General
Medical
Council

2017 national training surveys summary report: initial results on doctors' training and progression

Executive summary

- Data from the 2017 national training surveys shows that satisfaction with teaching and experience in post remains high and opinions on workload appear to have improved slightly. However, more than 50% of doctors in training continue to report working beyond rostered hours on a weekly basis, and overall satisfaction with the experience in post has reduced slightly.

- The new test questions on rota design suggest that UK-wide around one third of doctors in training, and a similar number of trainers, believe that rota gaps impact on training opportunities. We will work with doctors, deaneries, local offices and employers to explore these test questions over the next few months.

- Our immediate priority with the launch of surveys data is to work with organisations responsible for postgraduate medical education, to investigate sites where the national training surveys suggest that our standards may not be being met. We will talk to employers to remind them of our expectations in protecting time for training.

- This summary also features some analysis on doctors' progression and an update on our work on fairness in medical education. This analysis uses national training surveys data to look at how different cohorts of doctors progress through training pathways.

- Later in the year, we will report in more detail – using data from the surveys and elsewhere – on what we have learned about training environments and training pathways across specialties (including general practice), countries and regions.

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Introduction

The national training surveys gather views of over 75,000 doctors in training and trainers across the UK, on their experiences in taking part in postgraduate medical education.

Across over 100 questions – and against a number of variables like specialty, country and age – the national training surveys generate incredibly rich data sets that can take some time to carefully analyse. We will begin that detailed work now and we will report on our findings in-depth through reports on training environments and training pathways in the autumn. You can explore the data now at: www.gmc-uk.org/nts

This year's surveys were open from 21 March to 10 May 2017.

- 53,335 (98.3%) [98.7% in 2016] doctors in training from across the UK gave us their views about their day-to-day training experience, and the environments where they work.

- 24,577 (53.6%) [53.3% in 2016] of trainers also fed back on their experiences of being clinical and educational supervisors.

This report gives an early analysis, which builds on our findings[*] last year about the pressures on medical education.

The national training surveys are a large undertaking. We are grateful, not just to everyone who completed the surveys, but also to colleagues in deaneries and Health Education England (HEE) local teams who assisted with data collection and verification.

What are the national training surveys?

The national training surveys are crucial in helping us make sure doctors in training receive high quality education and training in a safe and effective clinical environment. They give doctors an opportunity to give confidential feedback on their perceptions of their local training environments, which helps us identify aspects of medical education and training that are potentially good practice and those which may need to be improved. It gives doctors in training an opportunity to raise concerns about any bullying and undermining or patient safety issues they've experienced in their post.

We also use national training surveys data to help us understand challenges in relation to specialties, training programmes and policy issues in the health systems of all four UK countries.

[*] *National training survey 2016 Key findings* available at www.gmc-uk.org/National_training_survey_2016___key_findings_68462938.pdf

The questions we ask are directly linked to our standards – *Promoting excellence: standards for medical education and training*[*] – which we expect those responsible for the management and delivery of postgraduate medical education and training to meet.

How we use the results

- The national training surveys act as a cornerstone to our evidence base for quality assurance. If responses from doctors in a particular training location are significantly more negative that the UK average, we work with the relevant deaneries or HEE local teams to put into place procedures – including enhanced monitoring[†] – to resolve the problem.

- National training surveys data allows us to identify areas of risk to prioritise locations to visit during our national and regional reviews.[‡]

- When a doctor uses the national training surveys to report a patient safety or bullying and undermining concern we share these with deaneries and HEE local teams who must tell us what action has been taken.

- Finally, national training surveys data helps us to look for trends in postgraduate education and, where appropriate, use our position as regulator to lead or contribute to policy aimed at driving improvement for doctors in training and, ultimately, for the patients they treat.

Using the reporting tool

We encourage anyone with an interest in medical education to use the online national training surveys reporting tool to investigate local, national/country or UK trends. You can find the reporting tool at: www.gmc-uk.org/nts

[*] See www.gmc-uk.org/education/standards.asp
[†] See www.gmc-uk.org/education/enhanced_monitoring.asp
[‡] See www.gmc-uk.org/education/medical_school_and_deanery_visits.asp

Initial findings

What have doctors in training told us?

In the 2016 *National training survey key findings* report we highlighted the paradox that exists between the high – and increasing – levels of satisfaction with training reported in the national training surveys with low morale and pressures on national health services across the UK.

We believe this is down to the focus the national training surveys have on training environments and not wider employment issues. We should not overlook the high-quality teaching and supervision achieved in often challenging circumstances. Last year, doctors in training seemed largely positive about the training they received, although not always in the wider context of the environment where it took place.

When compared with our 2016 results, high-level data from the 2017 national training surveys appears to support these findings. Below are the results for some key questions, split by country, over time.

- Satisfaction with teaching remains high and fewer doctors in training rated the quality of teaching negatively.*

Table 1. Please rate the quality of teaching in this post. (Poor/very poor responses)

	2012	2013	2014	2015	2016	2017
England	8.84%	9.37%	9.08%	9.34%	9.50%	7.56%
Northern Ireland	5.31%	8.56%	6.64%	5.58%	6.54%	5.96%
Scotland	8.83%	10.53%	10.48%	11.0%	8.69%	7.82%
Wales	6.78%	7.83%	7.0%	7.72%	6.44%	6.02%
UK	8.63%	9.38%	9.05%	9.32%	9.21%	7.47%

- Conversely, although the overall rating remains high, in 2017 doctors in training were slightly less positive than in 2016 when asked to rate their overall experience of a post.

* The scale of this question changed from 'Excellent | Good | Fair | Poor | Very poor' in 2016 to 'Very good | Good | Neither good nor poor | Poor | Very poor' in 2017, therefore we are reporting on the comparable negative end of the scale.

Table 2. How would you rate the quality of experience in this post? (Excellent/good responses)						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
England	80.94%	81.49%	81.68%	82.92%	82.54%	81.43%
Northern Ireland	83.48%	82.95%	83.33%	83.33%	86.31%	85.31%
Scotland	81.67%	82.59%	82.28%	82.21%	84.05%	82.19%
Wales	82.15%	83.12%	82.91%	85.20%	86.53%	84.78%
UK	81.14%	81.72%	81.84%	82.97%	82.96%	81.76%

- Last year we also focused on questions relating to doctors' workloads and found that an increasing number rated their workload during the day as heavy or very heavy. This year, it appears the situation has somewhat improved – although reports of heavy workloads remain common.

Table 3. How would you rate the intensity of your work, by day in this post? (Heavy/very heavy responses)						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
England	41.43%	43.80%	42.18%	41.93%	44.10%	41.56%
Northern Ireland	40.66%	41.20%	42.80%	42.40%	37.95%	38.72%
Scotland	38.10%	39.22%	38.68%	38.88%	38.33%	36.93%
Wales	36.37%	39.43%	37.08%	37.46%	40.37%	36.82%
UK	40.87%	43.11%	41.65%	41.46%	43.22%	40.84%

- Again – although the situation appears to have improved across the UK in 2017 – roughly 50% of doctors in training are still reporting that they work beyond their rostered hours on a daily or weekly basis. And, other than in Northern Ireland which has seen improvement, these results have been fairly stable over time.

Table 4. In this post, how often (if at all) have you worked beyond your rostered hours? (Daily/Weekly responses)						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
England	58.76%	59.45%	57.83%	55.78%	59.70%	54.40%
Northern Ireland	61.97%	60.07%	59.04%	54.90%	53.80%	52.06%
Scotland	49.40%	51.99%	51.48%	50.54%	50.30%	47.48%
Wales	52.05%	53.27%	51.76%	51.61%	57.40%	51.60%
UK	57.69%	58.51%	56.99%	55.08%	58.57%	53.56%

- Similarly, around 20% of doctors in training still report being short of sleep due to their working pattern on a daily or weekly basis – although the overall picture has slightly improved in 2017.

Table 5. In this post, how often (if at all) did your working pattern leave you feeling short of sleep when at work? (Daily/Weekly responses)						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
England	21.62%	22.65%	22.89%	17.40%	25.0%	22.75%
Northern Ireland	18.62%	19.78%	20.54%	14.83%	19.6%	20.40%
Scotland	17.71%	19.79%	21.48%	16.80%	21.3%	20.96%
Wales	18.14%	20.01%	18.71%	15.49%	22.0%	20.79%
UK	21.01%	22.18%	22.49%	17.18%	24.39%	22.43%

- Responses from doctors in training to the question, *'In this post, are days subtracted from your study leave allowance to attend compulsory training?'* have shifted from a majority 'No' to 'Yes' from 2016 to 2017.

Table 6. In this post, are days subtracted from your study leave to attend compulsory training?						
	2012	**2013**	**2014**	**2015**	**2016**	**2017**
England						
Yes	25.51%	25.70%	25.99%	27.64%	27.84%	44.85%
No	48.82%	48.75%	48.43%	47.23%	45.19%	26.09%
Don't know	25.67%	25.54%	25.58%	25.13%	26.97%	29.06%
Northern Ireland						
Yes	16.04%	14.88%	16.80%	17.76%	16.21%	45.92%
No	59.94%	60.66%	61.75%	58.19%	57.29%	23.87%
Don't know	24.02%	24.46%	21.45%	24.04%	26.50%	30.20%
Scotland						
Yes	17.69%	18.33%	18.18%	18.57%	20.28%	37.03%
No	53.46%	53.21%	54.81%	53.91%	53.15%	26.91%
Don't know	28.85%	28.46%	27.01%	27.52%	26.57%	36.05%
Wales						
Yes	21.11%	24.01%	24.54%	27.55%	27.39%	45.58%
No	57.97%	56.04%	54.48%	51.57%	52.22%	29.16%
Don't know	20.91%	19.95%	20.98%	20.88%	20.40%	25.26%
UK						
Yes	24.32%	24.62%	24.92%	26.51%	26.79%	44.19%
No	49.98%	49.84%	49.69%	48.36%	46.56%	26.22%
Don't know	25.70%	25.54%	25.38%	25.13%	26.65%	29.58%

At this early stage in our analysis we cannot fully account for such a large shift in responses. While it could be due to the erosion of study leave, another possibility is that various factors may have altered doctors' perceptions of what constitutes study leave and compulsory training. Minor changes to the question in 2017 – introduced to improve accuracy – may also be playing a role. We will be talking to doctors and educators to try to understand this result.

What have trainers told us?

- We noted earlier that, overall, doctors in training regard the quality of the teaching they receive highly. But, finding time for training continues to be challenging.

- 2017 data from trainers supports this finding. A slightly lower percentage of trainers agreed that they were always able to use the time allocated to carry out educational activities. Although there is some variation in this trend in different parts of the UK.

Table 7. 'I am always able to use the time allocated to me in my role as an educator specifically for that purpose.'

	2016	2017
England		
'Strongly agreed' or 'agreed'	44.17%	44.16%
'Disagreed' or 'strongly disagreed	32.94%	31.20%
Northern Ireland		
'Strongly agreed' or 'agreed'	35.43%	38.0%
'Disagreed' or 'strongly disagreed	39.17%	32.98%
Scotland		
'Strongly agreed' or 'agreed'	39.56%	39.55%
'Disagreed' or 'strongly disagreed	38.64%	36.9%
Wales		
'Strongly agreed' or 'agreed'	45.78%	42.86%
'Disagreed' or 'strongly disagreed	32.28%	33.31%
UK		
'Strongly agreed' or 'agreed'	43.67%	43.52%
'Disagreed' or 'strongly disagreed	33.51%	31.86%

- A very similar pattern can be seen when we asked trainers if their job plan* had enough time designated to education.

Table 8. 'My job plan contains enough designated time for my role as an educator.'		
	2016	**2017**
England		
'Strongly agreed' or 'agreed'	53.33%	52.63%
'Disagreed' or 'strongly disagreed	31.42%	30.28%
Northern Ireland		
'Strongly agreed' or 'agreed'	47.80%	49.77%
'Disagreed' or 'strongly disagreed	34.8%	28.81%
Scotland		
'Strongly agreed' or 'agreed'	55.97%	55.36%
'Disagreed' or 'strongly disagreed	28.78%	30.13%
Wales		
'Strongly agreed' or 'agreed'	57.23%	52.25%
'Disagreed' or 'strongly disagreed'	26.66%	29.31%
UK		
'Strongly agreed' or 'agreed'	53.59%	52.76%
'Disagreed' or 'strongly disagreed	31.07%	30.17%

- This year – for the first time – we asked trainers the same workload questions we ask doctors in training. Compared with doctors in training, trainers are much more likely to report that the intensity of their daytime workload is 'Heavy' or 'Very heavy'.

* Or equivalent.

Table 9. How would you rate the intensity of your work, by day in this post? Heavy/Very heavy.		
	2017 – Trainer results	**2017 – Doctors in training results**
England	70.49%	41.56%
Northern Ireland	73.10%	38.72%
Scotland	66.08%	36.93%
Wales	66.42%	36.82%
UK	69.94%	40.84%

- Trainers were somewhat less likely than doctors in training to report feeling short of sleep when at work on a daily or weekly basis.

Table 10. How often (if at all) do your working patterns leave you feeling short of sleep when at work? (Daily/Weekly responses)		
	2017 – Trainer results	**2017 – Doctors in training results**
England	20.31%	22.75%
Northern Ireland	18.24%	20.40%
Scotland	15.82%	20.96%
Wales	16.48%	20.79%
UK	19.64%	22.43%

Better understanding education and rota design

Comments in the national training surveys, commentary from our visits, representatives of doctors in training, trainers, as well as employers – all told us that poor rota design (and gaps in the rota in particular) can have a large impact on the quality of education delivered. If a doctor in training or trainer is regularly being asked to fill gaps in the rota, or experiences a rota that otherwise limits training time, then our standards are not being met.

To better understand this issue, we worked with a group of doctors in training, trainers, and survey experts to develop questions to include in the national training surveys. We tested these in late 2016 with around 600 doctors in training who volunteered to help develop the survey.

These questions are not present in the online reporting tool. We first need to check that the results are statistically valid, useful from a quality assurance perspective, and accurately represents the experiences of doctors. If the questions pass these tests then we will publish rota questions as part of the 2018 online reports.

The following findings on the impact of rota design on training are based on those test questions that are yet to be validated at the time of writing this report.

- Around one third of doctors in training and a similar proportion of trainers believe that rota gaps had an impact on available training opportunities.

Table 11. In my current post, educational/training opportunities are rarely lost due to gaps in the rota

	Strongly disagree/Disagree	Neither agree nor disagree	Strongly agree/Agree
England	31.73%	21.60%	46.67%
Northern Ireland	27.00%	24.01%	48.98%
Scotland	29.77%	20.52%	49.71%
Wales	28.16%	20.06%	51.78%
UK	31.25%	21.51%	47.24%

Table 12. My trainee(s) educational/training opportunities are rarely lost due to gaps in the rota			
	Strongly disagree/Disagree	**Neither agree nor disagree**	**Strongly agree/Agree**
England	27.29%	17.12%	55.58%
Northern Ireland	28.01%	18.04%	53.95%
Scotland	28.17%	17.93%	53.89%
Wales	26.87%	17.84%	55.28%
UK	27.36%	17.26%	55.37%

We will be working with doctors, deaneries and local offices to explore the results over the next few months and our more detailed analysis of national training surveys results – which we'll publish in the autumn – will go into more depth on these rota design questions.

Working with doctors to improve standards (and the national training surveys)

Last year we highlighted [*] a number of areas of concern within the training environment. We acknowledged that while satisfaction with training remained high, there were concerns about workloads and the squeeze on time for training and education. These concerns were due to pressures – particularly in acute specialties – in health systems across the UK.

After publishing our national training surveys key findings report, we wrote to employers to remind them of our standards for medical education and training, *Promoting excellence.* In particular, we wanted to remind them about the need for organisations to have effective educational governance systems and well-designed rotas – that not only support doctors in training to meet the requirements of their curriculum, but also allow trainers to provide a positive learning experience.

In response to feedback, and through testing in 2016, we made changes to the survey of doctors in training, including the addition of indicators on curriculum coverage, educational governance and teamwork. We also refined the trainer survey to make the results more comparable with the survey of doctors in training.

These changes are now live on the national training surveys online reporting tool at www.gmc-uk.org/nts

After listening to doctors' concerns we also introduced test questions to the 2017 national training surveys on a number of issues including rota design and career intentions.[†] You can explore some of the high-level results from the rota test questions on page 11.

Our detailed analysis of national training surveys data – which we'll publish in the autumn – will include:

- a breakdown of questions related to pressures on education, including workload, broken down by a number of factors such as specialty or deanery. We will also look at longitudinal data, to see if factors like the contract dispute in England may have had an overall effect on 2016 results.
- we know there is significant interest in our test rota design questions, so we will provide an in-depth analysis of findings from those questions to begin to understand the impact of rota design on education.

[*] See www.gmc-uk.org/National_training_survey_2016___key_findings_68462938.pdf
[†] As these test questions have not yet been independently verified, they are not featured in the online reporting tool.

- reporting on 12 month career intentions and training pathways to explore why doctors in training opt to enter their chosen specialty or why they might want to take a break from training.

- a report on any changes we plan to make to the national training surveys in 2018. We're working with a large group of people – including survey experts, representatives of doctors in training, and those responsible for managing medical education – to source and check any additions or changes we make.

Using a range of information to better understand training pathways and differential attainment

In addition to the national training surveys, we collect data on how doctors progress through their medical education. This means we are able to create a more holistic picture of trends across the training pathways that we regulate.

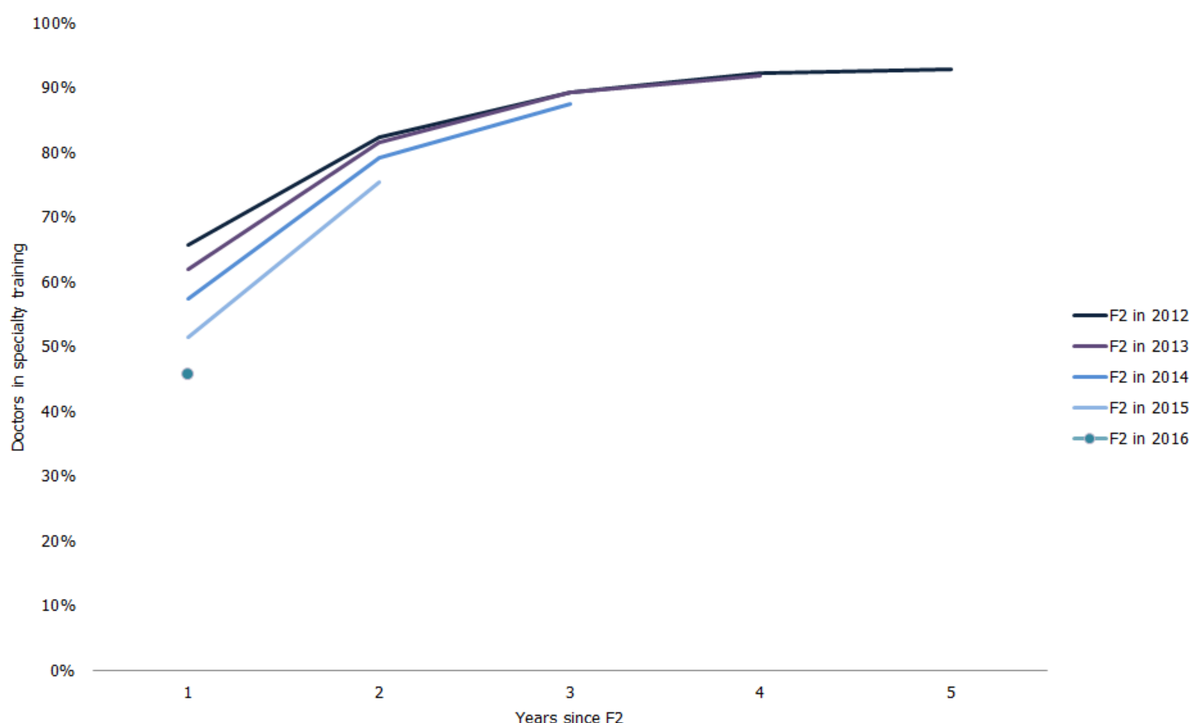
This year, for the first time, we are publishing the surveys data and the reports on progression through training together.

Breaks in training

Our data on doctors applying to enter specialty training[*] shows that an increasing number are taking a break of at least a year after finishing foundation training.

The chart below shows the majority return to training within three or more years; with 93% of the 2012 F2 cohort in specialty or GP training within five years. It also appears that although there are a greater number taking a break immediately after F2, within three years a similar number of each F2 cohort have returned to training; 89.4% of the 2012 cohort and 87.5% of the 2014 cohort. Over the next two years we will continue to track to see if a similar proportion of the 2015 and 2016 cohorts return to further training.

Figure 1: Proportion of F2 cohorts (2012 – 2016) who are or have been in specialty or GP training each year following F2



[*] See www.gmc-uk.org/education/29409.asp

There are a wide number of reasons why a doctor might want to pause their training. For example, they may want to gain further experience before committing to a speciality; they may wish to take a break to avoid academic burnout; a career break for family reasons; or to gain experience working in other countries.

Differential attainment in medical education and training

Each year, since 2015, we have published data[*] on how doctors progress through key milestones in training – such as specialty examinations.

These data show variation in successful outcomes across different parts of the UK and across groups of doctors who share protected characteristics compared to those who do not share the same characteristic. This is known as differential attainment. Our reports have demonstrated for example – that as a group – black and minority ethnic doctors who graduated from medical school in the UK, have persistently poorer outcomes than white doctors from UK medical schools.

For the first time in 2017, we have included a breakdown of four national training survey questions by demographic characteristics. For the last five years, we have asked first year foundation doctors how prepared they felt when they started foundation training. This year our progression reports show the responses of UK graduated doctors by gender, ethnic group and a measure of their attainment on leaving medical school (the Educational Performance Measure). This shows, in 2016 only 65.0% of UK graduated black and minority ethnic doctors agreeing or strongly agreeing with the statement '*I was adequately prepared for my first foundation post',* compared to 75.1% of UK graduated white doctors.

We also report specialty exam outcomes for full time and less than full time candidates for the first time. This shows that doctors working full time have an average pass rate of 73.2% compared to 70.0% for doctors working less than full time.

To help understand the cause of variation in attainment, we have published the second part of commissioned research from University College London (UCL) *Fair Training Pathways for All: Understanding Experiences of Progression (Part 2)*[†] which explores the additional risks faced by black and minority ethnic doctors in postgraduate training and those who completed their undergraduate education outside the UK. The research also looks at how amenable to change those risks might be. It focuses on factors affecting progression such as – poorer relationships with seniors and problems fitting in at work, less autonomy in job choice and lack of recognition about the impact of environmental stressors.

[*] See www.gmc-uk.org/education/25495.asp
[†] See www.gmc-uk.org/education/29478.asp

The research and publication of data are part of a wide programme of work focused on fair training pathways.

Our programme of work includes working with all organisations involved in the delivery of undergraduate and postgraduate medical education and training to highlight our concerns around fairness and to explore with them what interventions they are, or could, take to try to address the issue.

Across the medical education landscape we are aware of a number of activities being undertaken by individuals and organisations to try to address the challenge of differential attainment. A number of these are described in the UCL research paper. We have been working with a small group of deaneries and local office teams to explore these issues at a more local level with the aim of developing localised action plans.

Recognising that there is still a lot of work to understand what interventions are most effective, and that these are issues not limited to medical education, we have invited a range of experts in equality and diversity and medical education to form an advisory group to help guide our work and share their experiences of addressing similar issues in other fields. In particular, this group will help us to reflect on the findings from the *Fair Training Pathways* research and to develop an approach to promote and implement its recommendations.

Next steps

- Our online reporting tool is available at www.gmc-uk.org/nts. We're working with deaneries and HEE to identify new areas of concern and use national training surveys data to add to our intelligence around sites that are under our enhanced monitoring procedures.
- We will continue to remind employers of our standards and of their obligation to protect time for training and we urge everyone involved in postgraduate medical training to scrutinise the results and respond to doctors' feedback.
- Experiences across countries, regions, specialties and sites are likely to diverge and the national training surveys produce rich data that reflects complex issues and interactions surrounding clinical practice and training. That complexity means we'll publish a more detailed analysis of our key findings from the 2017 national training surveys later this year.
- We'll also look at data we hold on doctors' progression through training milestones, alongside national training surveys data, to look into breaks in training, flexibility and movement between specialties, and trends around less than full time training. Progression data from the 2015/2016 academic year is now available on our website[*].
- As part of our effort to continually improve the national training surveys, we will continue our work with doctors to develop them. This will include meeting with doctors in training, employers, and medical education organisations across the UK to explore these initial findings.
- After completing the national training surveys, doctors are invited to sign up to help us test future changes. In 2017, over 10,000 doctors offered to help us develop the surveys. If you'd like to add your name to our mailing list, email: nts@gmc-uk.org

[*] See www.gmc-uk.org/education/25495.asp

Demographic data

- 53,335 doctors in training and 24,577 trainers completed the national training surveys in 2017.

Table 13. Doctors in training completion rates by country			
	Number of eligible doctors in training invited to complete survey	**Completions**	**Response rate**
England	45,234	44,488	98.4%
Northern Ireland	1,633	1,630	99.8%
Scotland	5,167	4,989	96.6%
Wales	2,231	2,228	99.9%
UK	54,265	53,335	98.3%

Table 14. Trainers completion rates by country			
	Number of eligible trainers invited to complete survey	**Completions**	**Response rate**
England	38,152	20,364	53.4%
Northern Ireland	1,156	658	56.9%
Scotland	4,484	2,111	47.1%
Wales	2,070	1,444	69.8%
UK	45,862	24,577	53.6%

- 55.9% of doctors in training who responded were female and 44.1% were male compared with 2016 where 55.8% of respondents were female and 44.2% were male.

- 37.7% of trainers who responded were female and 62.3% were male. In 2016 36.5% of respondents were female and 63.5% were male.

- 10.69% of doctors in training said they were in less than full-time training. This represents a fall from 13.3% in 2016*.

Table 15. Doctors in training – Are you formally working on a Less Than Full Time (LTFT) basis, which has been approved by your deanery/LETB? (2017 question)				
2017	**England**	**Northern Ireland**	**Scotland**	**Wales**
Yes	11.16%	5.07%	8.27%	10.96%
No	88.84%	94.93%	91.73%	89.04%

Table 16. Doctors in training – Are you working less than full time? (2016 question)				
2016	**England**	**Northern Ireland**	**Scotland**	**Wales**
Yes	12.02%	7.70%	10.05%	12.41%
No	87.98%	92.30%	89.95%	87.59%

* This change may be attributable in part or in whole to the change in the wording of the question from 2016 to 2017.