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Training for the future

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Recruitment and Retention Project



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- **Project Aim**

- Identify factors that influence recruitment and retention of Scottish trainees

- **Phase one**

- Literature review- career choice including historical changes
- Literature review- staff engagement carried out

- **Phase two:**

- Survey developed and sent to all trainees in core, HST and GPST in Scotland
- Qualitative interviews with 25 physicians

- **Phase three:**

- Dissemination of results

Why is this important?



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2014 -17
applications
to UK medical
schools have
fallen by 15%



2016 - 52% of
doctors completing
foundation training
intended to
progress directly
specialty training



2014 - 44% of those
completing CMT or ACCS
intended to progress
directly into Higher
Specialty Training



2015 -Fill rate for
Higher speciality
training in
physician-ly
specialities was
83.7%



Significant
numbers of vacant
consultant
physician posts
across the UK

What motivates doctors in training and what hinders their progression?



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Survey sent to **ALL** trainees above foundation in Scotland

Open: 31/01/17
Closed: 03/04/17



Qualitative
Interviews
April – March 2017

Survey

- Demographics
- Training stage and specialty
- Career decision
- Influences on career choice
- Career guidance
- Experience of recruitment
- What trainees enjoy most about their job
- What trainees enjoy least about their jobs



Key findings – All Trainees



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- Majority of all trainees enjoy their job most or all of the time but core trainees less likely to enjoy their job
- Just over 25% of trainees had not picked their broad speciality within 2 years of graduation and approximately 25% of core trainees are unsure about their specific speciality choice
- National recruitment is a fair and functional process but trainees find it unwelcoming and it causes significant distress around location uncertainty, ‘checkbox’ criteria and the ‘dehumanising’ process
- Different specialities place a higher emphasis on quality of training versus location of training
- No formal national structure in place to follow up those that leave training

'Moving into ST3 the jump in responsibility is quite a big one but I think it comes with the benefit that I finally feel that somebody cares about my training'.

HST Dual S.East

Rewarding and challenging. Good interaction with patients in a variety of situations. e.g. clinic, ward etc. Very supportive and cohesive consultant team'

HST Dual East Scotland

'As a core medical trainee at some hospitals we are given senior roles and our opinions are taken into account.'

CMT East Scotland

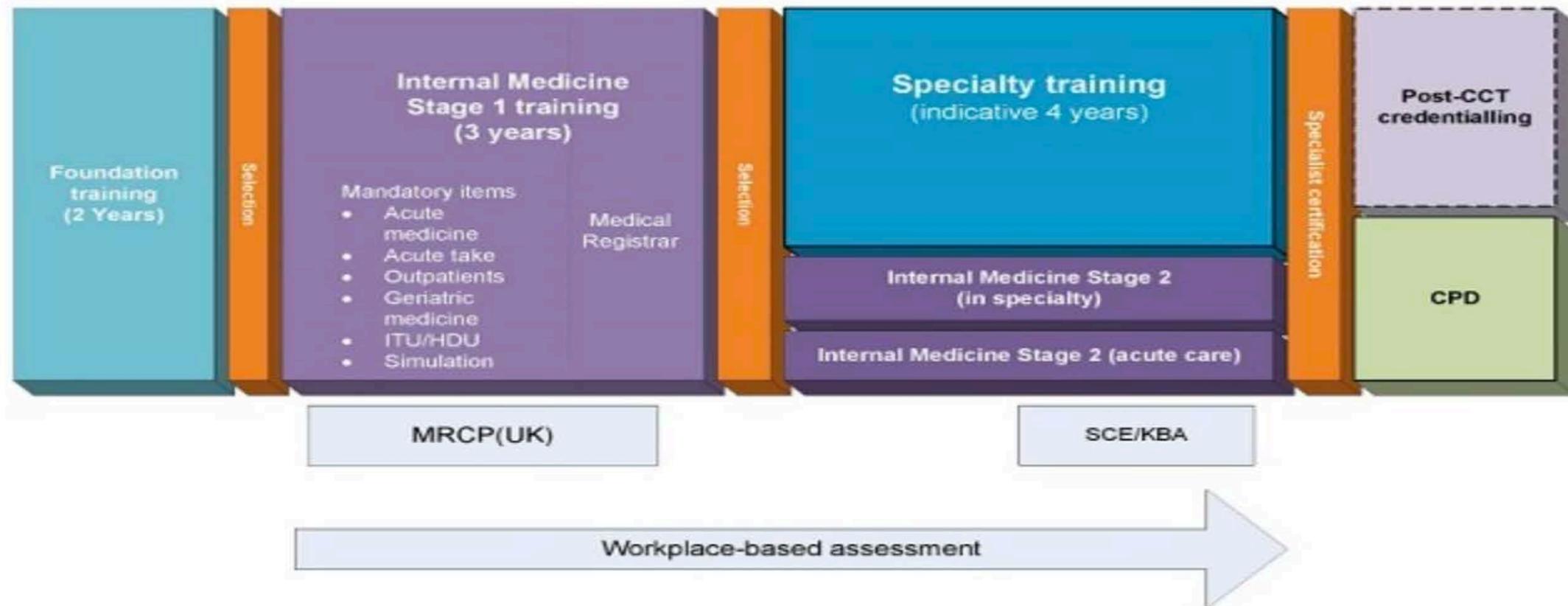
- impacted on their career choice
- 15/25 followed an 'indirect' training experience (not Out Of Programme)
- 24/25 recognise there is a problem with 12/25 attributing some of this training

Changes to Medical Training – the solution?



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- Full GMC registration to move to end of medical school
- Foundation Programme - 2 years



How does the RCPE contribute?



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- Trainee and Members Committee
 - CMT Quality Criteria
 - Medical Registrar Quality Criteria
 - Contribution to New Internal Medicine Curriculum (implementation 2019)
 - Trainees Symposia
 - Representing Trainees Views in RCPE, JRCPTB and Nationally
- RCPE
 - Ensuring relevant postgraduate medical exams for medicine (MRCP)
 - Educational materials available to members and associate members
 - Representing Members and Fellows views at a national level to Government, NHS and National Bodies

