on all these findings later this year, along with more information about our work to further develop the survey.

Working together in England

For more details about the national training surveys please contact:

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