Training pathways: how and why are doctors moving in and out of their training?

Professor Stewart Irvine: NHS Education for Scotland

Louise O'Neill: GMC

Jane Cannon: GMC

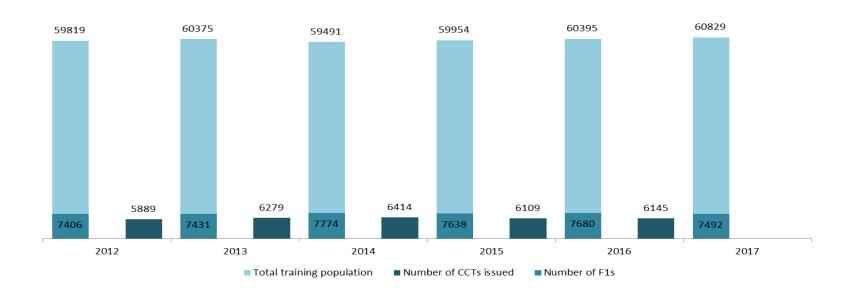
General Medical Council

Working with doctors Working for patients

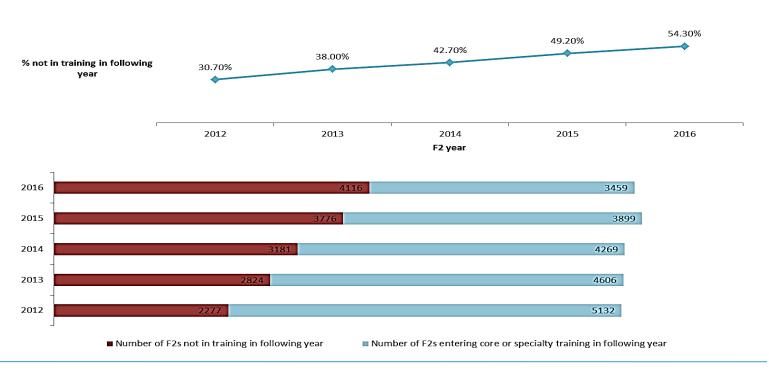
Background

- Why?
 - GMC quality assurance work
 - training versus service delivery
 - relates to GMC remit as regulator
- TP1 published November 2017:
 - break at F2
 - quantitative analysis of NTS census data and career intentions questions
- TP2: qualitative study (to be published summer 2018)
 - motivations and experiences of doctors
 - one-to-one interviews, focus groups and analysis of relevant survey question (free text)

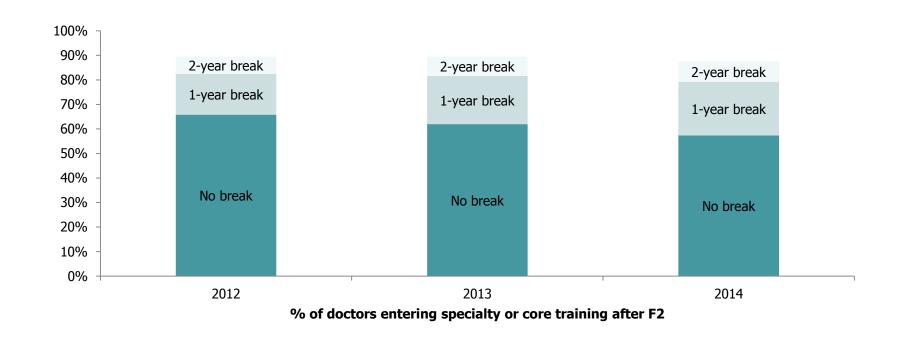
Throughput of training seems stable – why are we looking at this?

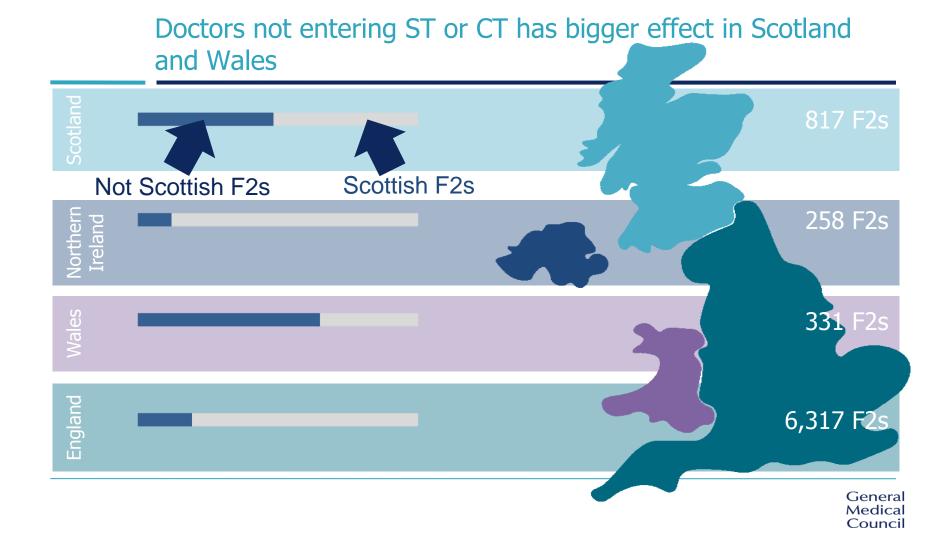


% of doctors taking a break after F2 is increasing

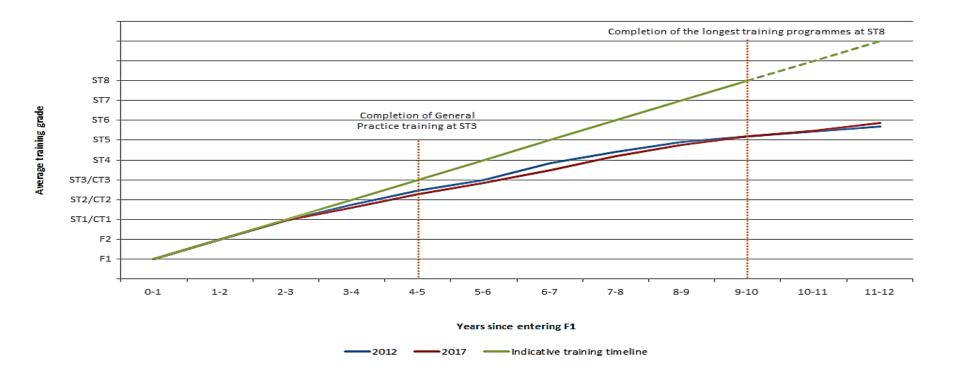


And almost all enter ST or CT within 3 years of foundation training





Average time taken to complete training is slower than indicative timelines



Career intentions

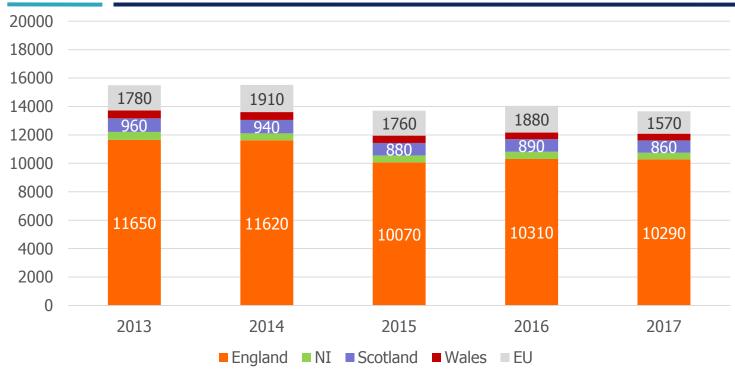
- NTS question on career intentions of F2 doctors
- more doctors go on to take a break than state their intention to

 in 2017 the number stating their intention to take a break decreased

Questions?

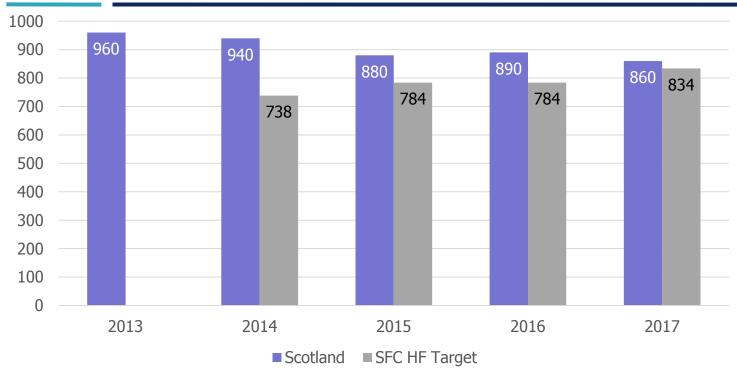
Scotland data

Supply into Undergraduate Education



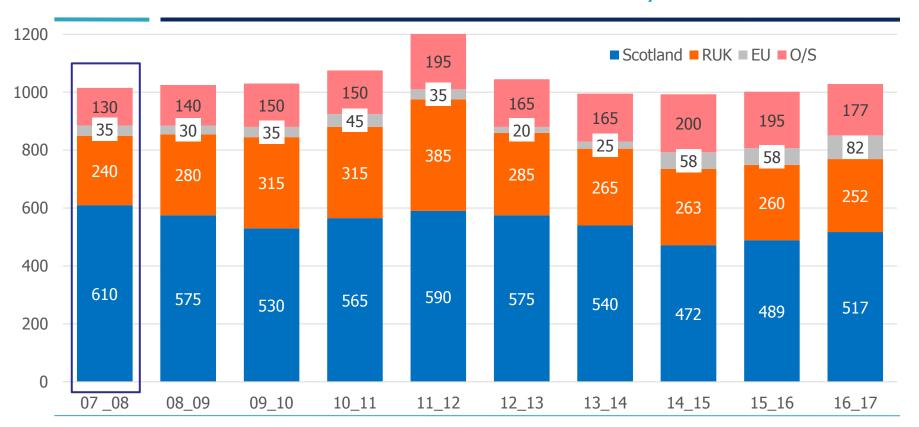
Numbers of First Time applicants, by applicant domicile, data from UCAS, 2017 Cycle

Supply into Undergraduate Education

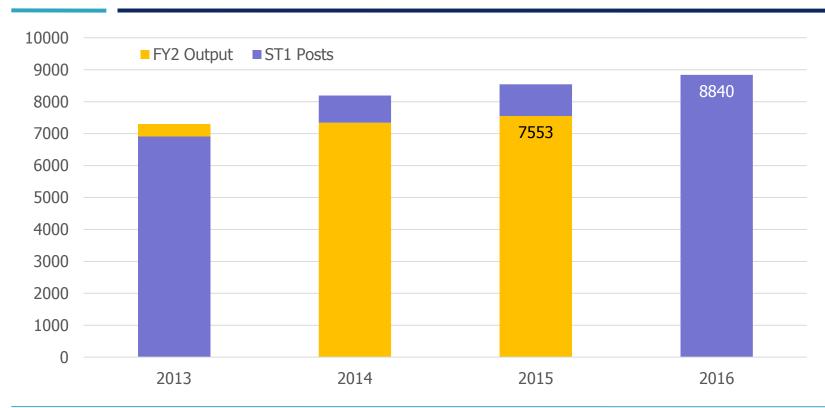


Numbers of First Time applicants, by applicant domicile, data from UCAS, 2017 Cycle

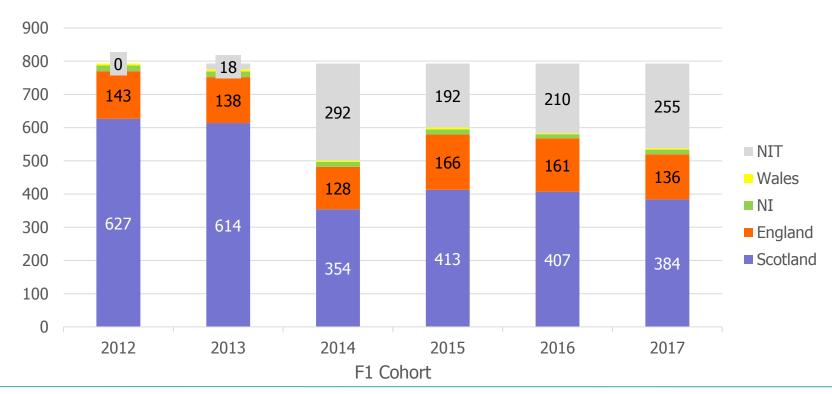
Entrants to Scottish Medical Schools by domicile



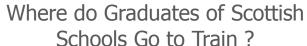
Foundation Supply into Specialty Training

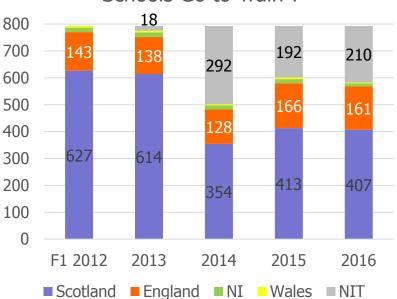


Graduates from Scottish Schools - 2012 FY1 Cohort

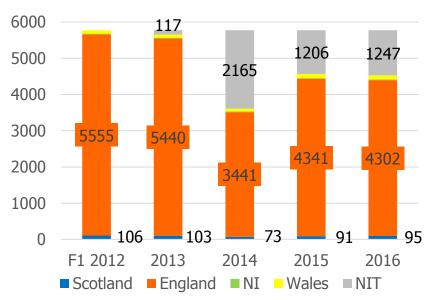


UK Medical Graduate Destinations

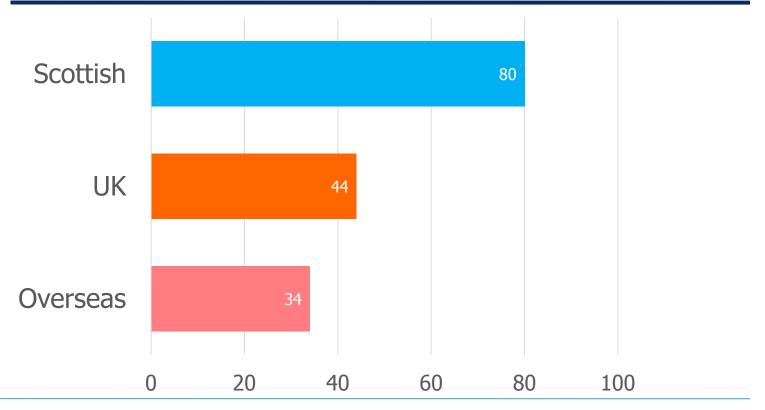




Where do Graduates of English Schools Go to Train?



Graduate % Retention at ST1 by Domicile



Questions?

Qualitative findings

Method

Total number of participants							
1-1 interviews and focus groups							
	England	Scotland	Wales	N Ireland	Total		
Trainees	43	10	13	15	81		
Supervisors	12	4	2	0	18		
	55	14	15	15	99		
Survey respondents							
Trainees	England	Scotland	Wales	N Ireland	Total		
	751	99	54	23	927		

- one-to-one interviews with trainees and supervisors
- six focus groups with trainees
- GMC flexibility survey: analysis of trainee responses to question about training breaks

Activities undertaken during a break

Activity undertaken during training break (Base: 804)					
	N	%			
Working in UK health services	460				
Locum in UK	193				
Work in UK in a staff grade post or a LAT / LAS post	168				
Clinical fellowship	99	57%			
Work or volunteer overseas	279	35%			
Undertake further qualifications or training e.g. a masters, diploma or					
other research	174	22%			
Travel	122	15%			
Working in medical education (incl. teaching or educational fellowship)	85	11%			

Motivating factors

Most commonly cited reasons for taking a break, by theme, across all participants

(Base: 589)

(2000)				
Theme	Number			
Health and emotional wellbeing	250			
Career or specialty choice	190			
Training or work environment	155			
Logistical/practical	127			
Personal circumstances	68			
Personal development	46			

Benefits and outcomes

Clinical skills

- undertake clinical opportunities not available on a TP
- improved academic knowledge
- improved decision-making in a clinical setting
- improves and broadened skills needed for specialty

Professional skills / future career

- confirmed specialty choice and career type
- improved CV for specialty applications
- better pay / earn more money for a while
- improved skills and experience in management, leadership, teaching, negotiation, networking and med edu
- increased confidence and experience going into core / specialty / GP training

Soft skills

- communication and time management
- resilience and adaptability
- becoming a more rounded doctor/personal development
- confidence and maturity

Health and wellbeing

- enjoy medicine, feeling valued
- experience better working conditions
- no e-portfolio or training requirements
- better work life balance, less stressed, happier
- re-energised for next stage of training
- headspace

Advice and guidance

 not all trainees seek advice from supervisors: more likely to talk it through with peers and senior trainees

 supervisors believe advice should be tailored and the benefit of a break depends on trainees' motivation and intended activities

 some frustration amongst trainees regarding lack of guidance on how to maximise a break: trainees would appreciate more positive messaging.

Questions raised by this research

- Trainees who have taken a break perceive they can create a more effective learning environment outside of a training programme:
 - 1. How could learning opportunities be maximised within a training programme?
- Trainees would like more control and autonomy. Training viewed as a 'treadmill':
 - 2. How could the tick-box nature of training programmes be reduced?
- Perception that weaker support networks, UK recruitment system and lack of team ethos = less incentive to stay in training:
 - 3. What could employers do to address these challenges?
- Breaks aren't for everyone, it's a personal choice. And they are more beneficial if they are well-planned:
 - 4. How can trainees who want to take a break be guided effectively, whilst allowing those who want to progress directly into GP, core or specialty training to do so?

Discussion...

Questions
Comments
Observations
?