

General
Medical
Council

National training surveys 2018:

Initial findings report



2018 national training surveys: initial findings report

Executive summary

In 2018 over 70,000 trainees and trainers took part in the national training surveys, giving their views on training posts, programmes and environments in England, Northern Ireland, Scotland and Wales.

The data generated by the surveys are a powerful quality assurance tool, providing the information we need to identify good practice and pinpoint the places where training doesn't meet our standards. The findings also show local and country trends, which drive policy developments and interventions designed to tackle problems and improve the training experience.

This year, we added new questions to the surveys to help us better understand the extent of burnout amongst doctors in training and trainers.

The results are stark. Long and intense working hours, heavy workloads and the challenges of frontline medical practice are affecting doctors' training experience and their personal wellbeing.

- Nearly a quarter of doctors in training and just over a fifth of trainers told us they're burnt out because of their work.
- Almost a third of trainees said that they are often or always exhausted at the thought of another shift. And well over a half of trainees, and just under a half of trainers, reported that they often or always feel worn out at the end of their working day.
- A fifth of doctors in training and trainers told us they feel short of sleep when at work.
- Two in five trainees and two thirds of trainers rated the intensity of their work as very heavy or heavy; and nearly half of trainees reported that they work beyond their rostered hours on a daily or weekly basis.

- And around a third of doctors in training and trainers said that training opportunities are lost to rota gaps.

Together these findings present a worrying picture. Highly pressurised environments struggle to prioritise training in the face of an increasing population with more complex health needs, constrained budgets, and a medical profession at a crunch point - where the supply of new doctors has failed to keep pace with changes in demand.

However, although there are challenges in this year's survey results we must also be clear that the majority of trainees remain satisfied with their overall educational experience; which is testament to the dedication and hard work of those that train them. But as we said in last year's [Training environments](#) report, medical training cannot continue to rely on the good will of senior doctors. Our [Promoting excellence](#) standards are very clear, trainees must be educated in high quality, safe and effective environments, where trainers are also well supported in their roles.

Taking action to support doctors

It is no exaggeration to say that there are those across the profession who feel less supported and more vulnerable than ever before. Tackling inadequate training environments, increasing support for trainees and trainers, and improving processes for reporting concerns are all vital to the future sustainability and success of UK postgraduate training and the medical workforce.

Doctors have challenged us to be clearer with the wider system about the impact that these issues are having; and to set out the steps that we and others will take to address their concerns.

But we know that actions speak louder than words, and you will rightly judge us on the things we do now.

We are writing to all employers across the UK to reinforce their obligation to protect time for training, and to set out how we expect governance boards and senior leaders to scrutinise their survey data to identify improvements to the training posts and programmes they are responsible for. Where we find evidence that this is not happening, and our standards aren't being met, we can and will take action.

In England, we've joined with NHS Improvement, the British Medical Association (BMA), the Academy of Medical Royal Colleges, Health Education England, NHS Employers and the Care Quality Commission, to set up a working group to collaboratively improve the effectiveness and acceptability of exception reporting for both trainees and employers; and to try to bring about standardisation of the collection and reporting of exception reporting data. In Northern Ireland, Scotland and Wales we're already working closely with our local partners, and the BMA in particular, to find ways to improve the consistency of rota monitoring, and to better support doctors in training.

We've also started a UK-wide review to look at the factors that impact on the wellbeing of medical students and doctors', led by Professor Michael West and Dame Denise Coia. Their findings will enable us to work together with organisations across the UK to agree priority areas for collaborative action that can help tackle the causes of poor wellbeing.

Thank you

As well as the doctors in training and trainers who took part, our thanks also go to our colleagues from Health Education England local teams, the Northern Ireland Medical and Dental Training Agency, NHS Education for Scotland and the Wales Deanery.

Explore the data online now at: www.gmc-uk.org/nts

What are the national training surveys?

The national training surveys (NTS) gather views from doctors in training and trainers across the four countries of the UK. Trainees give us their views on their experiences in training and the environments where they work. Trainers also report their experience of the training environment, from their perspective as a clinical and/or educational supervisor. This helps us and those responsible for postgraduate medical training to understand the current situation and any changes over time.

Together the surveys generate fine-grained data from each UK country, region, and across specialties and sites. Experiences and perceptions of training can vary greatly, highlighting the complexity of maintaining the balance between training and service provision in different settings. This report presents top level data for some key questions from the 2018 NTS. Later this year, we will publish a detailed analysis of over 100 questions against variables such as country, specialty, age and gender. This will include deeper analysis and discussion of the findings from the new questions on burnout.

Who took part this year?

This year's surveys were open from 20 March to 9 May 2018 and were completed by:

- 51,956 (95.69%) doctors in training
- 19,193 (41.37%) trainers

Tables 1 and 2 show the breakdown of completion rates by country for each survey.

Table 1 Completion rates by country; trainees			
Country	No. of eligible trainees invited to respond	Completions	Response rate
England	45,175	43,005	95.19%
Northern Ireland	1,664	1,662	99.88%
Scotland	5,220	5,082	97.36%
Wales	2,234	2,207	98.79%
UK	54,293	51,956	95.69%

Table 2 Completion rates by country; trainers			
Country	No. of eligible trainers invited to respond	Completions	Response rate
England	38,525	15,614	40.53%
Northern Ireland	1,155	685	59.31%
Scotland	4,666	1,626	34.85%
Wales	2,052	1,268	61.79%
UK	46,398	19,193	41.37%

What happens with the results?

The surveys are an essential part of our evidence base for the quality assurance of postgraduate medical education. They allow us to check that organisations managing and delivering training are following our standards – [Promoting excellence](#).

The results allow us to:

- Identify where training experiences have fallen below our standards in a particular location; enabling us to put procedures such as [enhanced monitoring](#) in place, to resolve challenges.
- See areas of risk to prioritise locations to visit as part of our [national and regional reviews](#).
- Share information with deaneries and HEE local teams about patient safety concerns or bullying and undermining incidents, reported by doctors in training through the surveys. Postgraduate deans must then tell us what action has been taken to address issues.
- Identify specific themes or trends to support or lead on policy work aimed at improving the training environment for doctors and ensuring patient safety.

We will take immediate action if the safety of trainees and/or patients is at serious risk. In the most serious cases we will consider whether to remove trainees from particular locations. For example, we worked with HEE to relocate doctors in training from a department at East Kent Hospitals University NHS Foundation Trust in March 2017, in response to poor levels of clinical supervision.

Initial findings: doctors in training

The pressure on UK health services over the past year has been particularly intense. In previous years we have highlighted the paradox of high levels of satisfaction with training and increasing low morale and pressures on national health services. Our initial results show that this pattern continues this year.

We believe this is because the national training surveys focus on the factors that influence training environments, rather than the wider pressures in the workplace or employment challenges. High-quality training has largely been maintained, despite these pressures.

However, there have been some slight changes in year on year comparisons and small variations between the four UK countries on specific key questions.

Quality of teaching

- While levels of satisfaction with training remain high, an increasing number of doctors – from 7.47% in 2017 to 9.34% in 2018 - rate the quality of teaching in their post as poor/very poor (Table 3).
- There was an improvement in this figure in 2017 but values have returned to the levels of dissatisfaction seen in 2016 in all areas except Wales, where levels of satisfaction appear more stable.

Table 3 'Please rate the quality of teaching in this post.' (Poor/very poor responses)							
	2012	2013	2014	2015	2016	2017	2018
England	8.84%	9.37%	9.08%	9.34%	9.50%	7.56%	9.44%
Northern Ireland	5.31%	8.56%	6.64%	5.58%	6.54%	5.96%	8.48%
Scotland	8.83%	10.53%	10.48%	11.0%	8.69%	7.82%	9.93%
Wales	6.78%	7.83%	7.0%	7.72%	6.44%	6.02%	6.82%
UK	8.63%	9.38%	9.05%	9.32%	9.21%	7.47%	9.34%

Quality of experience

- The overall score for quality of experience in a training post across the UK remains high at 81.39% (Table 4). This score has been fairly static for the past few years. Northern Ireland has seen the biggest decrease from last year for this question.

Table 4
'How would you rate the quality of experience in this post?'
 (Excellent/good responses)

	2012	2013	2014	2015	2016	2017	2018
England	80.94%	81.49%	81.68%	82.92%	82.54%	81.43%	81.20%
Northern Ireland	83.48%	82.95%	83.33%	83.33%	86.31%	85.31%	83.88%
Scotland	81.67%	82.59%	82.28%	82.21%	84.05%	82.19%	81.24%
Wales	82.15%	83.12%	82.91%	85.20%	86.53%	84.78%	83.56%
UK	81.14%	81.72%	81.84%	82.97%	82.96%	81.76%	81.39%

Intensity of work load

- Two in five doctors in training (40.73%) rate the intensity of their work by day as heavy or very heavy (Table 5). These figures highlight that a large proportion of doctors have experienced a heavy workload year-on-year for the past six years.

Table 5
'How would you rate the intensity of your work, by day in this post?'
 (Heavy/very heavy responses)

	2012	2013	2014	2015	2016	2017	2018
England	41.43%	43.80%	42.18%	41.93%	44.10%	41.56%	41.47%
Northern Ireland	40.66%	41.20%	42.80%	42.40%	37.95%	38.72%	38.67%
Scotland	38.10%	39.22%	38.68%	38.88%	38.33%	36.93%	36.82%
Wales	36.37%	39.43%	37.08%	37.46%	40.37%	36.82%	37.31%
UK	40.87%	43.11%	41.65%	41.46%	43.22%	40.84%	40.73%

Working beyond rostered hours

- Across the UK, 48.83% report they work beyond their rostered hours. Although still high, this has slightly improved across all the four UK countries, from 53.56% in 2017 and 58.57% in 2016 (Table 6). This improvement is seen across all the four UK countries with the most improvement in England.

Table 6
'In this post, how often (if at all) have you worked beyond your rostered hours?'
 (Daily/weekly responses)

	2012	2013	2014	2015	2016	2017	2018
England	58.76%	59.45%	57.83%	55.78%	59.70%	54.40%	48.47%
Northern Ireland	61.97%	60.07%	59.04%	54.90%	53.80%	52.06%	50.54%
Scotland	49.40%	51.99%	51.48%	50.54%	50.30%	47.48%	46.76%
Wales	52.05%	53.27%	51.76%	51.61%	57.40%	51.6%	50.76%
UK	57.69%	58.51%	56.99%	55.08%	58.57%	53.56%	48.83%

Feeling short of sleep

- Just over one in five (21.23%) doctors in training across the UK report that their working pattern left them feeling short of sleep during work on a daily or weekly basis (Table 7).

Table 7
'In this post, how often (if at all) did your working patterns leave you feeling short of sleep when at work?'
 (Daily/weekly responses)

	2012	2013	2014	2015	2016	2017	2018
England	21.62%	22.65%	22.89%	17.4%	25.0%	22.75%	21.28%
Northern Ireland	18.62%	19.78%	20.54%	14.83%	19.6%	20.4%	21.58%
Scotland	17.71%	19.79%	21.48%	16.8%	21.3%	20.96%	20.50%
Wales	18.14%	20.01%	18.71%	15.49%	22.0%	20.79%	21.83%
UK	21.01%	22.18%	22.49%	17.18%	24.39%	22.43%	21.23%

Initial findings: trainers

Findings from the trainer survey help us to understand the training environment in more detail and highlight the specific challenges trainers face in delivering high quality training. 2018 data shows a worsening picture in relation to finding time for training but some small improvements around workload.

Finding time to be a trainer

- This year, a third (33.08%) of trainers strongly disagreed/disagreed that they were able to use their allocated time in their role as trainer compared to a slightly lower 31.86% in 2017 (Table 8).
- The proportion of trainers strongly agreeing or agreeing to this question has decreased too from 2017, particularly in England and Wales.

Table 8 'I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.'			
	2016	2017	2018
England			
Strongly agreed/agreed	44.17%	44.16%	41.73%
Disagreed/strongly disagreed	32.94%	31.20%	32.71%
Northern Ireland			
Strongly agreed/agreed	35.43%	38.0%	40.51%
Disagreed/strongly disagreed	39.17%	32.98%	33.47%
Scotland			
Strongly agreed/agreed	39.56%	39.55%	40.13%
Disagreed/strongly disagreed	38.64%	36.9%	35.20%
Wales			
Strongly agreed/agreed	45.78%	42.86%	37.93%
Disagreed/strongly disagreed	32.28%	33.31%	34.92%
UK			
Strongly agreed/agreed	43.67%	43.52%	41.33%
Disagreed/strongly disagreed	33.51%	31.86%	33.08%

Time in the job plan

- Over half of trainers (54.15%) strongly agree or agree their job plan contains enough designated time for their role as a trainer (Table 9). This is a slight improvement on last year's figure.
- The figures for England in particular are fairly static and consistent with previous years. There has been some improvement in the figures for Scotland, Northern

Ireland and Wales, with a decrease in the proportion of trainers strongly disagreeing/disagreeing that they have enough designated time.

Table 9 'My job plan contains enough designated time for my role as a trainer.'			
	2016	2017	2018
England			
Strongly agreed/agreed	53.33%	52.63%	52.59%
Disagreed/strongly disagreed	31.42%	30.28%	29.36%
Northern Ireland			
Strongly agreed/agreed	47.80%	49.77%	60.72%
Disagreed/strongly disagreed	34.8%	28.81%	24.65%
Scotland			
Strongly agreed/agreed	55.97%	55.36%	62.07%
Disagreed/strongly disagreed	28.78%	30.13%	23.47%
Wales			
Strongly agreed/agreed	57.23%	52.25%	55.96%
Disagreed/strongly disagreed	26.66%	29.31%	26.99%
UK			
Strongly agreed/agreed	53.59%	52.76%	54.15%
Disagreed/strongly disagreed	31.07%	30.17%	28.62%

Trainer work load

- Workloads for trainers remain high with 66.39% of trainers rating the intensity of their work as very heavy/heavy. This is a slight improvement compared to 69.94% in 2017 (Table 10).
- Northern Ireland and Scotland have seen the most improvement in workload intensity.

Table 10 'How would you rate the intensity of your work, by day in this post?' (Heavy/very heavy)		
	2017	2018

England	70.49%	67.49%
Northern Ireland	73.10%	62.23%
Scotland	66.08%	58.78%
Wales	66.42%	63.11%
UK	69.94%	66.39%

Trainers feeling short of sleep

- One in five trainers (20.31%) report feeling short of sleep during work on a daily or weekly basis. This figure is similar to last year (Table 11); and similar to that reported by trainees to the same question.

Table 11 'How often (if at all) do your working patterns leave you feeling short of sleep when at work?' (Daily/weekly responses)		
	2017	2018
England	20.31%	20.96%
Northern Ireland	18.24%	17.81%
Scotland	15.82%	16.47%
Wales	16.48%	17.51%
UK	19.64%	20.31%

Burnout

There are increasing concerns about the impact of working conditions on doctors' wellbeing, with fears that pressures could lead to burnout*. In recent years, we have worked with doctors and their representatives to explore how we can sensitively measure these issues through the national training surveys.

After comprehensive research and a successful piloting phase, optional questions about work-based burnout were included in the 2018 surveys for the first time. We hope doctors feel comfortable with the way we approached this; we understand that these questions will have felt challenging for some but by hearing the views of trainees and trainers we will better understand the factors most associated with feelings of burnout.

* Work-related burnout is defined in the Copenhagen Burnout Inventory as a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

The questions we asked are taken from the *Copenhagen Burnout Inventory* – an internationally recognised and validated question set. By using an established set of questions we are more likely to be able to compare our results effectively over time, as well as with medical workforces abroad and similar vocational professions in the UK.

Later this year we'll provide more in-depth analysis of the burnout questions by UK country, region of England, age-group and/or specialty; as well as considering what burnout means for postgraduate training outcomes and the medical profession more widely. In the meantime, initial findings include:

- Almost one in four trainees (23.8%) and just over one in five trainers say they feel burnt out because of their work to a very high degree/to a high degree (Table 12).
- Feelings of burnout are slightly more prevalent amongst trainees and trainers in England and Wales.

Table 12 'Do you feel burnt out because of your work?'		
	Trainees	Trainers
England		
To a very low degree/to a low degree	36.44%	37.78%
To a very high degree/to a high degree	24.44%	21.38%
Northern Ireland		
To a very low degree/to a low degree	37.92%	33.66%
To a very high degree/to a high degree	20.98%	20.43%
Scotland		
To a very low degree/to a low degree	41.78%	42.81%
To a very high degree/to a high degree	20.08%	18.50%
Wales		
To a very low degree/to a low degree	38.47%	39.73%
To a very high degree/to a high degree	23.07%	22.92%
UK		
To a very low degree/to a low degree	37.17%	38.15%
To a very high degree/to a high degree	23.80%	21.20%

- Trainees are more likely than trainers to say they always/often feel worn out at the end of the working day, with well over half of trainees (56.68%) reporting this compared to 49.85% of trainers (Table 13).
- A higher proportion of trainees in England and Wales state they feel this way compared to Scotland and Northern Ireland. For trainers, a higher proportion feels this way in England and Northern Ireland.

Table 13 'Do you feel worn out at the end of the working day?'		
	Trainees	Trainers
England		
Never/almost never/seldom	9.37%	11.86%
Often/always	57.73%	50.38%
Northern Ireland		
Never/almost never/seldom	11.15%	12.53%
Often/always	51.73%	50.12%
Scotland		
Never/almost never/seldom	10.53%	12.49%
Often/always	50.95%	46.33%
Wales		
Never/almost never/seldom	9.97%	11.70%
Often/always	54.61%	47.08%
UK		
Never/almost never/seldom	9.57%	11.92%
Often/always	56.68%	49.85%

- Almost a third of trainees (31.53%) say they are often or always exhausted in the morning at the thought of another day at work. Trainers are much less likely to report this with just under one in five (19.10%) saying they always/often feel this way (Table 14).

Table 14 'Are you exhausted in the morning at the thought of another day at work?'		
	Trainees	Trainers
England		
Never/almost never/seldom	32.51%	47.92%
Often/always	31.89%	19.13%
Northern Ireland		
Never/almost never/seldom	32.43%	40.72%
Often/always	29.62%	19.52%
Scotland		
Never/almost never/seldom	34.22%	48.23%
Often/always	30.07%	18.43%
Wales		
Never/almost never/seldom	34.10%	50.00%
Often/always	29.94%	19.28%
UK		
Never/almost never/seldom	32.78%	47.80%
Often/always	31.53%	19.10%

Rota design

Last year we included questions on rota design and rota gaps for trainees and trainers for the first time, because doctors and employers told us they can have a considerable impact on the training environment and the quality of training provided.

We included high level findings on rotas in the 2017 report, but as the questions were still being tested, we did not publish data for individual organisations. Following full testing and validation, the 2018 results for questions on rota gaps and design are now available in the online reporting tool.

Initial findings include:

- 29.73% of trainees strongly disagree/disagree with the statement 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.'

- Negative perceptions amongst trainees about lost opportunities have reduced slightly from 31.25% in 2017 (Table 15). This has improved the most in Scotland.

Table 15 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.' (Strongly disagree/disagree)		
	2017	2018
England	31.73%	30.27%
Northern Ireland	27.00%	28.13%
Scotland	29.77%	26.49%
Wales	28.16%	28.49%
UK	31.25%	29.73%

- A similar proportion of trainers (28.29%) strongly disagree/disagree that training opportunities are rarely lost due to rota gaps (Table 16).

Table 16 'My trainee(s) educational/training opportunities are rarely lost due to gaps in the rota.' (Strongly disagree/disagree)		
	2017	2018
England	27.29%	28.81%
Northern Ireland	28.01%	23.46%
Scotland	28.17%	23.33%
Wales	26.87%	30.31%
UK	27.36%	28.29%

Next steps

- We're committed to working with everyone involved in postgraduate medical training to act on the results of this year's surveys. Postgraduate deans have to tell us what steps they've taken to resolve the issues reported by trainees. And we expect organisations responsible for environments to listen to what doctors have told them, and use it to improve the training experience they offer.

- We're stepping up our support to make sure doctors in training feel able to raise concerns about working in under-resourced environments.
 - In England we've signed up to a joint working group with the Academy of Medical Royal Colleges, the British Medical Association, Care Quality Commission, Health Education England, NHS Employers and NHS Improvement to collaboratively improve the effectiveness and acceptability of exception reporting for both trainees and employers.
 - In Scotland, Wales and Northern Ireland we're working closely with local partners, and the BMA in particular, to find ways to improve consistency in rota monitoring.
- We know from our work on the frontline, that many Specialty and Associate Specialist (SAS) doctors do not feel recognised or have a voice in the system. We are carrying out a feasibility study to explore how we can collect the views of these doctors, and provide them with an opportunity to safely and formally tell us about their experiences of working in healthcare environments across the UK.
- Creating training and working environments that encourage positive wellbeing is in the interests of both doctors and the patients they care for. The new questions in this year's survey will help improve our understanding of how working conditions affect the wellbeing of doctors in training, but it is also important to look at the factors which impact on health and wellbeing at all other stages of a doctor's career. To do this, we've started a UK-wide review of medical students and doctors' wellbeing, led by Professor Michael West and Dame Denise Coia.
- In the coming months we'll meet with doctors, employers, medical educators and governments to explore the initial findings presented in this report.
- Finally, we'll analyse the 2018 survey results in detail across countries, specialties and sites, to provide a detailed report for publication later this year.

Survey development

- We continually review the national training survey to ensure the questions are relevant and generate the data we need to quality assure medical training. The rota gap questions introduced last year and the burnout questions developed for this year's survey emerged from our ongoing contact 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 to the survey for the following year. This year over 15,000 trainees and trainers offered to do this. We greatly value the input of doctors in training in the ongoing development of the surveys. If you'd like to add your name to our list please email: nts@gmc-uk.org.