



**London Department of  
Postgraduate Medical & Dental  
Education**

**South London Trainees'  
Point of View Survey  
2003/2004**

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# **POINT OF VIEW SURVEY**

## **South London 2003/4**

### **EXECUTIVE SUMMARY**

A questionnaire survey of trainees' views about their training was carried out in NHS Trusts in South West and South East London during the winter of 2003/4. We received 1731 responses, a 76% response rate. London Deanery is grateful for the efforts in Trusts that went into achieving the one of the best response rates yet. We are also grateful to the trainees who took the time to register their views about their training, their preferences and their plans.

Compared with the previous South London survey of 2001/2, there was a significant improvement in the proportion of respondents who had attended a hospital induction when they started; who had signed a training or learning agreement at the start of their current post; and who had had an appraisal of their progress in the current post from their consultant, or knew one was planned. Trainees were less likely to have felt compelled to obtain consent for unfamiliar procedures.

The hours of formal education attended by respondents each week had not changed, and still fell short of the three hours a week specified in the educational contract between the deanery/workforce development confederations and the Trusts. The proportion of trainees who had received formal training in a range of generic non-clinical skills was disappointing.

The New Deal reduction in working hours from over 72 per week was perceived as good for social and family life, but less so for education and training. Ratings for the intensity of work and hands-on experience acquired in the post had not changed since the previous survey.

With EWTD about to come into force, it must be a matter of concern that 'resident on call' was still the most common working pattern at the time of the survey. Respondents tended to feel that their current pattern of work (whatever that was) was the optimum for both social/family life and education/training.

The survey indicates that in the majority of cases, the quality of training provided in Trusts across South London is of a good to excellent standard, with an educational framework in place and adequate well-supervised experience. Efforts should be concentrated on ensuring that formal education and hands-on experience are protected as the EWTD is implemented, the appropriate level of supervision is always in place, and all trainees are helped to improve through timely and supportive feedback on their performance.

The following report provides an analysis by grade, supplemented by a summary of the differences between specialty groups and a summary of comparisons between Trusts. More detailed comparisons between Trusts and between the larger individual specialties within the groups are available on the deanery website [www.londondeanery.ac.uk/publications/PointOfViewSurvey/Index.asp](http://www.londondeanery.ac.uk/publications/PointOfViewSurvey/Index.asp) or by application to [maitken@londondeanery.ac.uk](mailto:maitken@londondeanery.ac.uk).



# POINT OF VIEW SURVEY

## South London 2003/4

### INTRODUCTION

The trainees' Point of View Survey is the London Deanery's survey of postgraduate medical trainees in London, alternating annually between north and south of the Thames. This report covers South-East and South-West London. Every NHS Hospital Trust took part, and the majority of Community and Primary Care Trusts. The response rate was 76%. Our thanks are due to all those who worked so hard to achieve this excellent result.

This survey is one of a series started in 1996/7.<sup>1</sup> These surveys have proved a valuable means of monitoring the educational contract between the London Deanery, the Workforce Development Confederations and the NHS Trusts who employ the trainees and provide the training. They also offer insights into the demographic make-up of postgraduate medical trainees, their attitudes and their career intentions.

The Trust codes are confidential. Each participating Chief Executive will receive a full report with a key to their Trust code and a letter highlighting the areas for congratulation or concern within their Trust. Specialty training committees will receive a detailed analysis of their specialty.

Further information, within the constraints of confidentiality for both Trusts and trainees, is available on request from the authors at London Deanery, 20 Guilford St, London WC1N 1DZ or [maitken@londondeanery.ac.uk](mailto:maitken@londondeanery.ac.uk). The full report and set of tables is available on the London Deanery website [www.londondeanery.ac.uk/publications/PointOfViewSurvey/Index.asp](http://www.londondeanery.ac.uk/publications/PointOfViewSurvey/Index.asp)

### METHOD

#### The questionnaire:

A core of questions about educational quality are repeated unchanged every time, so that valid comparisons year on year may be made. Each year we also introduce a few new questions, and others are dropped. This year we have added new questions about working patterns and their impact on training and work/life balance. The questionnaire is included as Appendix D.

The survey: The questionnaire was loaded onto portable electronic survey units which were taken to each site. Each question was displayed on a screen and the respondent keyed in the number of the response chosen. Confidentiality was assured. With the agreement of the Trust Chief Executive, a contact person (usually the education manager) was identified to organise the survey locally. They were responsible for

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<sup>1</sup> Paice E, Aitken M, Cowan G, Heard S. Trainee satisfaction before and after the Calman reforms of specialist training: questionnaire survey. *British Medical Journal* 2000;320: 832-836

publicising the dates of the survey to trainees, receiving the units, ensuring they were taken to places convenient to trainees, preparing a list of trainees currently employed in the Trust, reminding them to respond, and crossing names off the list as they responded or it became clear they were unavailable to respond (e.g. on annual leave, study leave, sickness, secondment or having left). Non-responders who had been available to respond at the time of the survey were sent follow-up postal questionnaires through the postgraduate centre, with stamped self-addressed envelopes for return direct to the Deanery. Trainees on the flexible (part-time) training scheme were sent postal questionnaires to their home address. As usual, the survey was carried out between November and January, a time when most trainees are available and have been in post long enough to comment.

The sample: The sample was defined as those trainees available to respond at the time of the survey in participating NHS Trusts. Doctors not in training grades and locums who had been in post less than 2 weeks were excluded. No attempt was made to reach trainees in research, general practices or industry.

Data analysis: Responses were down-loaded from the survey units to SPSS. Postal responses were entered manually. Statistical analysis was carried out using SPSS 12.0. Significance was calculated using Chi-square for categorical and Mann-Whitney U for scale data.

## **RESULTS**

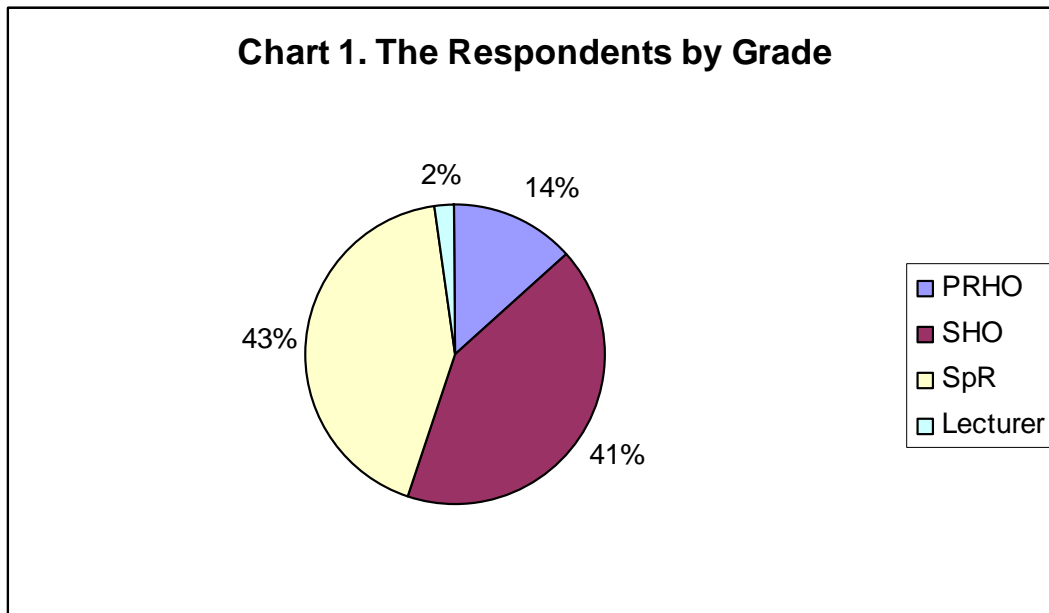
All NHS Hospital and Mental Health Trusts in South-East and South-West London took part. Three Primary Care Trusts also participated, although the numbers of respondents (5) were too small for analysis. We obtained 1731 responses, which represented 74% of the 2274 trainees available to respond at the time the survey took place in their Trust. Not every respondent answered every question.

The results are not necessarily presented in the order in which the questions were asked. Where relevant, we have compared these results to those in our previous surveys.

### **1. The Respondents**

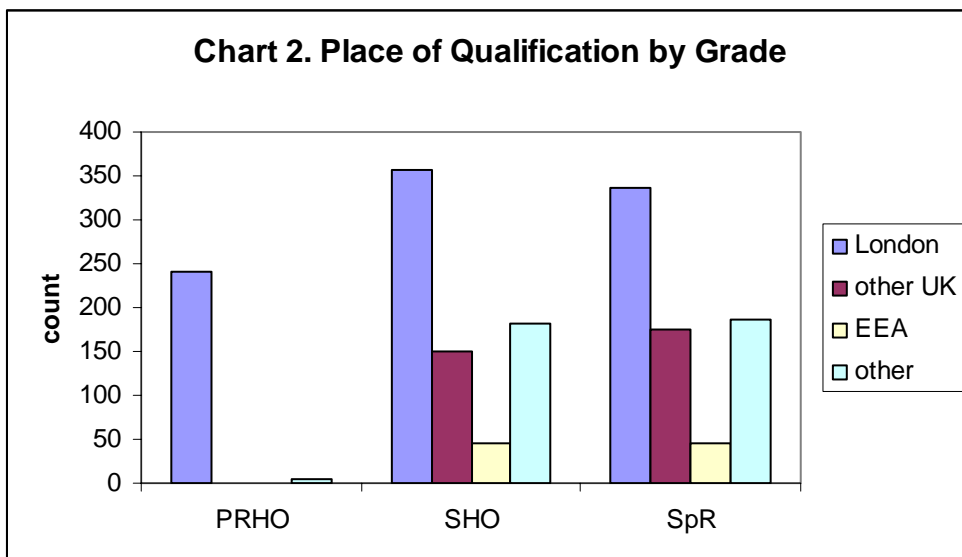
(Appendix A, Table 1 for details.)

Pre-registration house officers (PRHOs) made up 14% of respondents, although they comprise no more than 10% of the trainee population. This degree of over-representation of PRHOs is a constant feature of our surveys, presumably because they are less likely to be off-site or on leave. Senior house officers (SHOs) made up 43% (705) of respondents, and specialist registrars (SpRs) 41% (732). The remaining 2% (38) were lecturers or researchers in the SpR grade currently combining clinical training with research or academic work (see chart 1). Their responses have been incorporated with those of the other SpRs unless otherwise indicated. The specialty distribution of respondents was similar to that of the Deans' Database.



70% of respondents had been in their current post for 6 months or less, and 34% for 3 months or less.

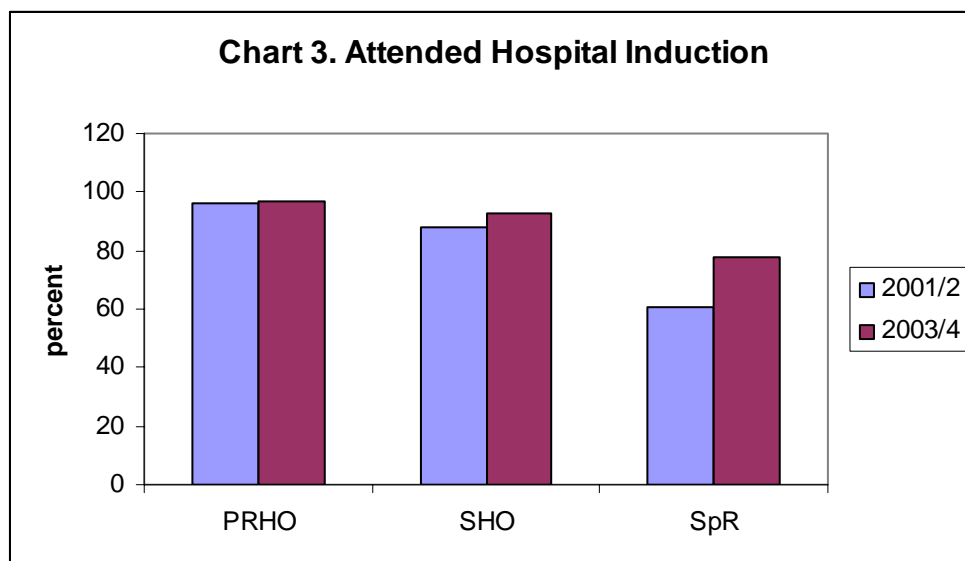
Compared with the previous South London survey two years ago, there was a small but significant change in the demographics of respondents in the SHO grade. They were more likely to be male ( $p=.006$ ) and to have graduated outside the UK ( $p=.002$ ) than in the previous survey. The make-up of the other grades had not changed significantly (see chart 2).



## 2. Induction

(Appendix A, Table 2 for details.)

The proportion of trainees who reported attending a hospital induction had improved significantly ( $p < .001$ ) compared with the previous South London survey, especially for the more senior grades (see chart 3.). Between 60% and 72% of respondents in each grade had also had an induction to the department in which they were to work, meeting key staff and learning about routines and protocols. These figures were similar to the previous survey.



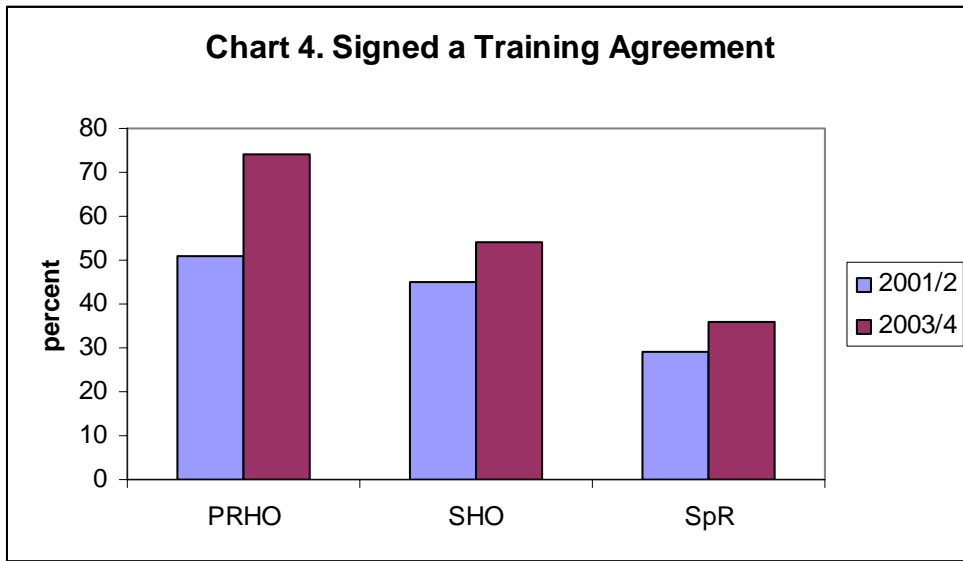
## 3. Educational Dialogues and Documents

(Appendix A, Table 3 for details.)

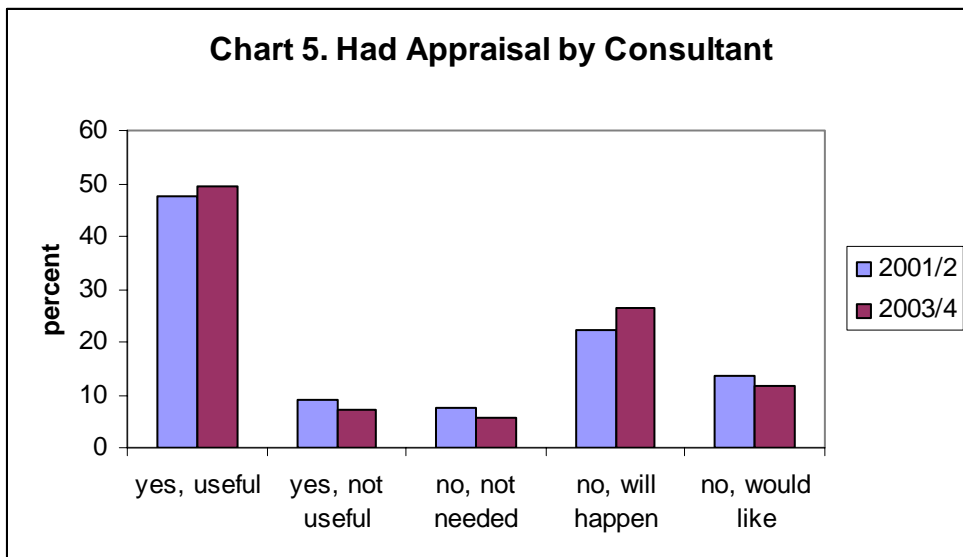
Educational objectives. The proportion of trainees that had agreed educational objectives with their consultant was over 70% in each grade, a continued if small improvement over previous surveys.

Training Agreement. PRHOs and SHOs were more likely to have signed a training agreement at the start of the post than SpRs. Nearly half of all trainees had signed a training agreement, a significant increase over previous years (see chart 4).

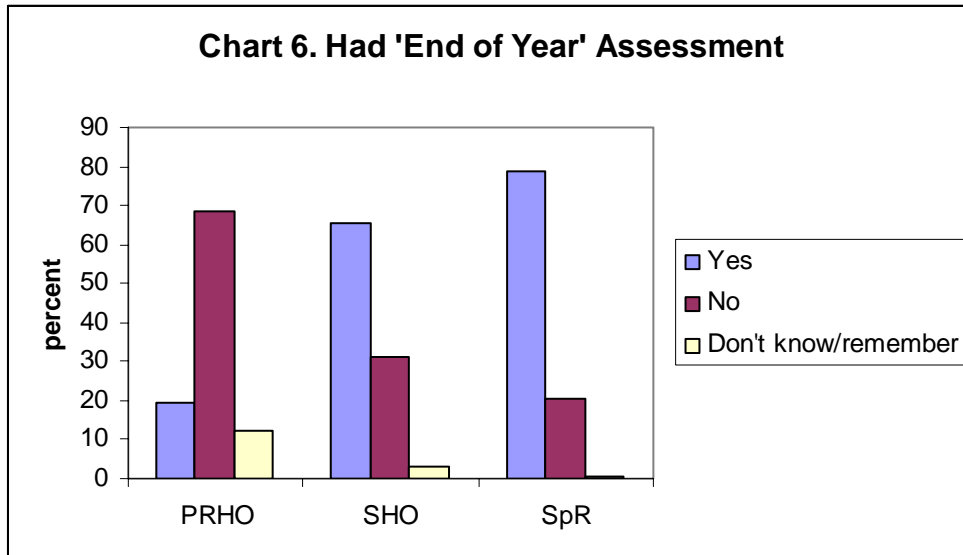
Logbook. Around 70% of respondents had used a log book, similar figures to the previous survey. Since log books will play an important role in revalidation these results are disappointing. Much of the value of a log book is to provide the basis for a discussion with the consultant and to inform appraisal, assessment and educational objective-setting for the future. Around 70% of those who had used a logbook had discussed it with their consultant.



Appraisal: Most respondents had either had the opportunity to sit down with their consultants to discuss their progress, or knew that such a meeting was planned. Where such an appraisal meeting had been held, most respondents at every level of seniority found it useful. Compared with the previous South London survey, there was a small but significant ( $p < .001$ ) increase in the proportion of trainees who had had a useful appraisal in the current post or knew one was planned (see chart 5). Of those who had been in their current post for more than 6 months, 70% had had an appraisal.



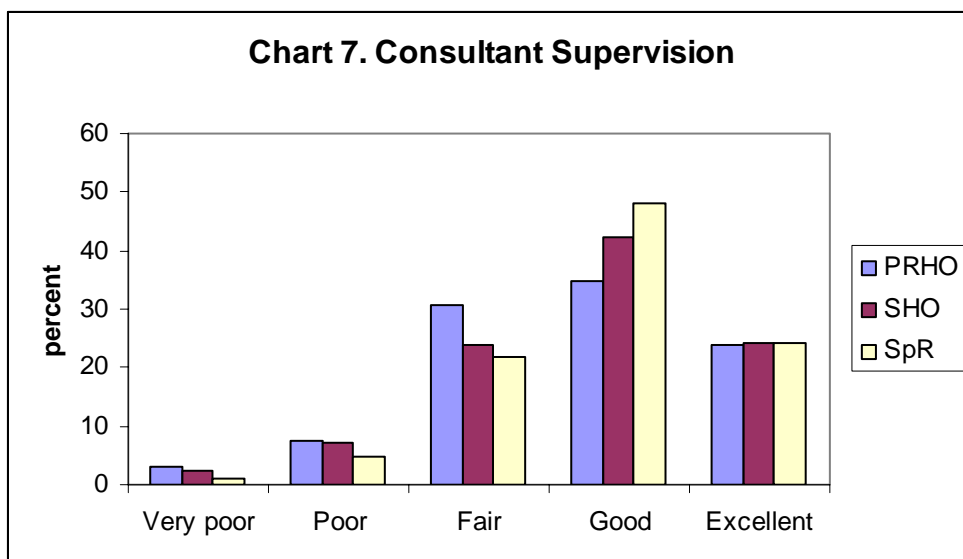
Assessment. The majority of SHOs and SpRs had had an ‘end of year’ assessment in the current or previous post (see chart 6). Over 90% of respondents who had had an assessment thought it had been fair and over 80% had been given a record of the assessment. This was the first time these questions had been used in South London. The results were similar to those obtained in North London last year.



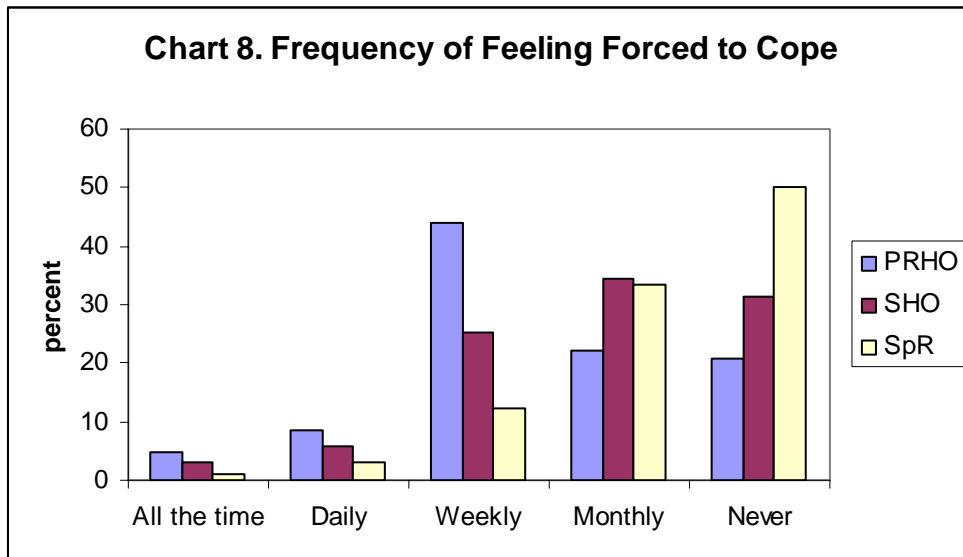
#### 4. Supervision and Support

(Appendix A, Table 4 for details.)

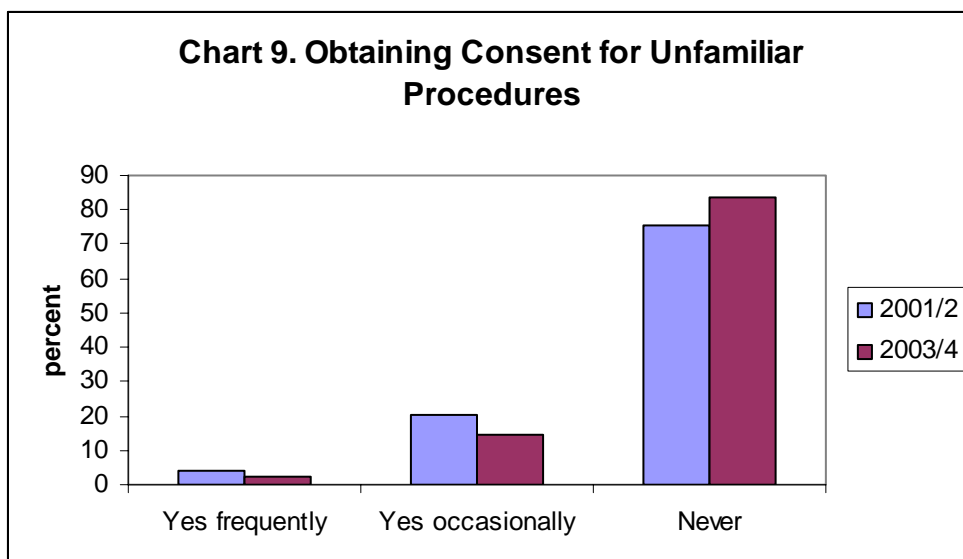
Consultant supervision: Satisfaction with consultant supervision had improved slightly, though not significantly, compared with the previous survey. Satisfaction increased with increasing seniority (see chart 7). Respondents giving a ‘poor’ or ‘very poor’ rating were most likely to attribute this to lack of contact with the consultant, rather than threatening behaviour or poor clinical skills.



Feeling Forced to Cope beyond Competence: PRHOs were the most likely to feel forced to cope with problems beyond their competence or experience, and 57% of respondents in this grade felt forced to cope on a weekly or more frequent basis (see chart 8). The main reason given by all grades was that their seniors were too busy to supervise them. The results were unchanged from the previous survey.



Obtaining consent. Significant improvement continued in the proportion of trainees who never felt compelled to obtain consent from patients for procedures that were unfamiliar (see chart 9). Over 90% of PRHOs and SpRs said they had never felt compelled to do this, but only 74% of SHOs.

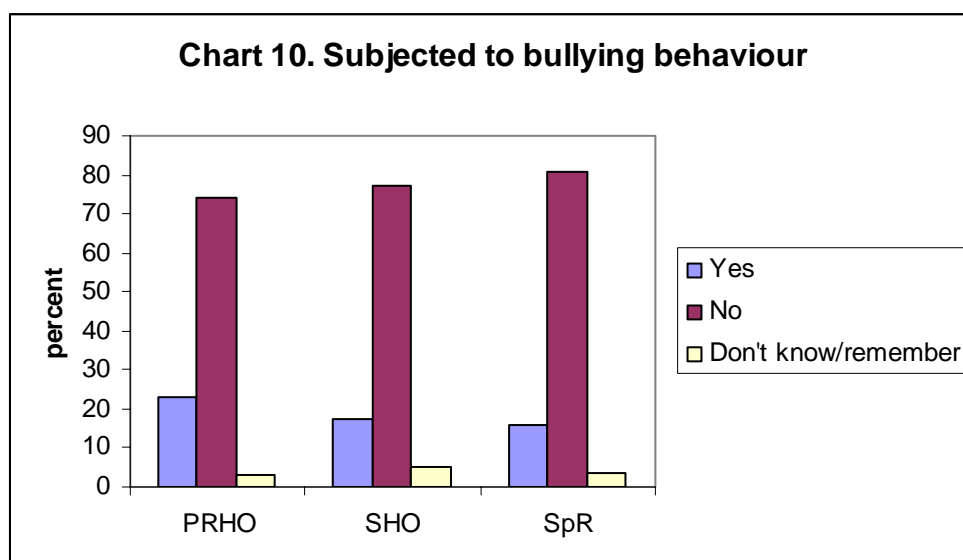


Support from Nurses or Midwives: Over half the respondents rated the support received from nurses or midwives good or excellent. Ratings were higher the more senior the grade of respondent. The results were not significantly different from the previous survey.

## 5. Bullying

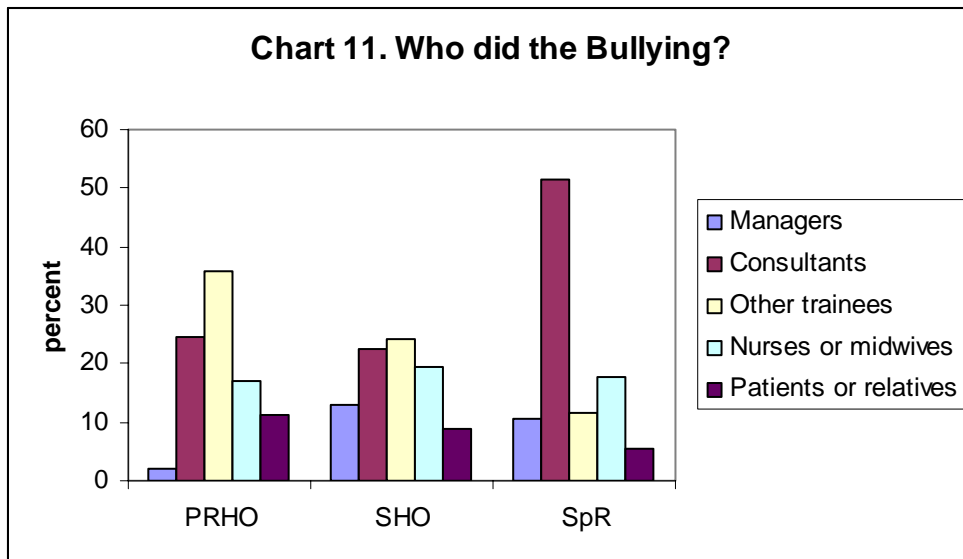
(Appendix A, Table 5 for details.)

We changed the question about bullying from that used in previous South London surveys in order to ensure that we were capturing persistent, serious negative behaviours occurring in the current post. As a consequence, comparison with previous surveys is not valid. The current wording was first used in the North London survey a year ago. The proportion of respondents saying they had been subjected in the current post to persistent behaviour by others that eroded their professional confidence and self-esteem was 18%, identical to the North London result. PRHOs were the most likely to feel bullied (23%) and SpRs the least likely (16%) (see chart 10).



Those who responded that they had been subjected to such behaviour were then asked who had perpetrated it. The results were very different depending on the grade, with PRHOs mainly bullied by other trainees and SpRs by consultants (see chart 11.)

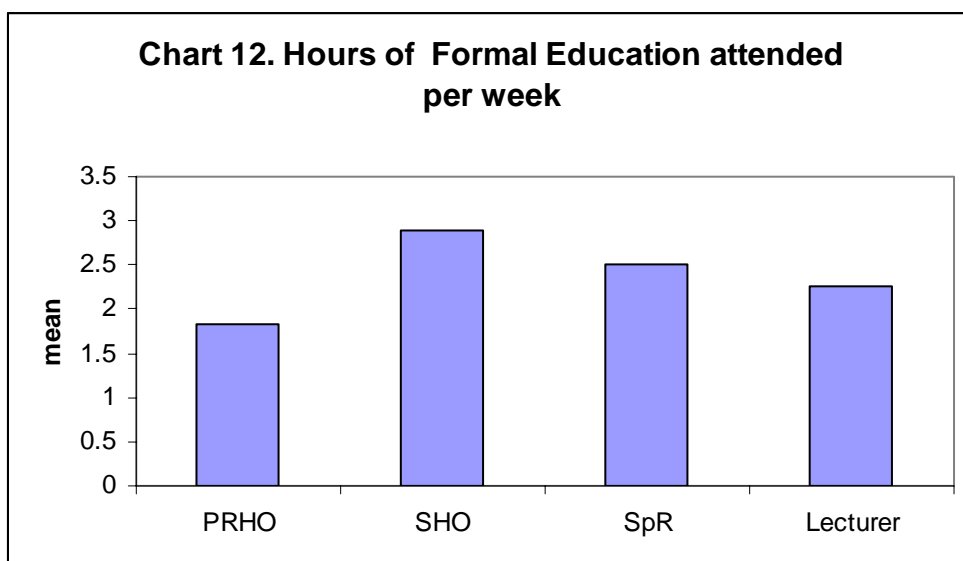
Only a third of those who had been subjected to bullying behaviour had complained about it. We asked the rest why they had not complained. PRHOs were most likely to say they had dealt with it themselves, and SHOs that the problem was not sufficiently serious. It was SpRs who were most likely to say they were afraid of the consequences of complaining, presumably because they were most likely to be bullied by consultants.



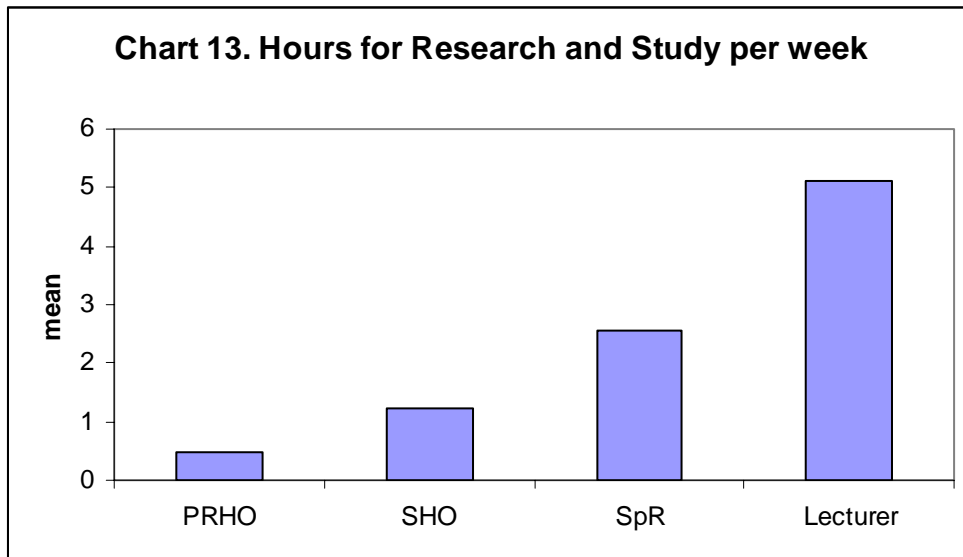
## 6. Formal Education, Research, and Study

(Appendix A, Table 6 for details.)

**Formal Education:** The educational contract between the WDC, Postgraduate Dean and the Trust requires that trainees are enabled to attend three hours of organised, timetabled, relevant formal education per week. Despite this, 27% of respondents reported attending less than 2 hours a week (see chart 12). The main reason given for this was being too busy to attend. Whether SpRs were taking into account training days that occurred on a less than weekly basis is not known. Clinical lecturers were not better served than other SpRs. There has been no significant change in the amount of formal education attended since the surveys began.



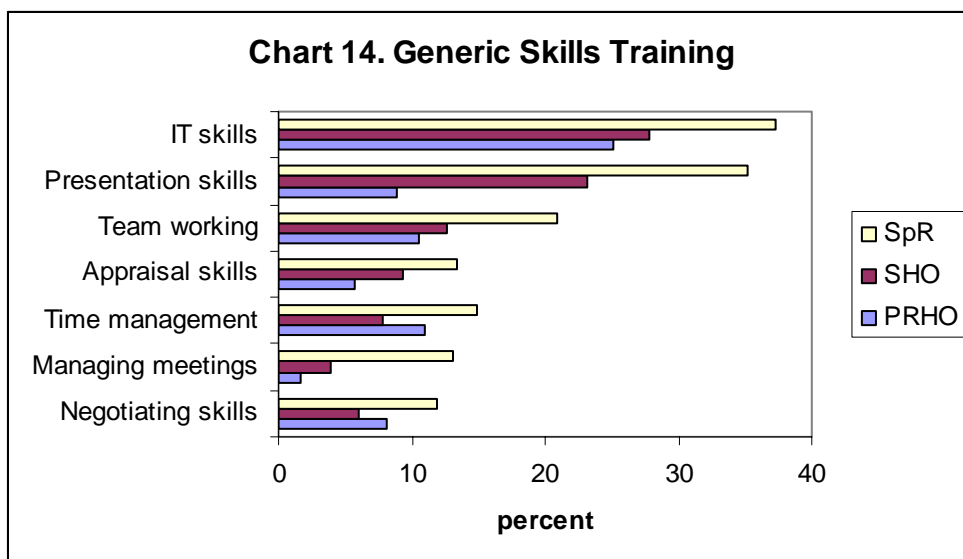
Research and/or Private Study: There was a wide variation in time available for research or private study, increasing with seniority. The 38 clinical lecturers (naturally enough) had more time available. More than half the respondents had no time in the working week for either activity. Even at the SpR grade, two thirds of respondents reported having three hours or less a week for research or private study (see chart 13). There has been no significant change in the amount of time for research and private study since the surveys began.



## 7. Training in Generic Skills

(Appendix A, Table 7 for details.)

We asked whether respondents had received formal training in each of a number of important generic skills since leaving medical school. Results were disappointing, even in the SpR grade (see chart 14).

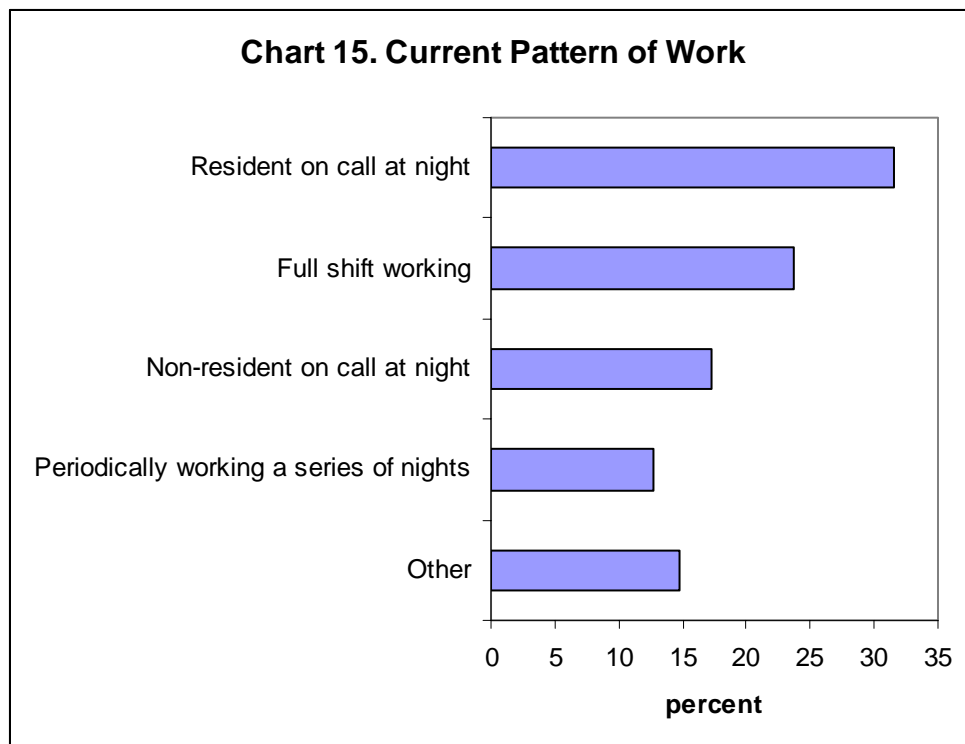


## 8. Working Patterns, Training and Work/Life Balance

(Appendix A, Table 8 for details.)

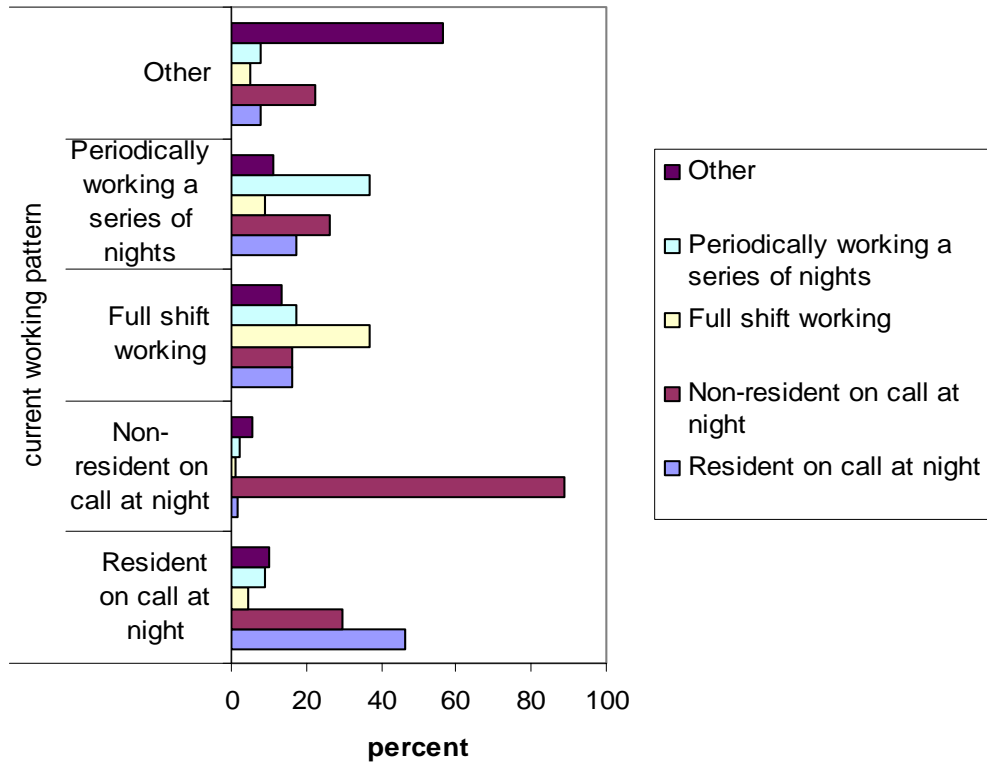
With the European Working Time Directive to be implemented for junior doctors in August 2004, we asked a series of questions about working patterns and trainees' views on their impact on training and work/life balance.

Current pattern. Resident on call was still the commonest pattern of work (see chart 15), although this will be the pattern hardest to sustain under EWTD rules. Of those who had previously experienced working 72 hours or more a week, over 60% thought that reduced hours were better for their social and family life. Less than 30% thought reduced hours had been beneficial for their training.

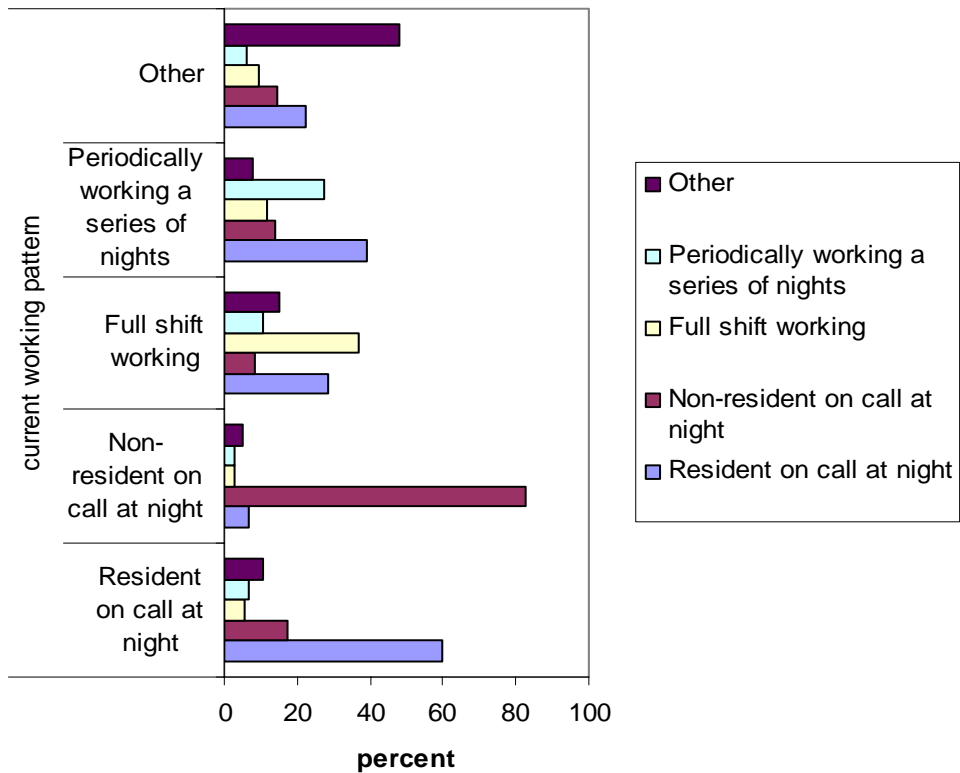


Best Pattern of Work. We asked which pattern of work the respondent thought was best for family and social life, and which for education and training. The spread of responses was wide, with the most popular choice in each category, non-resident on call, being selected by just 35%. A striking feature was the way in which respondents tended to favour their current working pattern as best for both family/social life ( $p < .001$ ) and for education/training ( $p < .001$ ) (see charts 16 and 17.)

**Chart 16. Best Pattern for Family/Social Life**



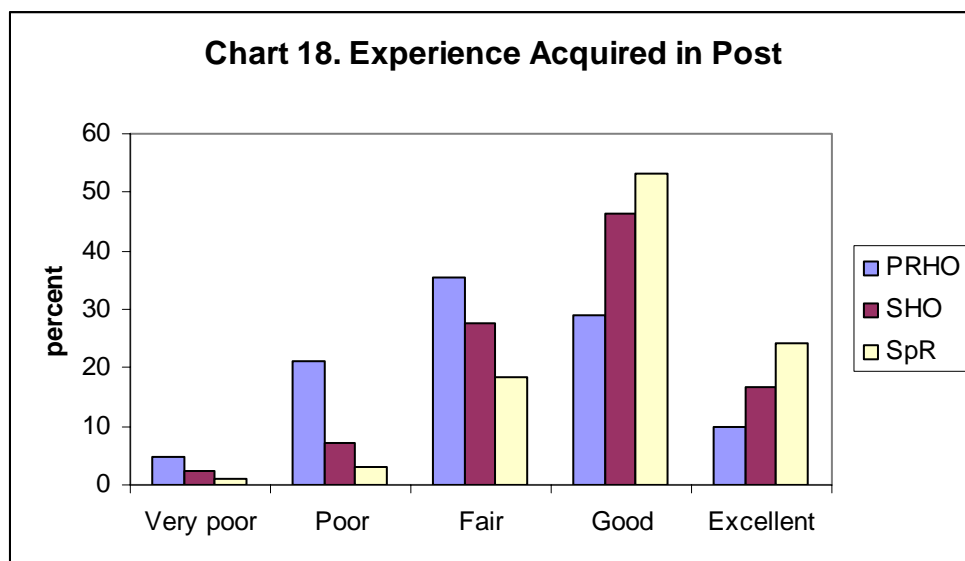
**Chart 17. Best Pattern for Education/Training**



## 9. Hands-on Experience, Work Intensity and Overall Satisfaction with the Post

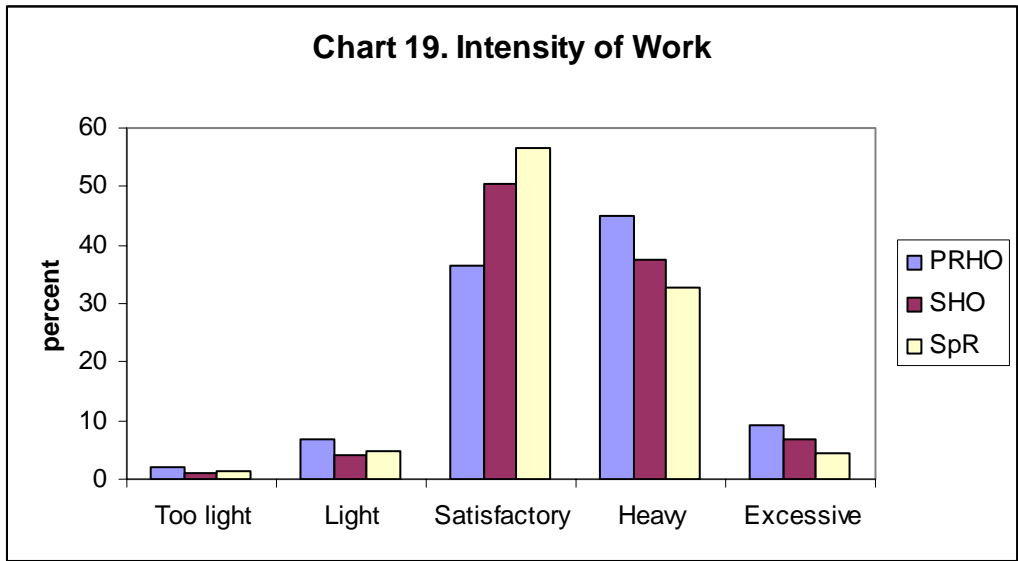
(Appendix A, Table 9 for details.)

Hands-on Experience. One of the most important features of a training post is the practical hands-on experience to be acquired. Over 70% of SHOs and SpRs rated this good to excellent. PRHOs were less satisfied (see chart 18), only half rating the experience good to excellent, and a quarter rating it poor or very poor – figures which are unchanged from the previous South London survey. The main reason given for poor ratings where they occurred was that respondents were too busy with other duties. This was especially a problem for PRHOs. Units being too specialised was a particular problem for SHOs.

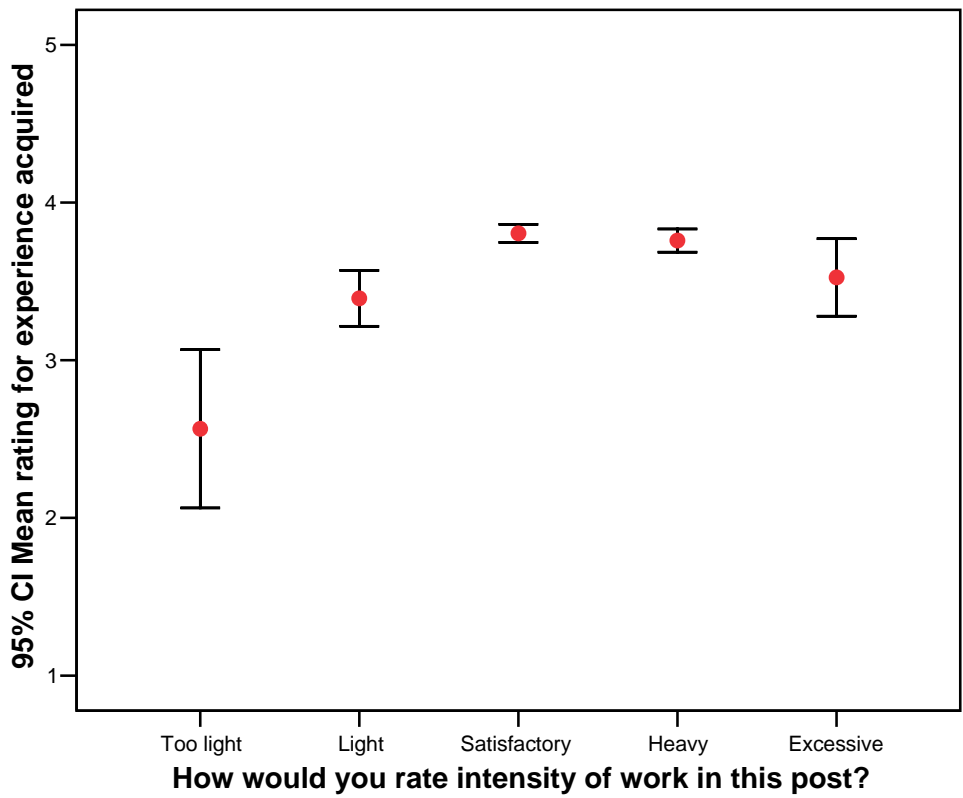


Intensity of Work. Over half the respondents thought the intensity of work in their post was satisfactory. Of the rest, most thought it heavier and only 5% lighter than satisfactory. PRHOs were the least likely to find the intensity satisfactory (see chart 19). Despite various changes in staffing, hours and working patterns, the reported mean intensity of work has remained constant (between 3.4 and 3.5 on a 5 point scale) every year since the first survey in 1996/7.

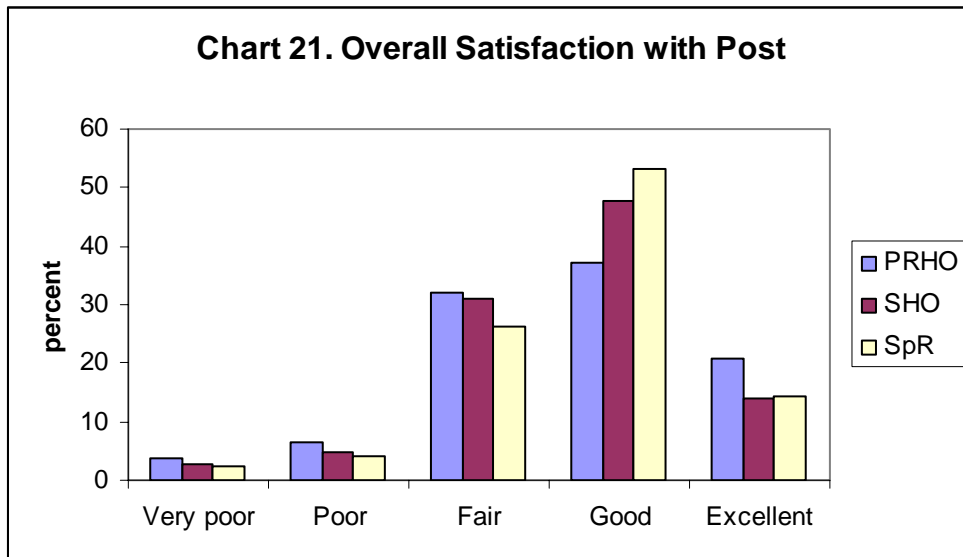
There was a correlation between intensity of work and the experience being acquired in the post (see chart 20) but at excessive levels of intensity the ratings for experience began to fall off.



**Chart 20. Intensity of Work and Experience Acquired**



Overall satisfaction. This was tested by asking how the respondent would describe the post to a friend who was thinking of applying for it. Most respondents would describe their post as good, with PRHOs the most likely to express extreme views, either way (see chart 21). The mean rating, all grades, was 3.7. Again, this is not a variable that has changed with time, and the mean rating has varied only between 3.6 and 3.8 throughout the surveys.

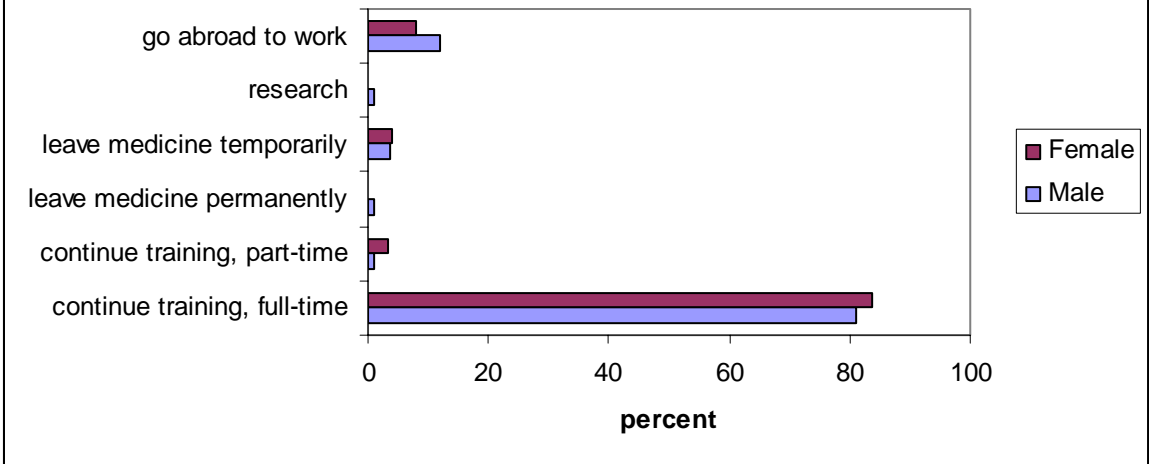


## 10. Future Plans

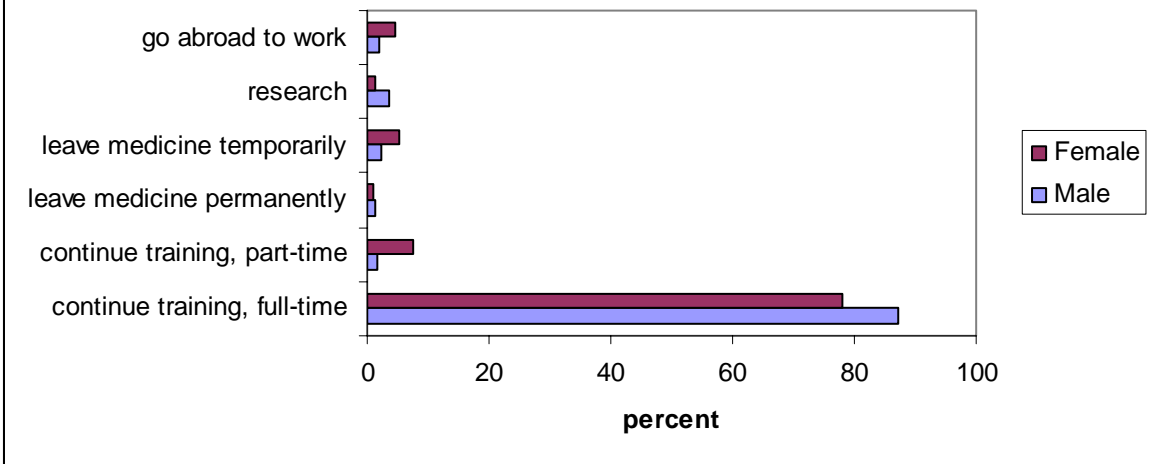
(Appendix A, Table 10 for details.)

The surveys offer the opportunity to explore changes over time in the short and long-term career plans and preferences of trainees. With the prospect of a more structured and streamlined training, with the introduction of Modernising Medical Careers, it is worth studying the career plans of trainees in each grade in some detail, and noting the differences in plans between the sexes (see charts 22 to 24.) The intention to train part-time in the next 12 months has dropped from over 7% of all trainees for the past 3 years to just over 6%. Among female SpRs, the intention to train part time has dropped from 24% for the past 3 years to 20%.

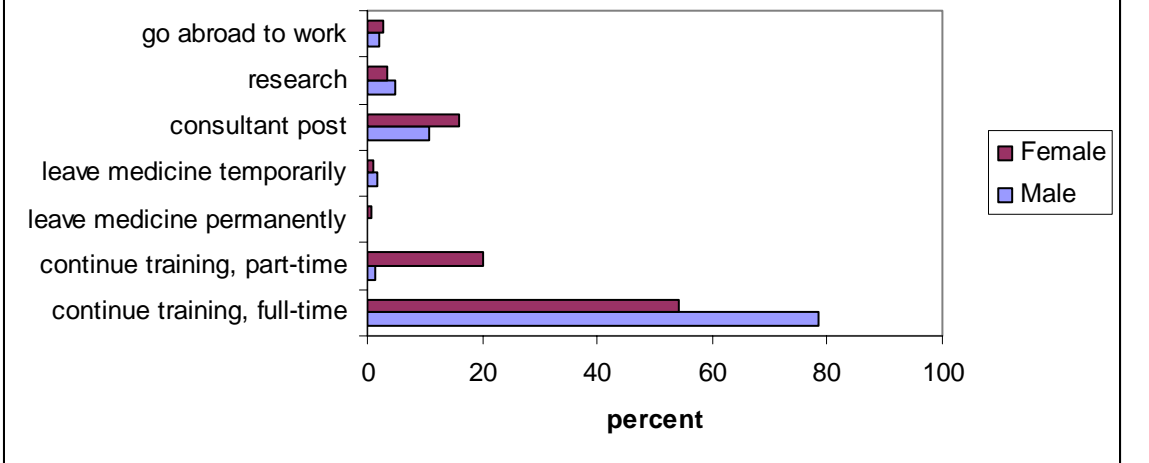
**Chart 22. Plans for Next 12 Months (PRHOs)**



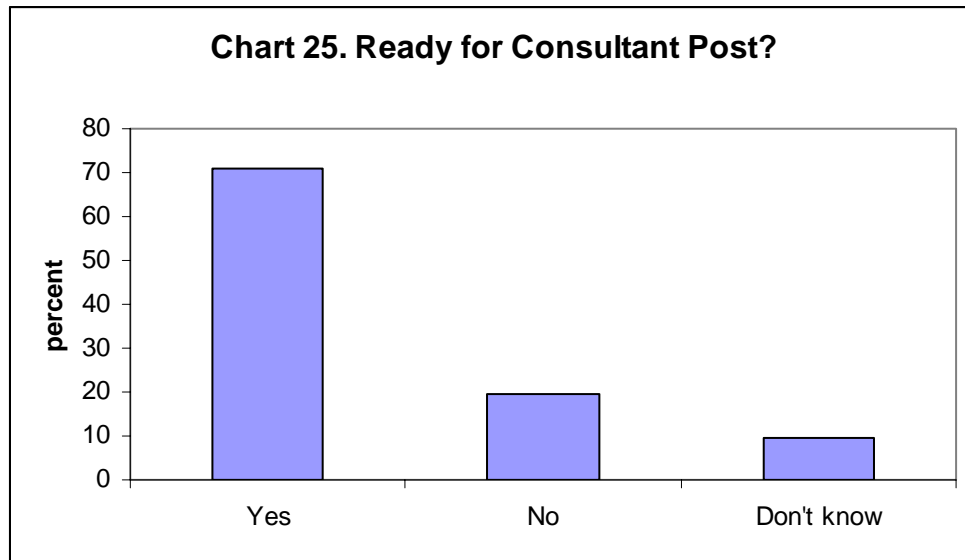
**Chart 23. Plans for Next 12 Months (SHOs)**



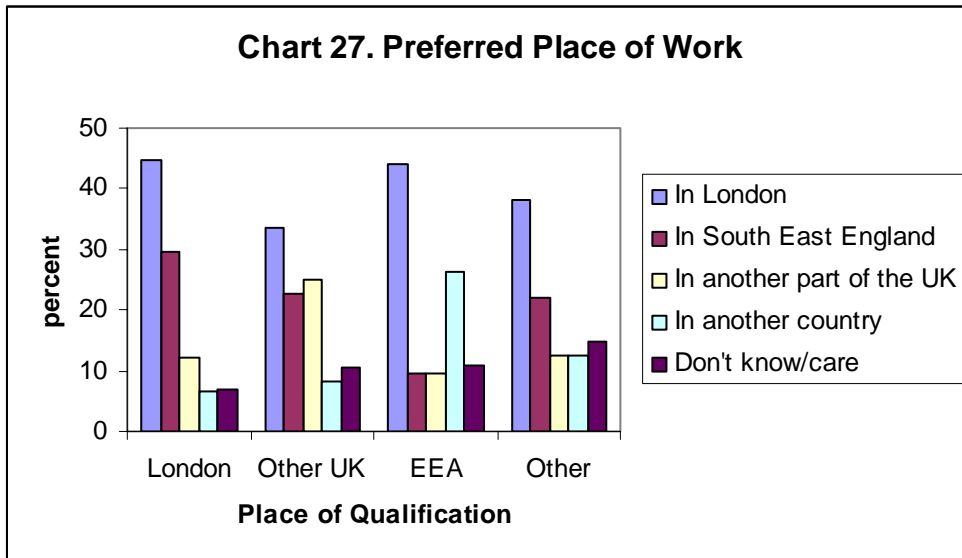
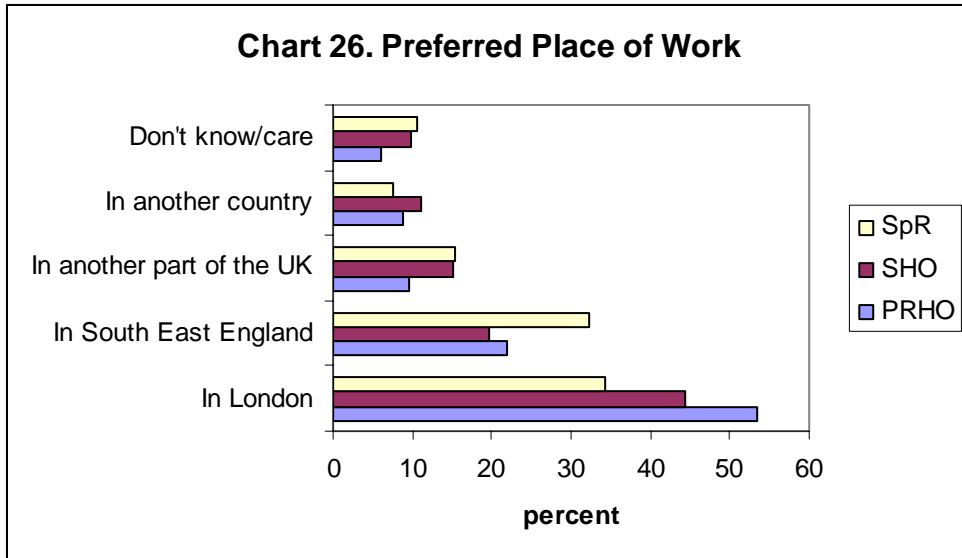
**Chart 24. Plans for Next 12 Months (SpRs)**



Readiness for Consultant Post. We asked the 92 respondents who were expecting to take up a consultant post in the next 12 months whether they felt ready for this. The majority said yes (see chart 25). We went on to ask those who said no in which area they felt least well prepared. More than half said ‘planning and managing a service.’ Anaesthetists were least likely to feel unprepared, ophthalmologists and psychiatrists the most likely.



Preferred Future Place of Work. We asked where respondents would prefer to work once their training was complete. The results suggest that the current pattern of around 50% of trainees leaving London on completion of their training may get even worse, as only a third of SpR respondents intended a career in London (see chart 26.) Respondents who had qualified in London were the most likely to want a career in London, and those from the rest of the UK were the least likely (see chart 27.).

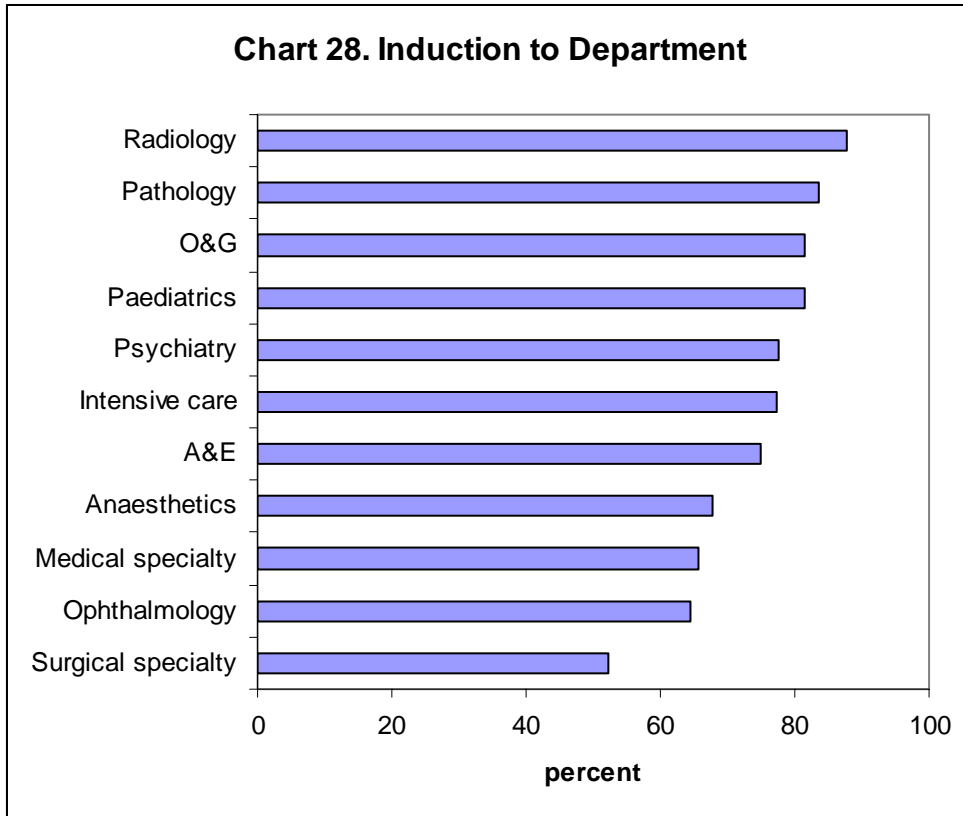


## 11. Specialty Group Comparisons

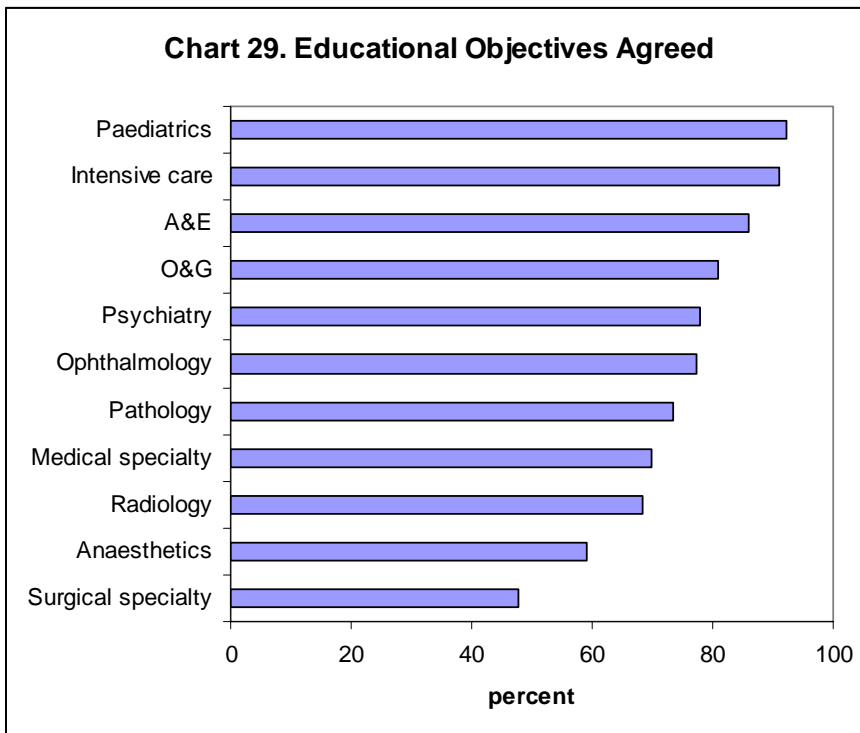
(See Appendix B for details of individual specialties within groups)

**NB. For the purposes of comparing specialty groups, we have excluded PRHOs from the following analysis.**

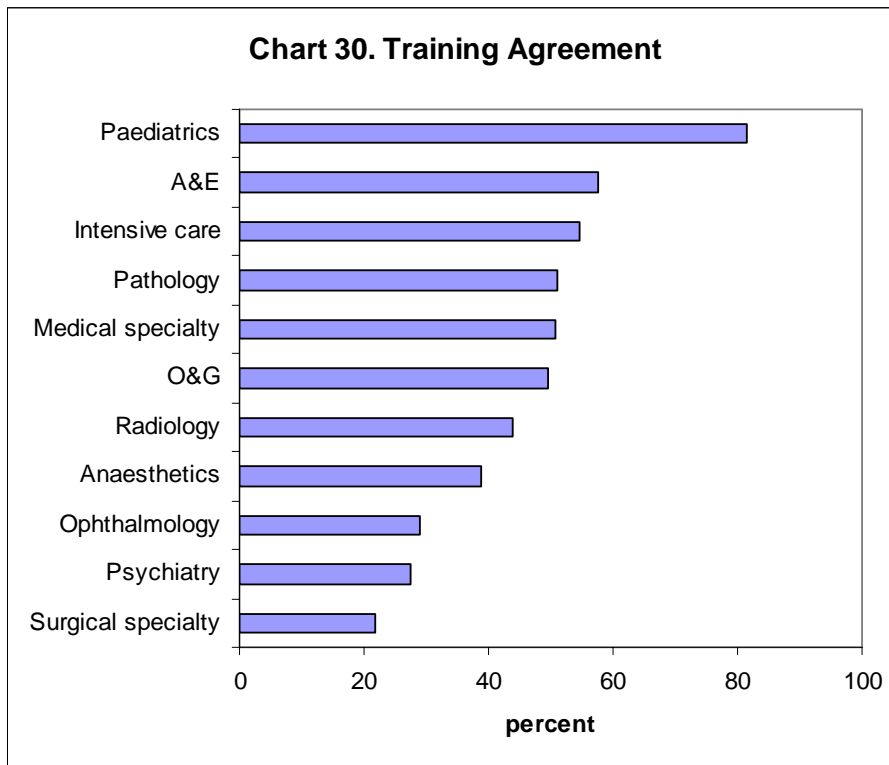
Induction. There was no significant difference between the specialties as to whether respondents had had a hospital induction. Departmental induction was more variable, with surgical departments much the least likely to provide induction (see chart 28).



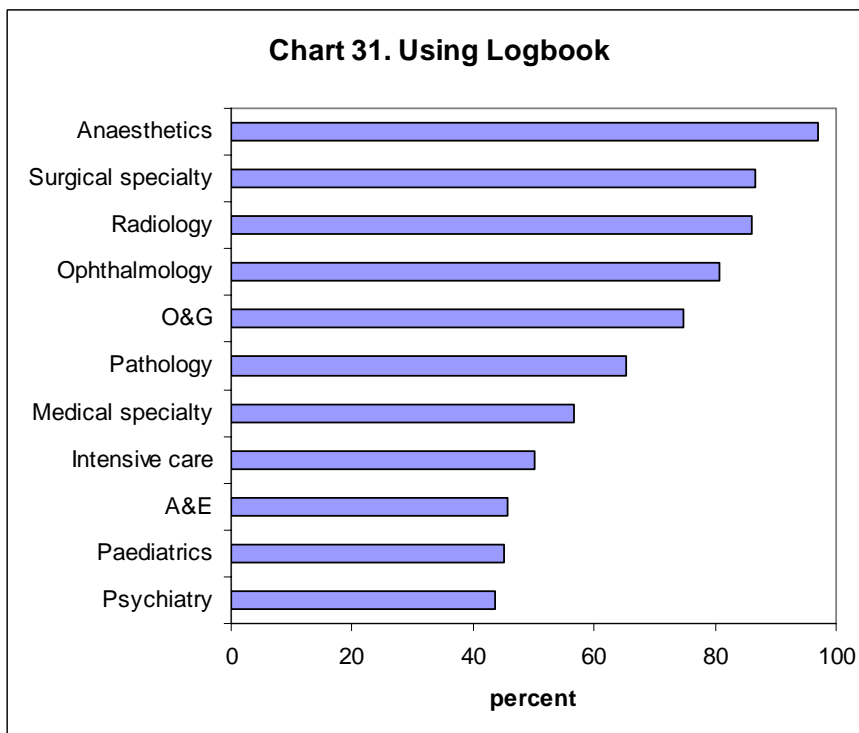
Educational objective-setting. Trainees in paediatrics, intensive care and A&E were most likely, and trainees in anaesthetics and surgery the least likely to have agreed educational objectives at the start of the post (see chart 29.)



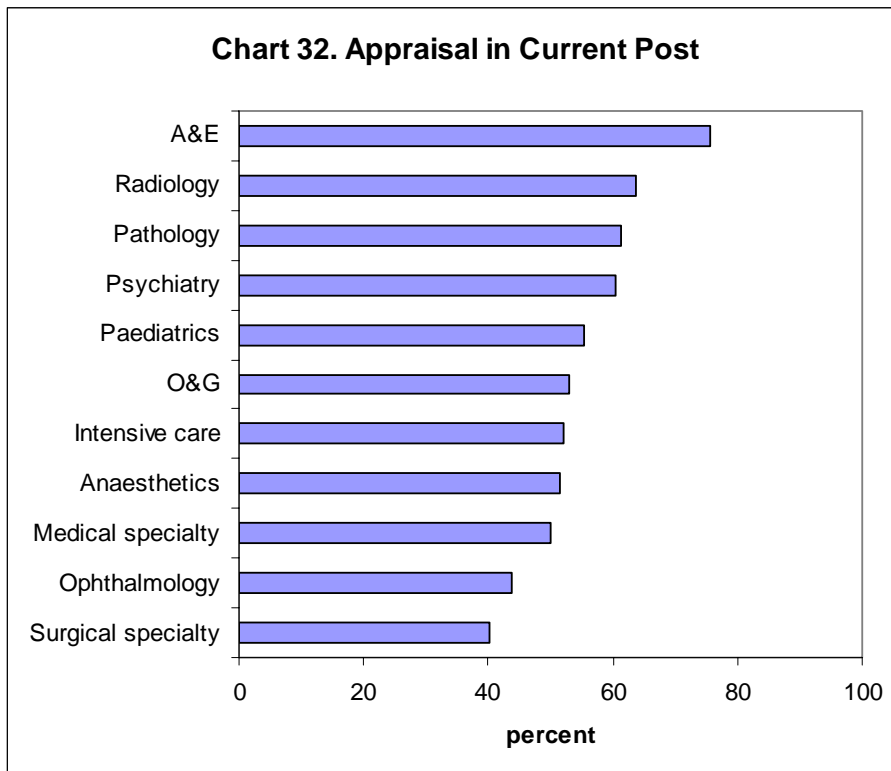
Training Agreement. Trainees in paediatrics were the most likely to have signed a training (learning) agreement at the beginning of the post. Trainees in surgery were the least likely (see chart 30).



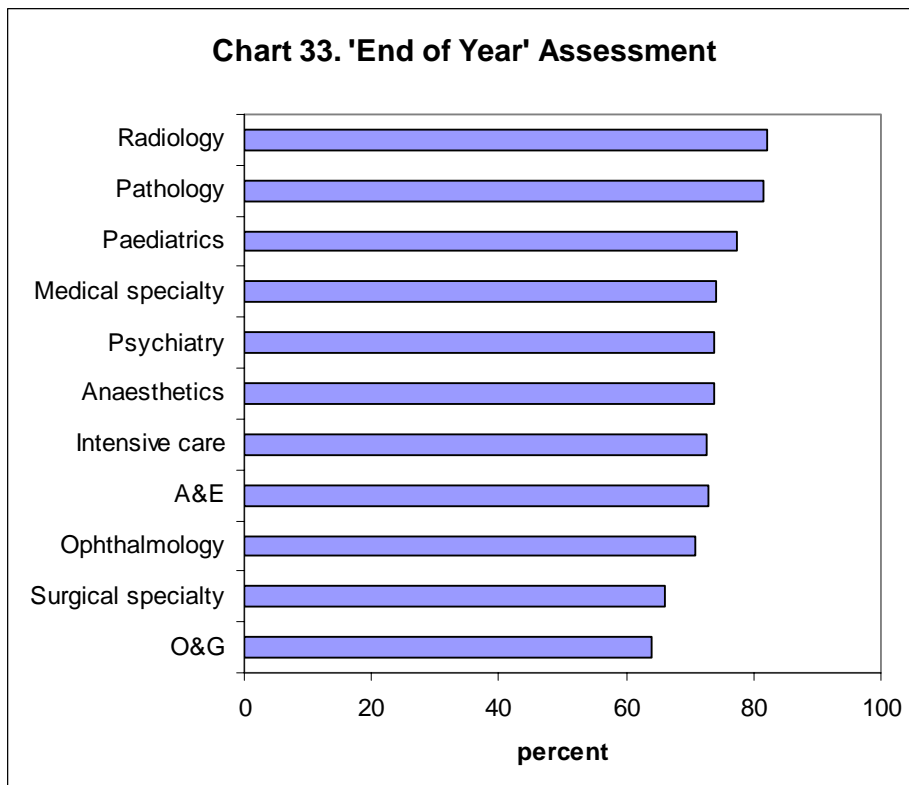
Logbooks. Anaesthetists, surgeons and radiologists were most likely to use a logbook to record their experience, while trainees in psychiatry, paediatrics and A&E were the least likely (see chart 31).



Appraisal. Trainees in A&E were most likely to have had their progress appraised by their consultant in the current post, and trainees in surgery least likely (see chart 32).



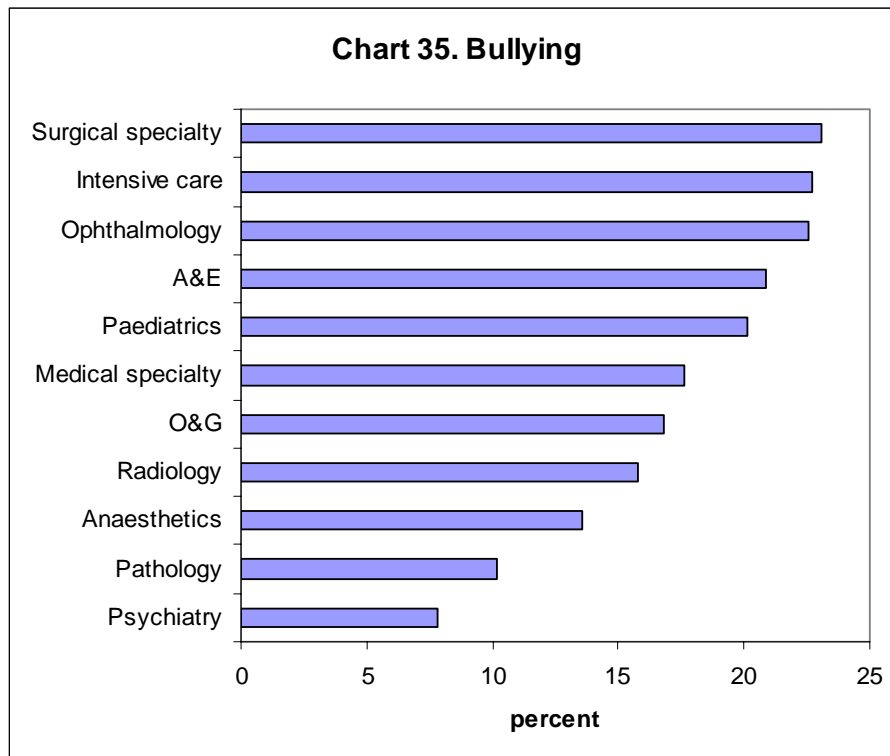
Assessment. Trainees in radiology and pathology were most likely to have had an 'end of year' assessment in the current or previous post, and trainees in O&G and surgery least likely (see chart 33).



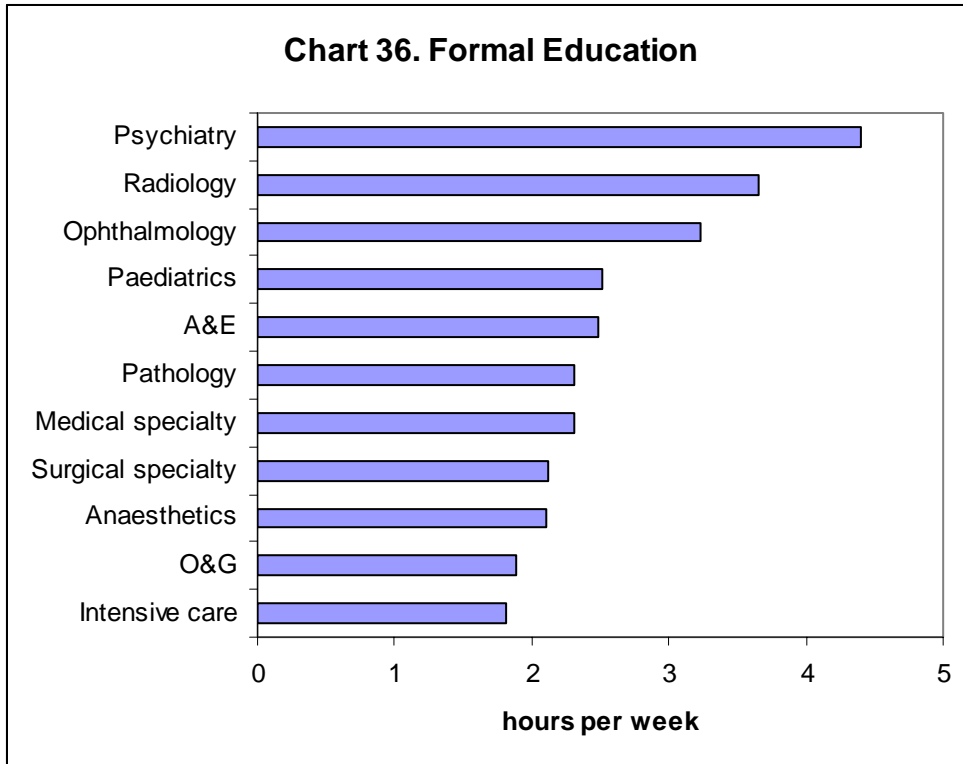
Consultant supervision. The mean ratings for consultant supervision fell within a relatively narrow range, from 3.5 out of a possible 5 (medical trainees) to 4.3 (intensive care trainees).

Feeling Forced to Cope. Trainees in A&E and medical specialties were the most likely to feel forced to cope with problems beyond their competence and experience, and trainees in pathology and psychiatry the least likely.

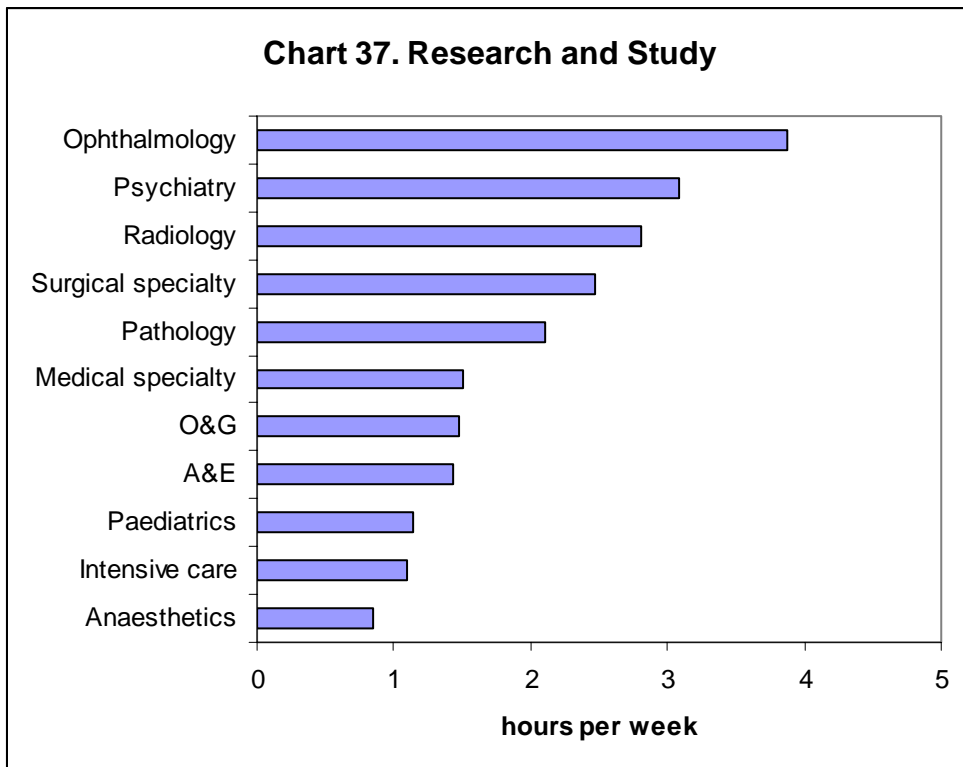
Bullying. Trainees in surgery, intensive care and ophthalmology were most likely to report being subjected to persistent behaviours that undermined their professional confidence and self-esteem. Trainees in pathology and psychiatry were least likely to report such behaviour (see chart 35).



Formal education. Psychiatry, radiology and ophthalmology trainees attended an average of over 3 hours per week of formal organised timetabled education, while O&G and intensive care trainees attended less than 2 hours a week (see chart 36).



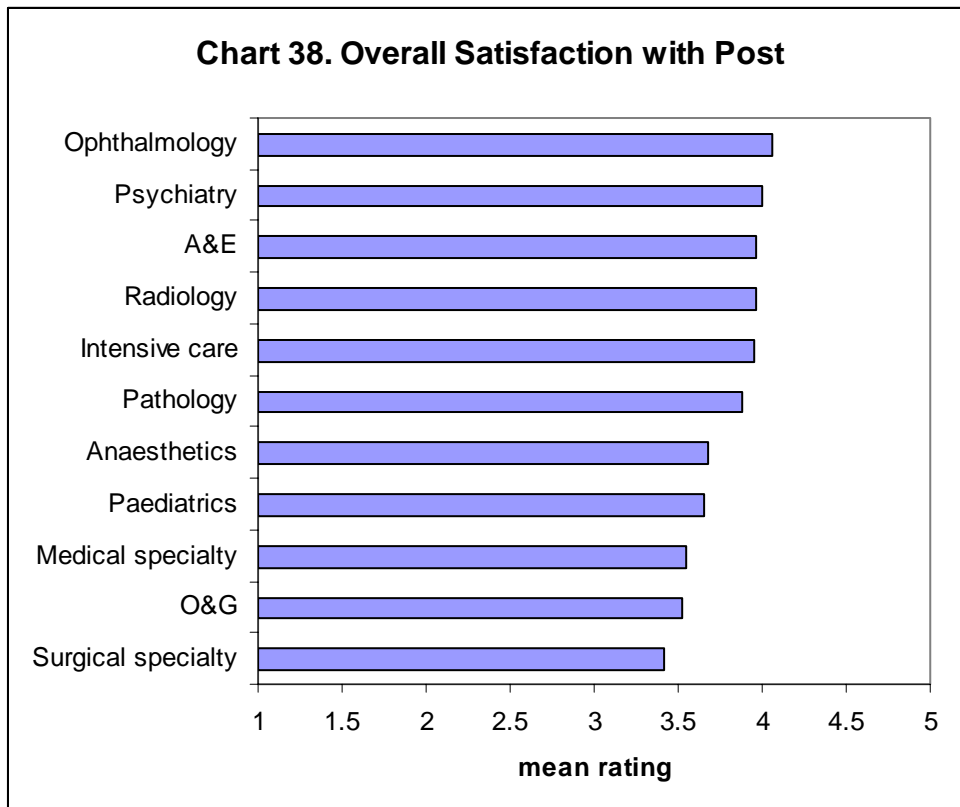
Research and Private Study. There was a wide variation in the time available each week for research and private study. Trainees in ophthalmology had on average over 4 hours per week, while anaesthetists had less than one hour (see chart 37)



Hands-on Experience. There was little difference between the specialties in the rating given to hands-on experience acquired in the post. The mean rating ranged from 3.6 (surgery) to 4.2 (radiology) out of 5.

Intensity of Work. Again, there was little difference between the specialties. The mean rating ranged from 3 (radiology) to 3.9 (A&E) out of 5.

Overall Satisfaction. The mean rating for the post overall ranged from 3.5 (surgery) to 4.1 (ophthalmology) out of 5 (see chart 38).



A more detailed analysis comparing individual specialties within the specialty groupings (Appendix C) and comparing coded Trusts (Appendix D) is available on the London Deanery website [www.londondeanery.ac.uk/publications/PointOfViewSurvey/index.asp](http://www.londondeanery.ac.uk/publications/PointOfViewSurvey/index.asp) under 'Point of View Survey 2003/4'. The questionnaire is also available on the website (Appendix E).

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