**Doctors in Training**

**Resignation Guidance**

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| RESIGNATION GUIDANCE | **NES Medical Directorate** |
|  | **Guidance No: 1** |
| **Guidance Title: NES guidance for any doctor in training resigning from a medical training programme** |

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# purpose

This guidance outlines the process for any doctor in training resigning from a training programme within Scotland. The guidance supports NES medical to understand the reasons behind resignations from training and to highlight any areas of concern, as well as ensuring appropriate support for this transition is offered to the doctor in training. This guidance is intended to sit alongside existing Board HR policies and to supplement current guidance in the [Gold Guide (9th Edition).](https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf)

# introduction

Prior to resigning from a training programme, a doctor in training will have given this decision significant thought and will not be undertaking this resignation lightly.

As part of the resignation process, NES would like to fully support and understand the reasons behind the decision to leave training. With that in mind, we will ask all doctors in training who resign to undertake an online leaver’s questionnaire and offer a 1:1 meeting with a member of the Trainee Development and Wellbeing Service (TDWS). If appropriate, doctors in training will also be offered the opportunity for careers guidance from an expert member of the TDWS careers team.

# Scope

This guidance applies to all doctors in training tendering a letter of resignation. Trainees who are due to leave training following an Outcome 4 at ARCP will also be offered support through an invitation to a TDWS meeting in line with existing processes (see flowchart).

# SPECIFIC PROCEDURE

Prior to any resignation we encourage all doctors in training to speak with their Educational / Clinical Supervisors / Training (or Foundation) Programme Director / Lead Dean Director (Postgraduate Dean) and seek careers advice via the TDWS [Here](https://www.scotlanddeanery.nhs.scot/trainee-development-and-wellbeing-service/contact-us-trainee-form/).

If the doctor in training is on a skilled worker visa, the NES sponsorship team are also available to provide advice on the impacts on the current sponsorship arrangement [here](https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/121/create/593).

When a notification of resignation is tendered, the letter/email should give appropriate notice (FY1 – 2weeks, FY2 – 4 weeks, core training – 1 month, higher specialty training – 3 months) and be sent to [training.management@nes.scot.nhs.uk](mailto:training.management@nes.scot.nhs.uk) **as well as** the relevant employing health board. Emails for the four employing health boards are available on the resignation website page here. The training management team will then share this resignation notification with the doctor’s training team, including their Training (or Foundation) Programme Director, Associate Postgraduate Dean. Lead Dean Director/Postgraduate Dean and the NES sponsorship team as needed.

Once the resignation is received by the training management team, an acknowledgement letter will be sent to the doctor in training including:

* A request to complete the online leaver’s questionnaire.
* An offer of an online meeting with a member of the TDWS team which they can opt into at the end of the online questionnaire.

TDWS may also make a separate offer of careers advice if the doctor in training has not already received specific careers support.

Confidentiality will be taken very seriously. The personal information shared by doctors in training in leavers’ questionnaires will be stored securely. A brief record of the TDWS meeting will be held securely in the doctor’s confidential TDWS file, separately from their training portfolio, and will only be accessible to the TDWS team dealing with the resignation. There may be occasions where sharing of information with the training team is necessary; with the doctor in training’s consent, appropriate action may be taken in response to any issues raised. The exception to this would be in the case of a significant patient safety concern, in which case we may need to break this confidentiality to seek further guidance**.** To encourage learning and response to feedback, collated themes will be shared at organisational level, in an anonymous fashion, to help identify any specific interventions or improvements the Deanery might wish to consider in future. Anonymised data will be shared through the Medical Directorate Quality and Safety (MDQ&S) group and Directors of Medical Education (DMEs). There are procedures to deal with any suspected data breach and we will notify the doctor in training and the regulator of a suspected breach where legally required.

# Change History

| Guidance no. | Effective Date | Significant Changes | Previous Guidance no. |
| --- | --- | --- | --- |
| 1 | 1st of June 2024 | Initial version | N/A |
|  |  |  |  |

## SUMMARY FLOWCHART OF NEW RESIGNATION PROCESS

## WEBSITE CONTENT

**I am considering resigning from my training programme, what should I do?**

We understand that there are a wide range of reasons that doctors in training may not complete their training programme. We acknowledge that for most, this decision will not be undertaken lightly, and we hope that NES can guide and support you through this process.

If you are considering resigning from your training programme before completion, we recommend you arrange to meet with your Clinical or Educational Supervisor, and/or your Training (or Foundation) Programme Director to discuss your intentions and reasons for the resignation.  With your permission and if relevant, they may explore whether there is further support or alternative working arrangements that could be put in place which might enable you to continue in your training programme.

The Trainee Development and Wellbeing Service (TDWS) offers a range of independent advice and guidance, including careers advice, health, and wellbeing support. Click [here](https://www.scotlanddeanery.nhs.scot/trainee-development-and-wellbeing-service/) for more information.

Further information and resources are also available in the doctors in training support section of the Scotland Deanery website found by clicking [here.](https://www.scotlanddeanery.nhs.scot/trainee-information/support-for-trainees/) If you are on a Skilled Worker visa it's important to be advised on the impact resigning from your training post will have on your right to work. Should you have any concerns you should seek your own advice from an immigration advisor. The NES sponsorship team are also available to discuss your current sponsorship arrangement & advise on how we process resignations [here.](https://nesdigital.atlassian.net/servicedesk/customer/portal/30/group/121/create/593)

If you still wish to proceed with resignation, you can inform NES of your intention by email to [training.management@nes.scot.nhs.uk](mailto:training.management@nes.scot.nhs.uk). Please ensure you simultaneously notify your employing health board by copying your email to their HR department. It is essential to also let your employing board HR department know of your resignation as there are separate local processes that ensure you are correctly exited from employment.

The training management team will then communicate your decision to your Training (or Foundation) Programme Director, Associate Postgraduate Dean and Lead Dean Director/Postgraduate Dean.

As part of the resignation process, NES would like to fully support and understand the reasons behind your decision to leave. With that in mind, we would like all doctors in training who resign to complete an online leaver’s questionnaire and be offered a 1:1 supportive meeting with a member of the Trainee Development and Wellbeing Service (TDWS) team. You will also be offered careers advice if you would like it.

**Notice Period**

As a doctor in training, you are required to give advance notice of your resignation – minimum notice periods are 2 weeks for FY1, 4 weeks for FY2, 1 month for core training and 3 months for higher specialty training. We recommend meeting with your Clinical Supervisor/ Educational Supervisor and/or Training (or Foundation) Programme Director to advise of your intentions and mutually agree on a suitable termination date. Waiving of this obligation will only be considered in very exceptional circumstances and can only be agreed by your employer.

**Leaver’s Process**

Once you have submitted your intention to resign, we will ask you to complete a leaver’s questionnaire which will include the option to request a supportive meeting to discuss your experiences and situation. The meeting will be undertaken online (or in person if preferred) and in confidence by a member of our Trainee Development and Wellbeing Service at a mutually agreed time. The aim of this process is to help us understand what has led you to leave training, whether there is further wellbeing or careers support that we can offer, and to help us to improve the overall experience and retention of doctors in training. Your feedback is very valuable to us.

Your responses to the online questionnaire and topics covered within the Trainee Development and Wellbeing Service (TDWS) meeting will be treated in confidence. However, where necessary and with your consent, appropriate action may be taken in response to any issues raised. To encourage learning and response to feedback, collated themes will be shared at organisational level, in an anonymous fashion, to help us identify any specific interventions or improvements we might wish to consider in future. Your lead employer will also process their own resignation pathway in parallel with the NES process and this may also include the offer of a separate questionnaire or exit interview from their respective HR departments.

Additional career support resources are available [here](https://www.scotlanddeanery.nhs.scot/trainee-information/careers/).

## RESIGNATION RESPONSE LETTER/EMAIL

Date **Private and Confidential**

Name

Address

Dear

**Re: Acknowledgement of Resignation**

I write to confirm receipt of your resignation dated (date) from the role of (grade) in the (Name of Programme) Training Programme. I have shared this information with your training team, including your Training Programme Director, Associate Postgraduate Dean, Lead Dean Director/Postgraduate Dean and, if applicable, NES sponsorship team. Please ensure you have also shared this information with your employing health board via their HR department. It is essential to also let your employing board HR department know of your resignation as there are separate local processes that ensure you are correctly exited from employment.

Leaver’s Questionnaire

We would like to understand the experiences of doctors who resign from training. I would therefore like to invite you to complete the NES doctors in training leaver’s questionnaire to help us further understand your reasons for leaving, experiences in the role and feedback on what we can do to improve training for future doctors. Your feedback will help identify any areas for improvement or future change to improve the wellbeing and working lives of doctors in training.

To access the online leaver’s questionnaire please either:

* Scan the QR code to the right using the camera on your phone:
* Click [here](https://forms.office.com/e/4rusp3C7Zp) to follow the direct link to the questionnaire.
* Contact the training management team to request a copy by email: [training.management@nes.scot.nhs.uk](mailto:training.management@nes.scot.nhs.uk)

We ask that you complete this questionnaire within 2 weeks if possible, so that we can understand what further support you may benefit from. If we have not had a response from you within 2 weeks, we will send you a reminder.

Follow-Up Meeting

At the end of the leaver’s questionnaire, you will be asked whether you wish to participate in a supportive meeting to discuss your situation and experiences. This will be arranged for a later date and will be online (or in person if preferred) with one of our Trainee Development and Wellbeing Service (TDWS) Associate Postgraduate Deans. This will be an opportunity of us to offer further appropriate support to you in the resignation process and for future career planning. Following receipt of your questionnaire, if you have indicated you would like to be offered a meeting, we will be in touch with a date and time for the interview.

We take confidentiality very seriously. The personal information you share in the leaver’s questionnaire and during any meeting will be stored securely and will only be accessible to a limited number of appropriate members of the Deanery. There may be occasions where sharing of information with the training team is necessary, but you would be consulted prior to this taking place. The exception to this would be in the case of a significant patient safety concern, in which case we may need to break this confidentiality to seek further guidance. We will collate anonymous themes from the questionnaire and meeting which may be shared more widely within NES for organisational improvements. We have put in place procedures to deal with any suspected data breach and will notify you and the regulator of a suspected breach where legally required.

If you have any questions about the process, please do not hesitate to contact me.

Finally, I would like to thank you for all your work and contribution to NHS Scotland during your time here and wish you all the very best for the future.

Yours sincerely,

**Training management team member name**

**Job Title**

Further information and guidance regarding the leaver’s questionnaire and follow up meeting can be found here.

## TDWS MEETING INVITATION EMAIL

Dear

We are making contact following your recent resignation. You have indicated that you wish to take up the offer to meet with a member of the Trainee Development and Wellbeing Service (TDWS). We would be happy to arrange for you to meet with one of our TDWS Associate Postgraduate Deans (APGDs). The APGDs are medical trainers who wish to ensure you are being supported during the resignation process. If this is incorrect or you have changed your mind, please let us know by replying to this email.

I have arranged the online leavers interview as follows:

**Date:**

**Time:**

**Link to Teams meeting:**

Meetings are generally held via video call online, however in person meetings can be requested if preferred.

If you have any questions in advance of the meeting, please do not hesitate to contact me. Please reply to this email to confirm you can attend the meeting or rearrange a time if not.

Best wishes,

**TDWS member of staff name**

**Job Title**

## RESIGNATION RESPONSE LETTER – REMINDER

Date

**Private and Confidential**

Name

Address

Dear

**Re: Reminder to complete Leaver’s Questionnaire and opt-in to Leaver’s Meeting**

I write with a gentle reminder to ask that you complete the doctors in training leaver’s questionnaire linked below and let us know if you wish to take up the offer of a follow-up leaver’s meeting with one of our Associate Postgraduate Deans from the Trainee Development and Wellbeing Service (TDWS). Your feedback will help us to understand the experiences of doctors who resign from training and also help identify any areas for improvement or future change required for the wellbeing and working lives of doctors in training. This is your last opportunity to share your views with us, if we do not hear from you within 2 weeks of this email, we will assume you do not wish to participate in the process and will not make any further contact regarding this.

To access the online leavers questionnaire please either:

* Scan the QR code to the right using the camera on your phone:
* Click [here](https://forms.office.com/e/4rusp3C7Zp) to follow the direct link to the questionnaire.
* Contact the Training Management team to request a copy by email: [training.management@nes.scot.nhs.uk](mailto:training.management@nes.scot.nhs.uk)

We take confidentiality very seriously. The personal information you share in the leaver’s questionnaire and during your meeting will be stored securely and will only be accessible to the TDWS team dealing with the resignation. There may be occasions where sharing of information with the training team is necessary, but you would be consulted prior to this taking place. We will collate anonymous themes from the questionnaire and interview which may be shared more widely within NES for organisational improvements. We have put in place procedures to deal with any suspected data breach and will notify you and the regulator of a suspected breach where legally required.

Again, I would like to thank you for all your work and contribution to NHS Scotland during your time here and wish you all the very best for the future.

Yours sincerely,

**Training management team member name**

**Job Title**

Further information and guidance regarding the leavers questionnaire and leavers interview can be found here.

## LEAVER’S QUESTIONNAIRE LINK

<https://forms.office.com/e/4rusp3C7Zp>



**TAXONOMY OF THEMES FOR RESIGNATION PROCESS**

Themes will be collated from the questionnaires and TDWS meeting notes as below, with the opportunity to add free text reasons/themes not already covered that come to light:

NHS Factors

**Educational Environment and Teaching**

* Issues with lack of teaching and education
* Issues around feedback (e.g. limited, method of delivery)
* Clinical supervision
* Educational supervision
* Inadequate support from Training Programme Director
* Inadequate training opportunities or intellectual stimulation
* Inadequate opportunities for research, quality improvement or academia
* Job rotation issues
* Other

**Equality and Inclusivity**

* Discrimination related to protected characteristics
* Discrimination related to other perceived differences.
* Other

**Dignity at Work**

* Bullying (by superiors)
* Bullying (by peers/other colleagues),
* Undermining
* Sexual Misconduct
* Harassment (other than sexual harassment)
* Frequent destructive criticism
* Inadequate respect from peers/superiors
* Others

**Cultural Issues**

* Inadequate psychological safety (e.g., safe learning environment, ability to report concerns; openness to change/improvement)
* Hostile culture of unit/departmental/specialty
* Inadequate communication processes
* Unsafe clinical practices
* Leadership and Management issues
* Inadequate resources to support effective and safe clinical work (e.g. short staffing)
* Witnessing poor experience of colleagues
* Dissatisfaction/disillusionment with the NHS
* Feeling undervalued, low morale
* Lack of recognition of personal contribution
* Other

**Wellbeing and support**

* Inadequate support from trainers
* Inadequate peer support/mentoring /role-modelling
* Work-related stress
* Symptoms of burn-out
* Fatigue (emotional and physical)
* Inadequate support or flexibility for additional needs or health condition
* Other

**Workload and work environment**

* High workloads and service provision
* Rota issues e.g., shift patterns, lack of rest periods, unable to swap shifts, acquire leave
* The mental stressors and demands of clinical work.
* Expectations/demands of training (exams, portfolio, competencies, QI)
* Unreasonable levels of personal sacrifice to meet training /job requirements e.g., out-of-pocket expenses, strain on family/relationships and health
* Inflexibility/lack of control in training programmes
* Difficulties in managing clinical risk and coping with uncertainty.
* Inadequate work-life-balance
* Fear of medico-legal risks
* Experience of adverse events/subsequent investigation
* Unacceptable levels of moral injury e.g., inability to provide acceptable quality of care
* Difficulties with commute or travel facilities
* Poor working conditions (workspaces, digital systems/access, catering, rest facilities, carparking)
* Long, inflexible and anti-social hours
* Other

**Employment or HR issues**

* Issues with requests for LTFT, out-of-programme time or career break
* Financial reasons
* Excessive/unpaid overtime
* Concerns with pension
* Fitness to practice proceedings
* Visa issues
* Other

Lifestyle Factors

**Personal and family circumstances**

* Family/friend or colleague bereavement or illness
* Childcare Commitments
* Other care commitments
* Mental health issues or protection
* Physical health issues or protection
* Other

**Geographical Change**

* Dissatisfaction with location of training,
* Dissatisfaction with lack of choice over location
* Moving to be nearer partners, family, or friends
* Moving with family e.g., partner has a new job
* Returning to country of previous residence
* Desire to move and work abroad
* Other

**Career uncertainty / planning**

* Changing specialty
* Wishing more time to consider specialty choice
* Non-clinical job opportunity e.g., academia, charity
* Wishing career break
* Leaving medicine for alternative career
* Reality of specialty/being a doctor did not meet expectations
* Uncertainty about future job/career prospects
* Other

**External Factors**

* Impacts of national policies (e.g. contracts, targets, resource allocation, policy focus)
* Patient and Public expectations
* Media influences
* Other

## DEANERY NEWSLETTER ARTICLE

**Supporting and understanding doctors in training who leave a training programme: an updated and improved process.**

Until now, there has been no formal opportunity for doctors in training leaving a training programme to provide feedback to NES about their experience and reasons for leaving. Recent feedback gathered from a small cohort of doctors in training who resigned described a varied experience with respect to support and information, highlighting the need for a more standardised approach to the doctor in training leavers process, ensuring that we learn from those who leave training and offer appropriate support and careers guidance.

We understand that there are a wide range of reasons that doctors in training may not complete their training programme. We acknowledge that for most, this decision will not be undertaken lightly, and may be associated with challenging circumstances. We want to ensure we offer appropriate wellbeing and careers support to doctors in training during their leaving experience. We hope that this new process will provide an opportunity to help us understand what factors lead doctors in training to leave a training programme and allow us to consider ways to improve the training experience and retention of doctors in training.

**What is new to the doctors in training leavers process?**

1. Website update

We have updated the website to provide more information and support to doctors in training who are considering leaving, and a link to this can be found here <insert link>. The leaving process is described in detail, and resources are also offered to support and guide both doctors in training and their trainers in the period before a decision has been taken to resign.

1. Streamlined email notification

We have reduced the number of emails a doctor in training will need to send to give notice of resignation – the doctor in training will now only need to send a single resignation notification email to both the NES training management team at [training.management@nes.scot.nhs.uk](mailto:training.management@nes.scot.nhs.uk), **and also** to their employing health board. The relevant contacts for each board are found on the website page here. NES training management team will then cascade the information to the doctor’s training team, including their Training Programme Director, Associate Postgraduate Dean and Lead Dean Director/Postgraduate Dean on behalf of the doctor in training to reduce the administrative burden.

1. Leaver’s questionnaire and supportive Trainee Development and Wellbeing Service (TDWS) meeting

As part of the resignation process, NES would like to understand the reasons behind decisions to leave and ensure that leavers are offered comprehensive support and guidance where appropriate. With that in mind, we have developed an online leaver’s questionnaire to be sent to all doctors in training who leave training, to gather initial information and feedback. Leavers will also be offered the opportunity of a 1:1 meeting with a senior member of the TDWS team to ensure the doctor in training has appropriate support in place. Themes around reasons for leaving will be collected confidentially to ensure NES can improve training and support for doctors in training.

1. How we plan to use this feedback

Responses to the online questionnaire and themes covered within the TDWS leavers' meetings will be treated in confidence. However, where necessary and with consent where possible, appropriate action may be taken in response to any issues raised. The exception to this would be in the case of a significant patient safety concern, in which case we may need to break this confidentiality to seek further guidance. To encourage learning and response to feedback, anonymous collated themes will be shared at organisational level to help us identify any specific interventions or improvements we might wish to consider in future.

Further support available

The Trainee Development and Wellbeing Service (TDWS) offers a range of independent advice and guidance, including careers advice, health, and wellbeing support.

Click [here](https://www.scotlanddeanery.nhs.scot/trainee-development-and-wellbeing-service/contact-us-trainee-form/) for more information. Further information and resources are also available in the doctors in training support section of the Scotland Deanery website [here](https://www.scotlanddeanery.nhs.scot/trainee-information/support-for-trainees/).

Additional career support resources are available [here](https://www.scotlanddeanery.nhs.scot/trainee-information/careers/).

## NES LogoLEAVER’S TDWS MEETING RECORD

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee Name |  | Training Programme  (Specialty & Region) |  |
| Current Grade |  | Current Placement |  |
| Last date of employment |  | Work Email |  |
| GMC Number |  | Personal Email |  |

|  |
| --- |
| BACKGROUND / MEETING SUMMARY |
|  |

|  |
| --- |
| AREAS ADDRESSED / ACTIONS DISCUSSED |
|  |

|  |
| --- |
| WHO HAS THE TRAINEE ALREADY HAD CONTACT WITH IN RELATION TO RESIGNATION? (TICK ALL THAT APPLY) |
| Training Programme Director ☐  TDWS – Wellbeing support ☐  TDWS – LTFT support ☐  TDWS – Careers team ☐  Occupational Health ☐  Associate Postgraduate Dean ☐    Educational/Clinical Supervisor ☐  Other: |

|  |
| --- |
| FOLLOW UP OR FURTHER ACITIONS REQUIRED? (TICK ALL THAT APPLY) |
| Signpost to further resources including current employing board policies ☐  Signpost to Practitioner Health ☐    Other/further details:  Additional careers follow-up for specific guidance ☐  Further TDWS follow-up support (with current APGD) ☐ |

**REASONS FOR RESIGNATION (TICK ALL THAT APPLY)**

|  |  |
| --- | --- |
| Educational Environment and Teaching | |
| Issues with lack of teaching and education | ☐ |
| Issues around feedback (e.g., limited, method of delivery) | ☐ |
| Clinical supervision | ☐ |
| Educational supervision | ☐ |
| Inadequate support from Training Programme Director | ☐ |
| Inadequate training opportunities or intellectual stimulation | ☐ |
| Inadequate opportunities for research, quality improvement or academia | ☐ |
| Job rotation issues | ☐ |
| Other educational (please detail): | ☐ |
| Equality and Inclusivity | |
| Discrimination related to protected characteristics | ☐ |
| Discrimination related to other perceived differences | ☐ |
| Other equality and inclusivity (please detail): | ☐ |
| Please give details of any equality and inclusivity issues raised: |  |
| Dignity at Work | |
| Bullying (by superiors) | ☐ |
| Bullying (by peers/other colleagues) | ☐ |
| Undermining | ☐ |
| Sexual Misconduct (in any form) | ☐ |
| Harassment (other than sexual harassment) | ☐ |
| Frequent destructive criticism | ☐ |
| Inadequate respect from peers/supervisors/wider team | ☐ |
| Lack of recognition of personal contribution | ☐ |
| Other dignity at work (please detail): | ☐ |
| Cultural Issues | |
| Inadequate psychological safety (e.g. safe learning environment, ability to report concerns; openness to change/improvement) | ☐ |
| Hostile culture of unit/departmental/specialty | ☐ |
| Dissatisfaction/disillusionment with the NHS | ☐ |
| Lack of recognition of personal contribution | ☐ |
| Feeling undervalued, low morale | ☐ |
| Inadequate communication processes | ☐ |
| Unsafe clinical practices | ☐ |
| Leadership and management issues | ☐ |
| Inadequate resources to support effective and safe clinical work (e.g., short staffing) | ☐ |
| Fear of regulatory consequences of safety issues | ☐ |
| Witnessing poor experience of colleagues | ☐ |
| Other cultural issues (please detail): | ☐ |
| Wellbeing and support | |
| Inadequate support from trainers | ☐ |
| Inadequate peer support/mentoring /role-modelling | ☐ |
| Work-related stress | ☐ |
| Symptoms of burn-out | ☐ |
| Fatigue (emotional and physical) | ☐ |
| Inadequate support or flexibility for additional support needs or health condition | ☐ |
| Other wellbeing and support (please detail): | ☐ |
| Workload and work environment | |
| High workloads and service provision | ☐ |
| Rota issues e.g., shift patterns, lack of rest periods, unable to swap shifts, acquire leave | ☐ |
| The mental stressors and demands of clinical work | ☐ |
| Expectations/demands of training (exams, portfolio, competencies, QI) | ☐ |
| Unreasonable levels of personal sacrifice to meet training /job requirements e.g., out-of-pocket expenses, strain on family/relationships and health | ☐ |
| Inflexibility/lack of control in training pathways | ☐ |
| Difficulties in managing clinical risk and coping with uncertainty. | ☐ |
| Inadequate work-life-balance | ☐ |
| Fear of medico-legal risks | ☐ |
| Experience of adverse events /complaints and subsequent investigation | ☐ |
| Unacceptable levels of moral injury e.g., inability to provide acceptable quality of care | ☐ |
| Difficulties with commute or travel facilities | ☐ |
| Poor working conditions (workspaces, digital systems, catering, rest facilities, carparking) | ☐ |
| Long, inflexible and anti-social hours | ☐ |
| Other workload and work environment (please detail): | ☐ |
| Employment or HR issues | |
| Issues with requests for LTFT, out-of-programme time or career break | ☐ |
| Financial reasons | ☐ |
| Excessive/unpaid overtime | ☐ |
| Concerns with pension | ☐ |
| Fitness to practice proceedings | ☐ |
| Visa issues | ☐ |
| Other employment (please detail): | ☐ |
| Personal and family circumstances | |
| Family/friend or colleague bereavement or illness | ☐ |
| Childcare Commitments | ☐ |
| Other care commitments | ☐ |
| Mental health issues or protection | ☐ |
| Physical health issues or protection | ☐ |
| Other personal/family (please detail): | ☐ |
| Geographical Change | |
| Dissatisfaction with location of training | ☐ |
| Dissatisfaction with lack of choice over location | ☐ |
| Moving to be nearer partners, family, or friends | ☐ |
| Moving with family e.g., partner has a new job | ☐ |
| Returning to country of previous residence | ☐ |
| Desire to move and work abroad | ☐ |
| Other geographical (please detail): | ☐ |
| Career uncertainty / planning | |
| Changing specialty | ☐ |
| Wishing more time to consider specialty choice | ☐ |
| Non-clinical job opportunity e.g., research, education, charity | ☐ |
| Wishing career break | ☐ |
| Leaving medicine for alternative career | ☐ |
| Reality of specialty/being a doctor did not meet expectations | ☐ |
| Uncertainty about future job/career prospects | ☐ |
| Other career uncertainty/planning (please detail): | ☐ |
| External Factors | |
| Impacts of national policies (e.g. contract, targets, resource allocation, policy focus) | ☐ |
| Patient and Public expectations | ☐ |
| Media influences | ☐ |
| Other external factors (please detail): | ☐ |

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Associate Postgraduate Dean Name Date

With your consent, this record will be securely stored in your individual confidential TDWS file (but not held on your training portfolio). Unless specific consent is gained, this record will not be shared. To encourage learning and improvements, collated themes from doctors who resign will be collated anonymously and shared at organisational level.

If the outcome of this meeting is further support or other follow-up, we will use your personal email to contact you about this. By signing this form and agreeing the outcomes we will assume permission to contact you this way unless you specify otherwise.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Trainees Name |  |  |  | Date |  |  |

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## ANNEX 1 - NES TRAINEE RESIGNATION PROCESS; YOU SAID WE DID.

Creating a robust process for trainees who resign is an important priority for NES and addresses an unmet need. We have consulted widely on the draft proposal, listened to feedback, and incorporated several changes to the process as a result. Some examples are listed below:

|  |  |
| --- | --- |
| **You said** | **We did** |
|  |  |
| Doctors in training may resign for a number of reasons, and it may not be appropriate to offer the same process for all, particularly in the case of doctors awarded an outcome 4, or those appropriately moving to another programme (eg IMT2 to Group 2 Medical Specialties). | Doctors in training leaving following an outcome 4 will be managed according to existing processes. There is scope to individualise the process for other doctors in training, some of whom may not wish to complete the questionnaire or take up the offer of a meeting. |
| Trainees who reach the point of resigning should have been offered TDWS input already. | This new process will allow us to collect data to see if we are delivering this expected standard of support to our trainees, and to ensure that support is offered to all leavers. |
| It may not be appropriate to combine exit interviews with supportive wellbeing and/or careers meetings.  There are existing exit interview processes within employing health boards. | The process is separate from existing HR exit processes. We will however collect data and review the need to raise any HR or employment concerns on behalf of the doctor in training prior to offering TDWS support. The doctor will then be offered the opportunity to meet a APGD from TDWS to discuss any ongoing wellbeing or careers concerns, and to be offered signposting to relevant support and advice. |
| The TDWS team is already under significant resource pressures. | We have considered mitigations to the potential extra workload this new process may generate. This includes the assignment of a band 6 team member to evaluate and respond to initial feedback from doctors in training during the process, and to take action when appropriate regarding any issues that arise. There are plans for careful monitoring and review of the uptake of the offers of meeting with TDWS staff and impact on waiting times. |
| Are TDWS the right team to be conducting these meetings? Should Specialty and/or GP teams be involved? | We consulted widely on this and have concluded that TDWS have the expertise in wellbeing and careers to offer the most appropriate support in the first instance. |
| How will data from this process be shared for wider learning? | Data and themes from the leavers’ questionnaires and themes highlighted in TDWS meetings will be collated, evaluated and shared with wider NES teams (including dissemination to TDWS and Specialty APGDs/TPDs) through the MDS&Q Group, and shared with boards through the DMEs and HR groups. |

The process will be kept under regular, frequent review, and we will respond to any ongoing feedback or comments that we receive.

Please send any further feedback to [Anna.Dover@nhslothian.scot.nhs.uk](mailto:Anna.Dover@nhslothian.scot.nhs.uk)

## APPENDIX 2 - SURVEY OF PAST DOCTORS IN TRAINING LEAVERS

A short survey was sent out to 4 trainees who had previously left a training programme, to collect feedback on the process itself and on the support they received around this. Feedback has been anonymised.

How did you find the process of leaving a training programme overall?

All four doctors in training described the process as straightforward, one commenting how helpful their TPD was in informing them how the process worked and who to contact. One doctor in training did mention that it involved three emails but still judged this as ‘straightforward.’ However, one did comment on the management of them as an individual being ‘poor.’

Did you find it clear what you needed to do and who you needed to contact?

Three of the doctors in training said yes. The one that said no, then commented that their TPD was helpful in guiding them with this.

What were your main reasons for leaving the training programme?

We received a wide range of responses to this including negative experiences as doctors in training, short staffing, lack of work/life balance, lack of stimulation and not being able to work with difficult colleagues in a small specialty. Another commented that they didn’t feel the specialty they were in was right for them. This highlights the need for an individualised approach to the leavers interview process.

Did you speak to your TPD or ES before you submitted your resignation?

Three of the four responses said they spoke to both ES and TPD and one did not.

Were you offered or did you access TDWS or PSU?

Three of the doctors in training said they were not offered it. One said they were offered careers advice via PSU which they found helpful but reflected on poor timing of this as it was after the formal resignation and there were missed opportunities by their ES and TPD. They said ‘I…felt that my concerns were dismissed. As I was deemed to be a competent trainee, I felt that any attempts to gain additional support were brushed aside.’

Would you have taken up the offer of TDWS if made available?

One doctor in training said no. Two said maybe, one of these then reflecting how they did not tell anyone about their plans to leave until after they had another training job lined up. The fourth doctor in training said they would have taken it up saying ‘I have no doubt it would have protected my mental health in the months leading up to and after my resignation.’

Were you offered any other support and if so was it helpful?

Three of the four responses said no. One commented on how they were promised a consultant job in that unit if they stayed on. Another described being put in touch with other TPD’s and encouraged to organise taster sessions in other specialties during their notice period.

Had you received better support or if your concerns were handles differently, do you think you would have reconsidered resignation?

Two doctors in training answered yes to this and two said no. One of the doctors in training who said no, reflected on how the decision was made long before they told anyone because of the ‘culture of commitment to specialty’ and the perceived negativity of questioning this. The same doctor in training also reflected negatively on the lack of leavers interview from their TPD.

Was there anything you felt was handled particularly well?

One doctor in training simply answered no. The other three all mentioned helpful TPDs and ESs who took interest in the reasons they had for leaving and supported them. One mentioned that they were offered ‘other options such as taking a year out.’

Was there anything you felt was handled particularly badly?

Three doctors in training commented on this; one commented on a ‘lack of wider system learning’ from their experience. Another reflected on poor support around a family bereavement. The third doctor in training felt that around their resignation they were ‘treated as a number in a system, rather than as an individual’. They described being ‘entirely burnt-out’ but expected to carry on as usual despite flagging this to colleagues and in hindsight, reflected on this as a significant detriment to their mental health. ‘I felt very let down by my training programme and unsurprised that many others follow a similar path.’

Did you have any formal ‘exit’ meetings?

Only one doctor in training described a formal meeting with their TPD and the others said no.

Can you suggest any other aspects of the resignation process that you would like us to improve?

* Some form of support would be good specially for those who don’t perhaps choose to leave but is a choice forced on them.
* Need to take an individualised approach on how to manage 3-month notice period. Whilst supported by my TPD during this time, I was felt very unsupported by my immediate clinical environment.
* By the time I had made the decision to resign it wasn’t a difficult process.

Participants were asked at the end if they would help comment on the new proposed leavers questionnaire and interview format and they all agreed.

Reflections

Although we only collected a small number of responses, the survey results are well aligned to our initial discussions about the issues surrounding the current doctor in training resignation process and lack of structure, support and an attempt to collect feedback. The process itself seems to be viewed as straightforward and we aim to improve this further with a single email address to contact. The issues raised highlight some areas for improvement around support, lack of formal feedback and wider systems learning from their experience. It was interesting that two doctors in training commented on two very difference experiences of working their notice period. Although not in the scope of this working group, it may be an area for further improvement where we could encourage good practice with taster sessions or some form of phased resignation.